

Royal College of Nursing submission to the Health Select Committee inquiry into the challenges affecting primary care services in England

1.0 Introduction

- 1.1 With a membership of more than 425,000 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.
- 1.2 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.
- 1.3 We welcome this opportunity to submit written evidence to the Health Select Committee inquiry into the challenges affecting primary care services in England.
- 1.4 Primary care and general practice is an integral part of the NHS, and the main contact for most people accessing its services. Nursing is a key component of this, providing practice, community and other vital health and care services that support the general practitioner offer.

2.0 Key Summary

- Over the past decade there has been a decrease in the number of nurses working in primary care.¹ Against these workforce changes there has also been an increase in the numbers of frail elderly people and people living with one or more long-term conditions; all of whom place greater demands on primary care services. The RCN is urgently calling for an increase in primary care nurses to address this.
- The RCN welcomes the new approaches to co-ordinating and delivering care, as proposed in the Five Year Forward View and now being trialled under its associated Vanguard Programme. However, for these proposals to succeed, significant changes to the structure of these new models of care must be made and funding for primary care must be increased.
- The RCN recognises that ensuring patients have access to high quality care when and where needed requires a whole system approach; one which must

¹ Health and Social Care Information Centre (2012), *General and Personal Medical Services England 2002 – 2012* available at: <http://www.hscic.gov.uk/catalogue/PUB09536>

fully involve all professional groups, including nursing and support staff. We believe that the availability of a highly skilled and motivated workforce is critical to any plans for delivering seven day care, however configured.

- Achieving changes seven day care safely and fairly will come only through the better use of nursing staff, and by recognising the benefit and importance of supporting more nurses to take on system leadership roles. Employers should develop programmes to enable senior nurses to move into management roles, and create a culture that nurtures nurse-leaders.

3.0 Quality and Standards of Care for Patients

- 3.1 It is vital that people accessing primary care services feel confident in the quality and safety of the care that they receive. The RCN fully supports the drive to better understand how primary care outcomes and experience can be improved but these must include a measure of the contribution nurses' care makes to such outcomes.
- 3.2 The increase in the numbers of people living with long-term conditions is a major challenge for the NHS, and one that nurses working in primary care are uniquely placed to address. Across both acute and primary care it is vital that the NHS commits to investing both in overall staffing numbers, and establishing a career framework for primary care nurses, so that nursing staff are supported to improve their skills and knowledge in order to be able to deliver high-quality, safe, person-centred care and meet the care needs of the population.
- 3.3 The RCN is undertaking research into the development opportunities for Specialist Nurses (SNs) and ANPs², who play a vital role in delivering care for people living with specific health conditions, and who are integral in moving acute care into primary care settings. The development of and investment into these roles will be vital to ensuring that people with long-term conditions receive the care that they need, whilst also ensuring that it is delivered in a safe, effective, and cost-effective manner.

4.0 Demand and access (including out of hours access and proposals for 7 day access)

- 4.1 The lack of a single clear definition of a 'seven day NHS' remains problematic; the RCN stresses that fundamental to the NHS offer is that anyone in need of care is able to receive it when they need it, and in a setting and manner most appropriate to their need.
- 4.2 Whilst acknowledging the need to ensure that people have access to the right care, at the right time, and in the right place, we have concerns about the current debates regarding the provision of a 'seven day NHS'. In a time of scarce resources it is vital that any decisions about changes to the delivery of clinical care are based upon sound evidence and demonstrate clear benefits

² RCN (2008) RCN Competencies: Advanced nurse practitioners, an RCN guide to the advanced nurse practitioner role, competencies and programme accreditation available at: http://www.rcn.org.uk/__data/assets/pdf_file/0003/146478/003207.pdf

to patient care. This will ensure the best use of resources and effective system changes that can manage demand across a seven day period.

