

## Royal College of Nursing response to NHS England consultation on the 10 Year Plan: 'Your priorities for change'

### Introduction

With a membership of over half a million registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Due to this consultation being aimed at individual members of the public, the RCN as an organisation will focus on Q12, regarding the provision of more targeted support for community health, and Q13 regarding staff wages and student loan repayments.

### Name of organisation

The Royal College of Nursing (RCN).

**Q12. One suggestion to improve health for everyone is to target resources to people and areas that have the greatest need. This could include prioritising more spending in specific areas, such as pop-up or mobile clinics in areas of need to make healthcare more accessible in communities, and to provide more outreach to communities.**

**How do you feel about targeting more resources on prevention and healthcare to people and areas who are more in need than others?**

The RCN is in support of increased funding for public and community health initiatives, including targeting resources at groups who are most in need of investment.

The COVID-19 pandemic underlined the importance of robust public health services. It also exposed and amplified the significant health inequalities that exist in England, including in relation to life expectancy, healthy life expectancy, the prevalence of disease and the risk factors for preventable ill health. The Government has previously committed to ensuring more people can live well for longer, tackling the social determinants of health and halving the gap in healthy life expectancy between the richest and poorest regions in England. Investment in local public health services is critical to achieving this.

Funding for public health services and interventions in England has been subject to significant spending cuts, despite increased demand. The public health grant, which funds local authorities to commission essential public health services, has been cut by 28% on a real-terms per capita basis since 2015/16, with the cuts tending to be greater in the most deprived areas of England, which also tend to have poorer health. In the Spending Review 2021, the then-Government committed to maintaining the public health grant in real terms until 2024/25. Yet the Health Foundation has argued that higher than expected inflation meant that the grant was lower in real terms in 2022/23, continued to decrease in 2023/24 and only increased slightly in real terms in 2024/25.

Funding cuts and underinvestment have impacted on the vital public health services provided by local authorities to promote wellbeing and prevent ill health, including smoking cessation, sexual and reproductive health, health visiting, school nursing, substance misuse and weight management. Furthermore, for several years there was a pattern of the public health grant allocations being announced at a very late stage, which increases the difficulty for local authorities to plan and deliver effective services, and which make it difficult to plan for the longer term.

Without adequate and sustained investment in public health, the Government will risk falling short of achieving its own commitments to create the healthiest generation of children ever and to reduce inequalities in healthy life expectancy, and its central missions around economic growth and the NHS.

We urge the Government to deliver an increased, sustainable, long-term funding settlement for local public health based on a robust assessment of population needs, that supports efforts to embed prevention and reduce health inequalities. Funding for public health must be sufficient to provide fair pay, terms, and conditions for all public health nursing staff. Alongside this, the Government should commit to a cross-government strategy to improve health and reduce health inequalities.

There are some specific groups who require additional support within public health provision. At the RCN's annual Congress, our members debate and ratify resolutions which call for action on issues which are most important to them:

- **Highlighting the support gap for people who experience rough sleeping.** Our members have called on Government to mandate specialist accessible health care. This is likely to require additional funding both in health care delivery and in supportive outreach services to target hard-to-reach population groups.
- **Recognising the lack of national strategy about Dementia which is a long-term condition which impacts a growing number of individuals of all ages and their families.** Our members have called for a dementia strategy in all parts of the UK as well as a strategic review by Government of all elements of the dementia pathway and support offers and produces a national strategy.
- **Noting that one in 67 people in the UK are autistic and autistic people are more likely to have chronic mental and physical health conditions, and report lower quality health care than others.** In order to reduce health inequalities for autistic people, our members call on governments across the UK and associated health and social care organisations to prioritise funding for research into autism prevalence and additional co-occurring physical and mental health conditions,

and to develop and implement assessment and support pathways for autistic people of all ages.

- **Acknowledging the complexities of care and the health needs of an ageing population.** With the Office of National Statistics estimating that older people (those over 65) make up nearly 20% of the population and recognising that older people specifically face a multitude of complexities which necessitates specialist and specific attention, our members call on the UK government to establish an independent commissioner to champion the rights of older people and ensure policymaking considers the needs of the ageing population.

The RCN also stresses the importance of properly supporting nurses to be at the heart of the shift to community care. The nursing profession leads a significant number of healthcare services in community settings, including people's own homes, primary care and care homes. It is well placed to identify solutions and services that, with investment, will reduce avoidable admissions to hospitals and length of stay.

