

Royal College of Nursing Response to the NHS in England's consultation on the mental health clinically-led review of standards (NHS mental health access standards, 2021)

With a membership of over 450,000 registered nurses, midwives, health visitors, nursing students, nursing support workers 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.

1. Introduction

- 1.1. As the largest professional group implementing and delivering care within mental health services, it is vital that the voice of nursing is heard throughout consultation on *the mental health clinically-led review of standards*.
- 1.2. This response has been developed in collaboration with RCN members and staff. Particular critique of the standards was provided by the RCN mental health forum steering committee.
- 1.3. RCN members are acutely aware of the difficulties people face when accessing the right service at the right time. Improving access to mental health services is widely welcomed.
- 1.4. Concerns about the proposed plans to improve access have been raised. In particular the changes may unintentionally disadvantage certain people, while negatively impacting on an already stretched and burnout workforce.

2. Urgent and very urgent care standards

- 2.1. Members are concerned about how 'urgent' and 'very urgent' care will be determined. Due to demands on the services, 'urgent care' is often determined by risk-levels¹. This leads to many people experiencing acute distress not reaching the threshold for 'urgent care'.
- 2.2. This has significant implications for long term health outcomes. Patients may be put in the situation where they have to allow themselves to become more unwell in order to access timely support. Not only does this contradict public

¹ The level of danger someone poses to themselves and/or others

mental health policy, it also leads to increased resource use and economic burden.

- 2.3. We are concerned that the four hour waiting limit across all age groups does not specify that children and young people should be seen by specialist clinicians who are experienced in working with that age group. This has the potential to put children and young people at significant risk of receiving poor, nonevidence-based treatment pathways.
- 2.4. To improve patient transition between services, and reduce the pressure on hospital and community-based staff, community crisis services must move to a 'trusted assessment' model. That is building trust between liaison services and secondary mental health.
- 2.5. Lack of trust between services may require staff training and governance review. If the access standards are to become reality, continuing with practices that delay the persons recovery journey and access to appropriate treatment must not be allowed.
- 2.6. Members report that then physical environment of A&E is often insufficient to process referrals within an hour. The correct infrastructure needs to be implemented before putting further pressure on under staffed nursing teams.
- 2.7. Due to resource intensive practices, members believe that there is room to further explore new remote assessment protocols (i.e. telecommunications) top promote early access to care. However, remote consultations and support not suitable for all. Choice and person centered care must be the priority.

3. Workforce challenges

- 3.1. The RCN is increasingly concerned about the health and wellbeing of our members and their ability to provide current services safely and sustainably.² We are concerned that implementing the access standards without a comprehensive workforce strategy, has the potential to put extreme stressors on a group of clinicians already at significant risk of burnout due to high workload and service demands.³
- 3.2. The safe, effective, efficient, and compassionate care that we all look to the NHS to provide is only possible if staff, both clinical and non-clinical, are physically and emotionally healthy.⁴
- 3.3. Managerial support will be crucial to ensure extra resources are provided, including promoting and protecting regular clinical supervision.
- 3.4. Workforce planning around the implementation of the access standards must include the principals of **staffing for safe and effective care**: having the

² [Principles for return to service – staff recovery and patient safety | Royal College of Nursing \(rcn.org.uk\)](#)

³ [Workforce burnout and resilience in the NHS and social care](#)

⁴ [One Voice - Joint statement on health and care staff wellbeing](#)

right number of registered nurses and nursing support workers with the right knowledge, skills and experience in the right place at the right time is critical to the delivery of safe and effective care for all those who use health and care services.⁵

- 3.5. Low levels of staff, unstable teams, and poor working conditions can lead to compassion fatigue and poor practice. Low staffing levels have been shown to increase the occurrence of restrictive practices, while negatively affecting service user outcomes⁶.
- 3.6. We continue to call for the expansion of accountability for workforce planning and funding in law and investment into nursing higher education in England. A commitment in law is critical to provide assurance to our nursing community that our workforce shortages will be tackled.
- 3.7. For too long mental health services face depleted of resources that have led to a shortage of mental health nurses and other mental health professionals including psychologists and psychiatrists.
- 3.8. It is unclear what extra resources will be put in place to support these standards. Even with a ring-fenced budget it takes years to train different disciplines to increase the workforce.

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⁵ [RCN Workforce Standards](#)

⁶ [Discrimination in mental health services](#)