- 4.3 Greater consideration, then, must be given to the skill mix for the feasibility of seven day care; in particular, the capability of senior nurses at bands seven and eight, such as ANPs, to use their enhanced clinical decision making skills out of hours and across a seven day period.
- 4.4 The RCN is clear, however, that a greater focus on weekend and evening access must not come at the expense of access to services between Monday and Friday, or cause overall patient outcomes to deteriorate.
- 4.5 It is worth noting that, as the largest part of the healthcare workforce, many nurses and health care support workers are already working in services providing seven day care, or are working in a manner that will readily support an increase in the provision of care to a seven day model and will be called upon further as the workforce most able to effect any necessary changes.
- 4.6 As such, there must be a detailed consideration of the impact of seven day care on the work-life balance for nursing staff, many of whom have moved away from unsocial hours to the primary care sector in order to balance work and family commitments. Imposed changes during a time of acute recruitment difficulties in the NHS will simply lead to nurses choosing not to work unsocial hours and leaving the profession altogether.

5.0 Funding (including local and national distribution of resourcing)

- 5.1 The current financial context emphasises the need to use primary and community care resources in the most efficient way possible. It is clear that timely intervention from primary care and community staff prevents more costly care being required in the acute sector. Treatments that were once provided in hospital are being increasingly administered in the community, and within local health economies there is a renewed focus on delivering health care in the community, freeing hospitals to provide more specialised and emergency care.
- 5.2 However, funding a 'seven day NHS' by stretching five days of resources over seven, or funding it through cuts to unsocial hours payments and a pay freeze, will ultimately have a negative impact on a workforce already experiencing very poor morale and would undoubtedly jeopardise patient care.
- 5.3 The RCN is deeply disappointed that the Government is consulting on plans to remove £200 million from local authority public health budgets. We have supported the placement of prevention at the heart of the Five Year Forward View, and are fearful that in paring it back the Government is in danger of squandering a vital chance to keep people well and reduce the pressure on primary care services: while cuts in this area are carried out by local authorities, their impact will be felt at primary care level in the NHS, as services such as school nursing, smoking cessation, weight management and other health advice could all be severely affected by these proposals. We

strongly urge the Government to heed the evidence of public health experts and take a long term, strategic view on how services can be funded for the coming decades, not just for the next financial year.

6.0 Commissioning

- 6.1 The RCN would encourage greater consideration of how the regimes set in place by the 2012 Health and Social Care Act can sit more easily with the plans set out in the Five Year Forward View. These regimes should support the implementation of an integrated, collaborative approach across health economies and health care systems to deliver improved outcomes. We remain concerned, however, at the conflict between the joint commissioning and clinical roles of GPs within CCGs.
- 6.3 Irrespective of this, the RCN is clear in its demand that nursing expertise be recognised and utilised at all levels of the planning process. We believe that effective planning of health and care services is best achieved by the inclusion of all healthcare professions, to ensure full consideration is given to all of the aspects of health and care necessary for the provision of a comprehensive, cost-effective, and high-quality health care system.

7.0 Future models of care as piloted by the Five Year Forward View Vanguards

- 7.1 The RCN strongly asserts that if the new models of care currently being trialled under the vanguard programme are to achieve their potential then they must be supported by an increase in the primary care workforce, which has to date experienced significant under investment. With sufficient investment and support, primary and community nurses can be the champions of new care models, raising standards, delivering improved outcomes and embedding innovation within the NHS.
- 7.2 The RCN is supportive of the approach being taken by the Vanguard programme, and acknowledges that new models of care must meet demand and must also be able to adapt to accommodate the needs of a diverse and changing population.
- 7.3 It was heartening to see that many Vanguard sites identified nursing in one form or another as being key to the achievement of their objectives. However this needs to be considered in light of RCN research into Integration Pioneers,³ which identified a worrying lack of awareness of the status and objectives of sites by many of the nursing staff involved in them. It will be vital to their success for all members of staff to be kept informed of their aims, ambition, successes, and failures. The way in which new nursing roles are created and developed must be robust and must recognise the importance of involving front-line nurses and senior nurse leaders in the design.

³ RCN (2015) 'Update on England's 14 integrated health and social care pioneer programmes: viewpoints of RCN members'

http://www.rcn.org.uk/data/assets/pdf_file/0009/603891/24.14_Update_on_Englands_14_integrated_health_and_social_care_pioneer_programmes_viewpoints_of_RCN_members.pdf

7.4 Primary care nurses are in a unique position to promote general wellness and enhance the public health interventions undertaken by public health nurses. Nursing and midwifery staff have always had an important health promotion role; those working in primary care are well positioned to deliver a broad range of services to improve public health.