The 10 Year Plan should set out an infrastructure that empowers community nursing to take local decisions and scale up these nurse-led services. For example, specialist nursing roles in the community support those with long term conditions to manage their health condition, and provide clinical care that can prevent admission or re-admission to hospital.

The Plan should establish an infrastructure that empowers community nursing to make local decisions and expand nurse-led services. Specialist community nurses support people with long-term conditions to manage their health and deliver care that helps avoid hospital admissions and readmissions. District Nurses are experienced registered nurses who lead teams in partnership with General Practice. They assess post-discharge care needs, manage wounds and continence, support catheter care, administer complex medications and immunisations, and often specialise in palliative care – all of which, with the right investment, can be delivered effectively in the community.

District Nurses are specialist registered nurses leading teams of nursing and healthcare staff and work in partnership with General Practice. They assess care needs for those discharged from hospital, lead wound and continence care, support catheter management, administer complex medications and immunisations, and may specialise in palliative care, which with adequate investment can be delivered in the community.

However, despite this crucial role, Lord Darzi's report found that since 2016 "the number of district nurses (nurses who have completed additional training to become specialist community practitioners) has actually declined."<sup>i</sup> Current service planning often results in unmanageable caseloads, with our members telling us that district nursing teams can have more than 300 patients in their care.

While the overall size of the nursing workforce in England has grown slowly in recent years, this growth has been outstripped by rising levels of need and demand.<sup>ii</sup> Despite ongoing national rhetoric about moving care into the community, the Darzi report cited a decline in nursing roles in community services between 2009 and 2023, despite increased demand. Current NHS-employed workforce data shows the following change since 2009:<sup>iii</sup>

- A 46% decrease in the number of district nurses
- A 52% decrease in the number of community matrons

- A 48% decrease in the number of nurse consultants

The number of registered nurses working in social care has also declined by more than 17,000 nurses since 2012.<sup>iv</sup>

Not only has there been a national decline, but RCN analysis has also found significant regional variation in NHS community nursing workforce.<sup>v</sup> For example, the North West has the highest proportion of district nurses, accounting for 26% of the total NHS district nursing workforce; the Midlands and London each employ 19%; while the East of England has only 5%.<sup>vi</sup> This suggests a postcode lottery in England with regard to access to the type of healthcare in the community that can prevent avoidable hospital admission and reduce lengths of stay.

While the 2023 NHS Long Term Workforce Plan (LTWP) set out ambitions to expand public health and community nursing (by increasing training places for health visiting by 74% by 2031/32, for district nurses by 41% and for school nurses by 28%) there was no clear implementation plan for these ambitions, nor funding confirmed to translate this into action.<sup>vii</sup> It is very clear that more specialist community nurses are needed to deliver the ambitions of the Plan. Investment in creating additional roles, and in incentivising nursing staff into this career pathway, is needed urgently.

Social care nursing will also impact the delivery of this shift, with just under 3,000 nursing vacancies in England, it is unclear how the community sector will be strengthened without a long-term solution for stabilising social care.<sup>viii</sup>

The Plan is also an opportunity to explore how community nursing is essential to the delivery of neighbourhood health, which emphasises ‘home first’ care. This approach relies on primary and secondary care clinicians supporting individuals at risk of hospital admission.<sup>ix</sup> Nursing roles should be central to delivering a neighbourhood health agenda, both through the provision of specialist care for long term conditions (including mental health, learning disability and neurodevelopmental conditions), and providing continuity of care and rehabilitation as part of step down from hospital care.

If the shift from hospital to community is to be a reality, community settings must be attractive places to work and potential incentives to encourage nursing staff to move into these parts of the system should be explored. This should include all the important aspects of valuing the workforce, including pay commensurate with experience and responsibilities, and safe working conditions. It will also be particularly important that nursing education reform reflects the intention of this shift by increasing opportunities for placements in community settings, and support should be provided to universities and healthcare providers to put this in place.

While increasing community workforce numbers is needed to deliver this shift, this cannot be at the detriment of the acute sector. There is no way around some ‘double running’ of services while changes are made. Realising this ambition therefore requires the political will to invest the upfront costs of building capacity in the community.

**Q13. Another suggestion is that staff are encouraged to work in areas of the country with the greatest needs or that have higher levels of staff shortages. This could be though getting a higher wage or having their student loan repayments reduced. How do you feel about giving staff higher wages or reductions in student loan repayments to encourage them to work in places where they are most needed?**

The RCN has developed a fully-costed student loan forgiveness model and has repeatedly called for it to be implemented as government policy, as an important measure to remove barriers to the profession and promote retention. The RCN also continues to campaign for increased pay for all nurses.

