



HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?

SUBMISSION FROM RCN SCOTLAND

We welcome the opportunity to submit evidence to the Committee's inquiry.

The role of nursing in primary care

We refer the Committee to RCN Scotland's shared definition and principles of 'primary care' as jointly agreed by the Primary Care Clinical Professions Group (PCCPG) in 2016.¹ The generalist health professionals described in this definition include a wide range of nursing roles e.g. general practice nurses, advanced nurse practitioners, district nurses, healthcare support workers, community mental health and health visiting teams. For primary care services to be effective the unique contribution and clinical skill set of each profession within the multidisciplinary team needs to be recognised, valued and protected.

Nursing is by far the biggest staff group within primary care. Around 20% of NHS Scotland's nursing workforce are based in community settings, with an additional estimated 2,300 nurses (headcount) working in general practice and a further 4,450 (headcount) working in care homes. The role the nursing workforce plays in sustaining 24/7 care within our communities and managing the flow into and out of secondary care and other primary care services should not be underestimated.

Question 1

*Considering the Health and Sport Committee's **report** on the public panels, what changes are needed to ensure that the primary care is delivered in a way that focuses on the health and public health priorities of local communities?*

We are pleased that the public's seven overarching priorities broadly accord with a significant number of the principles of primary care agreed by the PCCPG (see above).

RCN Scotland is supportive of the Scottish Government's 2020 vision of delivering more care at home and in the community. However accurate workforce data and modelling of future demand are essential to deliver this vision and, as Audit Scotland highlights in its recent report 'NHS workforce planning – part 2,' progress on national workforce planning has been too slow.

Within the context of the new GMS contract, primary care is being reformed so that care is provided by a range of professionals working together in multi-disciplinary teams (MTDs). **We need to fully understand the impact of this ongoing shift in workload. We also seek clarity on Phase 2 negotiations to the GMS contract in order to understand fully the implications, particularly in terms of responsibility and resources, for GP practice nurses and other practice-employed staff.**

¹ 'The future of primary care in Scotland: a view from the professions' (2016 revised 18 May 2017)
<https://www.rcn.org.uk/about-us/policy-briefings/sco-pol-future-of-primary-care-1-sept>

Multi-Disciplinary Teams

MDTs are intended to be collaborations between professionals from different disciplines, all of whom bring unique skills, knowledge and expertise to the team. MDTs should coordinate and deploy the team's collective capacity to more effectively and efficiently deliver primary care, meeting patients' right to access the most appropriate care.

The multidisciplinary approach is a principle which has the support of RCN Scotland. Indeed the MDT model can lead to improved patient experience, enhanced team satisfaction and more efficient use of resources. The value of the MDT is bringing together a range of professional experts to plan each individual's care. **Within this approach, it is vital that the unique role and skill set of each profession in the MDT is recognised, valued and protected.**

MDTs are developing in the context of the recent Health and Care (Staffing) (Scotland) Act and imminent guidance on its implementation. It is important that workforce planning within the MDT recognises the unique contribution of each profession with respect to workforce planning tools. Instead of an overall tool covering all roles, MDTs should feature 'a multi-disciplinary tool box, made up of different tools, as necessary, to reflect different roles'.²

One area in particular that we would like to focus on in this submission, is the requirement for improved workforce planning for District Nursing (DN), an area that is core to the delivery of primary care as part of this MDT approach.

District Nursing

District Nurses play a pivotal role in the coordination and involvement of other professional teams, agencies and services to ensure care is delivered at the right time, by the right person with the right skills.

The Transforming Roles Programme, led by the Chief Nursing Officer, outlines a vision for district nursing (DN) in Scotland where district nurses play a pivotal role in integrated community teams. They operate at senior practitioner level and are supported by the wider community team - including healthcare support workers, registered nurses and advanced nurse practitioners - to promote health and wellness, enable self-care and deliver personalised health outcomes in people's own homes or communities. District nurses have defined high-level competences and play a key leadership role in areas such as public health, anticipatory care, assessment, care/case management, complexity/frailty, intermediate care and palliative and end-of-life care.

In the National Health and Social Care Workforce Action Plan: Part 3 - Improving workforce planning for primary care in Scotland, the Scottish Government recognised the importance of the DN workforce in shifting the balance of care from hospitals to community settings. It therefore committed to work alongside partners, including the RCN, to better understand the requirements and investment necessary for sustaining and expanding Scotland's DN Workforce. In order to take forward this work, a National Short Life District Nursing Workforce Planning Group (SLWG), comprising representatives from Scottish Government and key stakeholders, including the RCN, led a piece of modelling work in summer 2018. Despite challenges over adequate data, we believe this to have been a valuable modelling exercise and are concerned that the Scottish Government has not yet published the results of the growth model or the

² RCN Scotland Parliamentary Briefing - Stage 2 debate Health and Care (Staffing) (Scotland) Bill 29 January 2019 <https://www.rcn.org.uk/about-us/policy-briefings/sco-parl-stage-2-debate-health-and-care-staffing-scotland-bill>

recommendations of the group. This is despite the Scottish Government stating “We are committed to undertaking this work at pace and will be in a position by September 2018 to better understand the requirements and investment necessary to grow the workforce.”³

The RCN therefore calls on the Scottish Government to fulfil the commitment it made in the Workforce Action Plan and set out plans and investment to address the growth required to ensure Scotland has the DN workforce needed to provide clinical care for people in their communities.

