

Royal College of Nursing response to NHS England request for feedback on:

***Proposals for potential payment reform to reflect emerging digital models of primary care
&
The outcomes of a Review of the Quality and Outcomes Framework***

Proposals for potential payment reform to reflect emerging digital models of primary care

The RCN supports NHS England in seeking to ensure that the payment system for general medical services is fair and equitable, whilst supporting innovation and the development of digital services. We welcome the opportunity to engage with this consultation.

We have taken this opportunity to raise the key issues of workforce and training and development in relation to the proposed changes and urge NHS England to consider these issues in taking forward any changes to the GP contract.

Workforce issues

We agree that the principles set out in the engagement document should underpin any changes made to how NHS England contracts and pays for general practice. However, it is important to consider how changes to the way NHS England contracts and pays for general practice will impact on staff working at practice level, including general practice nurses (GPNs). Equally, it is important to consider the impact of changes to the way services are delivered in response to expanding digitalisation and innovation. Therefore we recommend that the list of principles should include:

- The impacts on, and implications for, the general practice workforce will be a central consideration, with priority given to protecting and supporting the workforce.

In practice, we recommend that economic impact assessments are carried out at practice level and the results are used to shape the approach taken.

Whilst we support mechanisms to reduce the pressure on primary care services and increase efficiency and access through innovation and digitalisation, this is not the solution to fill gaps in the workforce. Rather, growing and developing the general practice workforce in order to reflect and match the changing population health needs and preferences of patients should be the priority. In order to do this, we need a general practice workforce strategy for England which sets out how this will be achieved, in order to meet the changing health and care needs of the population. Within this, the essential role of GPNs in delivering general practice services across the full range of settings should be explicitly recognised, supported and strengthened.

Training and development

All staff using and delivering digital services must have sufficient training and support to deliver these services effectively. This includes GPNs working in practices which are pioneering digital approaches who must be supported, through protected time and funding, with access to quality training and development which equips them to deliver to their changing roles and meet patient needs.

We know that access to Continuing Professional Development (CPD) for nurses varies significantly in terms of quantity and quality. Furthermore, the CPD funding for GPNs is included in wider general practice funding which can lead to an inconsistent offer to GPNs and a fragmented approach to knowledge and skills development for them.ⁱ

We want to see all GPNs having access to quality assured CPD to support career development, which is based on practice population health needs and individual annual appraisal. Research shows that general practices are struggling to demonstrate the beneficial uses of new technologies including alternatives to face-to-face consultations, such as telehealthⁱⁱ. In addition developments such as mobile working and cross-community systems integration will require skilled implantation and GPNs who can be advocates for new ways of working.

Our recent consultation on the digital future of nursing showed how positively disposed respondents were to care supported by technology. However they also showed their frustrations with poorly integrated systems that are often implemented with little understanding of the potential negative impact on staff and patientsⁱⁱⁱ.

Report of the Review of the Quality and Outcomes Framework in England

Summary

Impact on General Practice Nurses

- The introduction of QOF provided a wealth of opportunities for General Practice Nurses (GPNs). These nurses have taken more strategic roles in providing care for patients with long-term conditions, managing delivery of health improvement programmes, and many QOF indicators are nursing led. We want to seek assurance that any changes to QOF won't impact on the ability of GPNs to work in this way, and that it will not affect the funding that GPs rely upon to employ staff including GPNs.

Changes should be balanced against benefits for patient outcomes

- This report indicates that the introduction of QOF required significant change to the day-to-day operations of General Practice. We ask that any future changes are balanced against an equal or greater positive impact on patient outcomes. This would include making assessments as to whether the changes are likely to lead to benefits outside of the scope of those indicators which are being incentivised.

Better usage of data

- The introduction of QOF created a plethora of important information about the health of our population, prevalence rates and the management of conditions in primary care. We would like to see this information being shared in an open and transparent way, both to aid scrutiny, and to help inform decisions about future service provision.