However, we would be concerned about the risks and unintended consequences of these incentives being offered on a regional basis.

The RCN considers that student loan forgiveness should be applicable for all nursing roles within the NHS – this would still have the desired outcome of boosting nursing numbers in community care settings. It is the RCN's view that offering a student loan forgiveness package for new graduates upon a number of years of work in a publicly funded health and care service would provide great benefits for retention and would likely attract additional applicants to study nursing.

Similarly, we consider that increased pay should be offered to all nurses on Agenda for Change (AfC) contracts, which would also positively impact recruitment and retention, particularly for early-career nurses. We have recently recommended that the government, in the 2025 CSR, should ensure that there is sufficient funding to enable nursing staff to move from AfC band 5 to band 6 (or equivalent in non-NHS settings) upon successful completion of a preceptorship period. Local difficulties employers face for the nursing workforce can be dealt with through the existing Recruitment and Retention Payment protocol within Agenda for Change.

We would be concerned that only offering loan forgiveness or increased pay for certain roles or in certain areas could risk shortages in other areas – vacancy rates are concerning and, crucially, consistently high in essentially every part of the United Kingdom (see Tables One and Two below), and assessing need in this context would not produce meaningfully fairer outcomes than the alternative solution of paying all nurses more, and offering loan forgiveness to all nurses. Regional variance in loan forgiveness risks increasing vacancies in areas without loan forgiveness to untenable levels, and we consider that the variance in regional vacancy rates is not meaningful enough to justify offering loan forgiveness on anything less than a national basis.

Below, we offer a proposed model for loan forgiveness.

**Table One: All registered nursing (including midwives and health visitors) vacancy FTE**

| Region                | 2024/25 Q3 (Dec-24) | Percentage of total NHS vacancy rate |
|-----------------------|---------------------|--------------------------------------|
| East of England Total | 2,754               | 26.1% (10,512)                       |
| London Total          | 6,137               | 26.6% (23,025)                       |

| Region                         | 2024/25 Q3 (Dec-24) | Percentage of total NHS vacancy rate |
|--------------------------------|---------------------|--------------------------------------|
| Midlands Total                 | 5,964               | 26.8% (22,183)                       |
| North East and Yorkshire Total | 2,795               | 21.8% (12,795)                       |
| North West Total               | 4,273               | 27.9% (15,315)                       |
| South East Total               | 4,085               | 28.2% (14,451)                       |
| South West Total               | 1,443               | 17.7% (8,150)                        |
| <b>Grand Total</b>             | <b>27,452</b>       | <b>25.8% (106,432)</b>               |

Source: NHS England

**Table Two: All registered nursing (including midwives and health visitors) % vacancy rate**

| Region                         | 2024/25 Q3 (Dec-24) |
|--------------------------------|---------------------|
| East of England Total          | 6.8%                |
| London Total                   | 7.8%                |
| Midlands Total                 | 7.3%                |
| North East and Yorkshire Total | 4.2%                |
| North West Total               | 6.6%                |
| South East Total               | 7.1%                |
| South West Total               | 3.8%                |
| <b>Grand Total</b>             | <b>6.4%</b>         |

Source: NHS England

The RCN can demonstrate that introducing a loan forgiveness model for all nurses working within the NHS would significantly increase early career retention, unlocking £1.162bn per cohort (in NPV terms) based on an additional 65,005 nurse-years worked in the NHS.<sup>1</sup> Reducing the flow of early career nurses leaving the workforce would allow for some stability upon which plans can be made to work towards the three shifts underpinning the 10 Year Plan.

In 2024 the RCN commissioned London Economics to gather evidence from newly qualified nursing staff to identify the factors which were most likely to impact on their likelihood to continue in the nursing profession. Newly registered nurses (NRNs), who have graduated with tuition and maintenance loans, responded to a choice experiment where they were presented with alternative job roles with varying factors such as pay increases, loan forgiveness, flexible working and better nurse to patient ratios.

<sup>1</sup> These calculations are based on retention at an additional 7 years, although the range was 7-10 years. If the 10 year figures is used then the benefits would rise to £1.502bn, with 85,338 additional nurse-years per cohort relative to the baseline (London Economics and RCN, 2024.)