As the Scottish Government takes forward the first stage growth model undertaken by the SLWG, the RCN believes it needs to address a number of our concerns in order to ensure a sustainable DN workforce and succeed in shifting the balance of care.

As the acuity and complexity of care required of, and delivered by, primary care services in community settings (including care homes) increases, there needs to be an appropriate number of clinical decision makers (i.e. band 6 and 7 district nurses) within the overall district nursing workforce at any one time.

The DN workforce modelling work that the SLWG undertook in 2018 arrived at a growth figure which is yet to be published. This growth figure considered the required increase to cover the gap between demand and supply at the time and anticipated increases in the demands on DN services, over the following five years, due to projected demographic change.

While this is an important first step towards ensuring that DN services are enabled to meet population need and provide person centred care closer to home, the RCN believes that it is crucial that the number of qualified band 6 and band 7 district nurses *within* that workforce is grown proportionately to ensure the increased acuity and complexity of care can be properly addressed. Mirroring the existing skill mix for the next 5 years is unlikely to be sufficient.

In order to ensure that there is sufficient numbers of senior clinical decision makers, growing the band 6 and 7 workforce should be a priority in the five year growth plan.

The RCN would also like to see a clear commitment from the Scottish Government, NHS Boards and Integration Authorities that any work which takes place over the next five years to redesign the work of district nurses - including the move to 24/7 services (incorporating Out of Hours) in all parts of Scotland, as well as the impact of the GMS contract and the sustainability of the care home sector - will be supported by a robust workforce plan.

It must not be forgotten that primary care is available 24/7 and that means core community nursing staff are required around the clock to meet needs in communities. There is a lack of clarity on NHS Board progress towards implementing the recommendations from Sir Lewis Ritchie’s reports on Out of Hours (OoH) provision.

As work is ongoing to ensure sustainability of these wider services, we are clear that new expectations on district nursing staff in these areas fall out-with the growth figure arrived at by the SLWG modelling work.

³ <https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-3-improving-workforce/>

Next steps must also account for the current DN workforce vacancy rate (6% at March 2019) and recruitment and retention challenges (including retirement).

While the RCN is keen for the Scottish Government to detail how it intends to take forward the DN workforce modelling work in a way that addresses our concerns outlined above, **we would also support this intensive approach to growth modelling being applied to other nursing roles and we would suggest community mental health nursing as a next step.**

Question 2

What are the barriers to delivering a sustainable primary care system in both urban and rural areas?

The biggest barrier to delivering a sustainable primary care system is workforce capacity and ongoing challenges in recruiting and retaining sufficient staff to meet need. Robust workforce planning, backed up by sufficient funding to implement necessary increases in workforce, are key to overcoming this barrier and delivering a sustainable system. In particular, the Scottish Government needs to publish and implement a robust DN workforce plan as outlined above.

In terms of the MDT model, the recent Audit Scotland report 'NHS workforce planning – part 2' found that in general, people would be happy to receive care from professionals other than doctors in a GP practice if they understood more about their roles. However not enough has been done to engage the public on a national level about these changes and why they are important. We therefore echo Audit Scotland's call, and that made in our joint letter with the PCCPG to the Cabinet Secretary, for the Scottish Government to work with primary care professionals to develop a coordinated national approach to engaging with the public, in order to increase public understanding and buy-in around the changes to how primary care services are delivered.

Adequate provision of digital and mobile technologies is also a barrier. Mobile technologies are increasingly important tools for community based nursing teams including district nurses and health visitors, supporting them to deliver more effective and person-centred care in people's own homes. The RCN has been clear that we see digital and mobile technologies playing an integral part in the provision of effective nursing in rural and urban areas. Given the Scottish Government's strategic focus on digital technologies, and the number of policy levers designed to enable a digital health and social care system, on-the-ground investment and implementation of digital technologies within primary care must be a priority.

We would support further consideration and investment in ensuring we have appropriate and fit-for-purpose technological solutions and that nursing teams have the learning and support to be able to use these effectively.

Question 3

How can the effectiveness of multi-disciplinary teams and GP cluster working be monitored and evaluated in terms of outcomes, prevention and health inequalities?

The new safe staffing legislation provides an opportunity to get the primary care workforce right (including in care homes) for the long term and there is a clear role for the Committee in monitoring progress on the implementation of the Act.

We would encourage the Committee to monitor how Integration Authorities (IAs) are delivering on the commitments set out in their Primary Care Improvement Plans (PCIPs). It is clear from extant PCIPs that different Integration Authorities (IAs) are at different points in the monitoring and evaluation 'journey'.

The Committee has previously recognised that there is not enough detail on how funding decisions match policy priorities and how impact is measured. **The RCN has called for a set of clear, consistent and transparent criteria to be used when decisions are taken on health and social care funding.** These are still not in place.

The Scottish School of Primary Care (SSPC)'s recent report 'National Evaluation of New Models of Primary Care in Scotland' provides some useful lessons for future frameworks for monitoring and evaluation.