

GP PRACTICES AT THE DEEP END – HEALTHY LIFE EXPECTANCY BRIEFING 28 OCT 2015 - MEMBERS' BUSINESS DEBATE

Background

Health inequalities remain a significant problem in Scotland. The reasons behind it, its manifestations and potential solutions are complex and wide-ranging.

In general, deprivation and social inequality are central drivers of health inequalities; this means that everything from employment status, income, education, quality of housing and wider community services can have an impact on the quality and length of people's lives.

For nurses, health inequalities present a real challenge. Nurses treat patients with multiple long-term conditions such as diabetes, heart and lung problems, dementia, arthritis, etc, and assist with wider problems linked to social deprivation. They are confronted daily with the consequences of social conditions on the health and well-being of the communities they care for.

In many circumstances nurses are not only addressing the direct health needs of patients, but trying to promote positive physical and mental health where the social and physical environment may be high unemployment, high crime and a lack of green space.

Nursing in our communities

Nurses can influence the health of communities in many ways. They can carry out direct interventions for individuals and families; assess a patient's needs and help to ensure that the right services are provided. They can also make sure that vulnerable groups are prioritised; and provide leadership as well as supporting community empowerment.

Nurses can be involved in early intervention to prevent the development of ill health; they can promote healthy behaviours working with patients and the wider community; and they can help to deliver public health measures as well as being advocates for change.

RCN Scotland's report [Nursing at the Edge](#) highlights examples of the leading role that nurses take in tackling health inequalities.

Our report [Going the Extra Mile](#) looks specifically at reducing inequalities in access to community healthcare for older people in remote and rural Scotland.

Further investment is required in community nursing if we are to ensure the sustainability of this vibrant 24/7 nursing service, able to co-ordinate integrated, round-the-clock community care that supports the Government's 2020 vision. Scotland's Chief Nursing Officer has just begun a review of District Nursing that will report in April 2016. The review of the GP contract due to be implemented in 2017 is also likely to have major implications for nurses working to reduce health inequalities.

Universal health visiting services

Nurses play a central role in helping prevent health inequalities by supporting families and children in the early years. The universal health visiting service is designed to provide support to all families regardless of circumstances.

In a feedback exercise with health visitor members earlier this year, concerns were raised about capacity in at least five health boards. From next year, health visitors will be further stretched by the planned introduction of the Named Person role, as a result of the Children and Young People (Scotland) Act (2014). This is in addition to further visits being introduced by the new health visitor pathway over the next three years.

Conclusions

The roles of all health and social care professionals – as well as patients and carers – must be valued, and plans put in place now to ensure we have the right people working in the right places at the right time. This will not only make our NHS more sustainable but would play a part in helping to reduce health inequalities.

If you would like any further information please contact Sarah Atherton, Parliamentary & Media Officer, by email at sarah.atherton@rcn.org.uk.