The analysis found that, on average, nurses with student loans are willing to commit to 7-10 more years in a role that offers student loan forgiveness compared to a role that does not, highlighting the value of loan forgiveness as a retention tool.

To support retention, the RCN is calling for NRNs to have parts of their student loans forgiven in exchange for working within a publicly funded health and care service for a set period of time. Under this model, nurses who work in the NHS or other publicly funded health and care services would have 30% of their loan written off after 3 years, 70% after 7 years and the full 100% written off after 10 years. It is our view that this model would benefit recruitment, particularly amongst those with caring responsibilities, and for retention.

While there are costs of introducing a loan forgiveness model for nursing staff, estimated to be around £235m per year, we are confident that the benefits far outweigh the costs.<sup>2</sup> We commissioned London Economics to use their findings relating to the additional retention arising from loan forgiveness in early career nurses, to calculate the likely societal benefit.

Using a baseline scenario of 9.0% nursing turnover per year, London Economics estimates that the 2024-25 cohort of English domiciled student starters (studying in England) would work a total of 123,129 nurse-years in the NHS over the course of their working life. The associated societal benefit in terms of nursing 'output' is estimated at £2.890bn in net present value (NPV) terms (in 2024 prices).

However, factoring in a lower attrition rate for those in receipt of loan forgiveness, with a 5.4% annual turnover rate, they estimate that the 2024-25 cohort of English domiciled student starters (studying in England) would instead work a total of 188,134 nurse-years in the NHS over the course of their working life. The associated societal benefit in terms of nursing 'output' is estimated at £4.052bn in NPV terms (in 2024 prices).

If this policy was implemented for 10 cohorts, starting with the 2024-25 cohort, then it can be estimated that there would be an additional 14,249 nurses working in the NHS (equivalent to 12,726 FTE nurses) by the time the 10th cohort entered the workforce in 2036-37 (compared to the Baseline). This represents approximately 1/3rd of current nurse vacancies.

In the CSR, the Government should make funding available to ensure that nursing staff who have graduated or are due to graduate since the introduction of student loans in 2017 have their student loans written off in recognition of their service in publicly funded health and care settings. This would help to support early career nurses' retention and reduce debt for nursing staff. This would help to incentivise additional applications to study nursing ahead of the September intake, and to retain newly registered nursing staff who may currently be considering leaving their roles. Our proposed model is that 30% of the loans be forgiven after 3 years' service, 70% after 7 years and 100% after 10 years of service.

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<sup>2</sup> Million Plus (2024) [Consider fee loan forgiveness for nurses ahead of the Budget, say MillionPlus and RCN - MillionPlus](#)

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- <sup>i</sup> Darzi, A. (2024) Independent Investigation of the National Health Service in England. Department of Health and Social Care. Available at: <https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf> (Accessed: 31 March 2025).
- <sup>ii</sup> Mallorie, S. (2024) NHS workforce in a nutshell. The King's Fund. Available at: <https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/nhs-workforce-nutshell> (Accessed: 31 March 2025).
- <sup>iii</sup> NHS Digital (2025) NHS Workforce Statistics, November 2024: Staff Group, Care Setting and Level. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/november-2024> (Accessed: 31 March 2025)
- <sup>iv</sup> Skills for Care (2024) Workforce Estimates. Available at: <https://www.skillsforcare.org.uk/adult-social-care-workforce-data-old/Workforce-intelligence/publications/Workforce-estimates.aspx> (Accessed: 31 March 2025).
- <sup>v</sup> Royal College of Nursing (2023) RCN analysis of NHS workforce data and implications for the Long Term Workforce Plan. Unpublished internal briefing.
- <sup>vi</sup> NHS Digital (2025) NHS Workforce Statistics - November 2024 (Including selected provisional statistics for December 2024). Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/november-2024> (Accessed: 31 March 2025).
- <sup>vii</sup> NHS England (2023) NHS Long Term Workforce Plan. Available at: <https://www.england.nhs.uk/long-read/nhs-long-term-workforce-plan-2/> (Accessed: 31 March 2025).
- <sup>viii</sup> Skills for Care (2024) The state of the adult social care sector and workforce in England. Available at: <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx> (Accessed: 31 March 2025).
- <sup>ix</sup> NHS England (2025) Neighbourhood Health Guidelines 2025/26. Available at: <https://www.england.nhs.uk/long-read/neighbourhood-health-guidelines-2025-26/#appendix-1> (Accessed: 31 March 2025).