Recommendations

- We recommend that full economic impact assessments are undertaken ahead of any substantive changes being made to quality improvement initiatives in General Practice. In the absence of robust national workforce planning, we are concerned

that decisions could be made without an understanding of the potential or likely impact. Economic impact assessments will not solve this knowledge gap, but they will go some way in providing an indication of the extent of the financial impact. This will aid future-decision making, both nationally, within integrated care systems, and at practice-level.

- Patient need is changing, and more people are likely to live with multiple conditions^{iv}. Current QOF indicators are focussed on single-pathway patient treatment options. We would like to see incentives being shifted from rewarding the delivering of basic care to the provision of high-quality, evidence-based holistic care to patients with complex long-term conditions.
- This report highlights the 'drop-off' in terms of data collection once an indicator is retired. We recommend that measures are introduced nationally, specifically aimed at maintaining the collection of this data. This would allow for a better understanding of patient outcomes and experience across a broader range of indicators, and it would allow for other means of scrutinising the quality of service delivered. Without this data collection, scrutiny of this kind is impossible.

Supporting information

We believe that it is the right time to review QOF. Much of the data shows a plateaued effect once indicators have been in place for some time, and also suggests that reporting and monitoring is not maintained following the retirement of an indicator.

Role of practice nurses

As this report highlights, QOF has provided a wealth of opportunities for the scope and remit of GPNs. We welcome recent attempts to raise the profile of this role, and recognise the reliance which long-term health and social care system planning places upon primary care and community settings. However, despite the reliance in national planning, the reality on the front-line is not expanding to meet this increased demand.

The age demographic of GPNs is higher than other groups within the profession. This is particularly challenging when the workforce is already facing high vacancies, likely to be exacerbated by 33.4% of GPNs due to retire between 2016 and 2020^v.

A solution to this challenge would be robust national workforce and training strategy, underpinned by local delivery plans. These plans would aid practices to make plans for their own staff, taking into account any changes introduced to QOF.

Workforce pressures/context of working environment

High vacancies across the health and social care workforce have created a high-pressured environment, where nurses are often covering their colleagues, having responsibilities for agency workers, working additional hours and missing breaks. This context is of vital importance to the discussion about any changes to the financial stability or predictability, strategic focus, or working arrangements of staff within General Practice.

We caution against any approach which unduly adds to the workload of healthcare professionals who are already subject to understaffing and increasing demand.

There is a need for any impact on working arrangements to be balanced against an equal, or greater benefit for patient outcomes, experience and safety.

Incentives as one option for quality improvement

We agree in principle that quality improvement should be incentivised, but it should not be undertaken at the cost of delivering basic patient care. Financial incentives are just one mechanism by which General Practice can be improved. Other mechanisms should be considered, to ensure that the gap between higher-performing, more financially stable practices, and those with more financial and performance problems, does not grow.

The evidence included in this report highlights the quality of care delivered in non-incentivised indicators dropped below the pre-QOF levels, and was markedly below the incentivised indicators.

Designing and retiring indicators

We welcome the discussion within this report for the need to embed greater flexibility within the parameters of any incentivised indicators, which would allow general practice to be more responsive to the needs of their population, without concern that divergence from the parameters could result in lower payments.

Also, it should be noted that any allowances for greater flexibility are likely to require a greater amount of staff time to deliver, and could require extra training. Decisions should be taken with full impact assessments, including staffing and training. Workforce requirements and rostering should be proactively adjusted with this flexibility in mind; including additional headroom to account for delivering a wider range of options for patients.

About the Royal College of Nursing

The RCN is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

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ⁱ Investing in a Safe and Effective Workforce: Continuing professional development for nurses in the UK, RCN Policy Report, May 2018

ⁱⁱ Atherton H et al (2018). Alternatives to the face-to-face consultation in general practice: focused ethnographic case study. Br J Gen Pract 2018; DOI: <https://doi.org/10.3399/bjgp18X694853>.

ⁱⁱⁱ RCN (2018) Every Nurse an E-Nurse. Insights from a consultation on the digital future of nursing. <https://www.rcn.org.uk/clinical-topics/ehealth/rcn-digital-ready>

^{iv} <https://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity>

^v https://www.qni.org.uk/wp-content/uploads/2016/09/qpn_c21_report.pdf