8.0 Workforce: current and future challenges (including recruitment, retention, training, skill mix, contractual models, workload and pay)

8.1 There are immense challenges ahead in primary and community care, and the current workforce configurations do not currently support all models that need to be put in place to strengthen the primary care sector and facilitate a shift from acute to community provision.

8.2 It is clear that new models of care in the community cannot be developed and implemented without sufficient investment to grow and sustain the workforce. There is still a shortage of nursing staff in primary and community care. A key challenge related to this is to make sure the primary and community sectors are attractive to potential new recruits, and are fields in which clinical skills are recognised, valued, and rewarded.

8.3 Many sections of the non-acute sector workforce have experienced significant under investment over the last four years: it is an unfortunate consequence of the system's response to the Francis Report that necessary investment in acute, elderly and general medicine sectors has been at the expense of community based nursing. Successive RCN reports have identified that recruitment has been limited to those sectors, while community services, mental health and learning disabilities nursing lag far behind, following heavy cuts to their numbers in recent years.⁴

8.4 A further challenge is the demographic of the existing workforce: available estimates of the age profile of the total nursing workforce show a progressively ageing primary care nursing workforce. The nursing workforce as a whole is ageing, in 2013 46 per cent of the workforce was aged over 45, compared with 37 percent in 2005. The average age is even higher in the community than in acute settings⁵ and there is expected to be an increase in the numbers of senior nurses retiring within the next five years, which will lead to worrying shortages in some areas.

9.0 Recruitment and retention

9.1 New and better approaches for attracting and retaining primary care and community nurses are urgently required, and must include effective preparation, fair reward and appropriately challenging career pathways. The RCN has highlighted this issue in a range of publications, including the RCN's

⁴ RCN Frontline First Report: The Fragile Frontline available at: http://elections.rcn.org.uk/page/-/frontline/documents/The_Fragile_Frontline.pdf

⁵ RCN Labour Market Review (2014) An Uncertain Future: the UK Nursing Labour Market Review 2014 available at: http://www.rcn.org.uk/__data/assets/pdf_file/0005/597713/004_740.pdf

Pillars of the Community document⁶. Greater strides must also be made to prepare student nurses for primary care careers at undergraduate level, in preregistration and in the first year of nurse training.

- 9.2 Recruitment and retention for primary care nurses must also be seen in the context of individual local health economies. It is important to note that unlike acute or other community nurses there is no agreed pay scale for nurses working in general practice. This has led to a gap in terms and conditions between nurses working in general practice and those working in the wider NHS.
- 9.4 Primary care staff do not have the same access to the annual incremental rise under Agenda for Change (AfC) available to staff in acute care and independent practitioners pay remains at the discretion of the employing GPs. The RCN advocates the adoption of AfC terms and conditions for all nurses employed within primary care.
- 10.0 Current Skill Mix
- 10.1 *Key Challenges*
- 10.2 Currently, there is ambiguity around roles and responsibilities of certain nursing staff. For example, a task being undertaken by a Nurse Practitioner in one practice might be undertaken by a Practice Nurse in another. At present there is no nursing workforce model within primary care. Nursing roles are often isolated from a nursing support structure but are aligned instead to the GP practice management structure. There is also no accepted staff allocation ratio per head per GP population for general practice nursing staff. The RCN would encourage the development of these metrics to support the delivery of safe and quality services and would be happy to take a lead role in this work if called upon.
- 11.0 *Practice Nursing*
- 11.1 Generalist Practice Nurses (GPNs)' experience of delivering person-centred care means that they are well placed to support new models of care establishing services that provide value for money, whilst also being safe, effective and high quality. As previously noted, the RCN believes that GPNs have a key role to play in improving primary care outcomes, and as such should be increased in number and supported in their career development.
- 11.2 In many areas, practice nurses also provide high quality triage care and have developed models of digital, telephone and face-to-face triage, which provide value for money and are user friendly. We would encourage further investment in technology which can enhance the triage process further. Such models allow GPs to focus on complex care, diagnosis, and to specialise in the management of particular priority groups, such as those with mental

⁶ RCN (2010) *Pillars of the Community* available at:
http://www.rcn.org.uk/__data/assets/pdf_file/0007/335473/003843.pdf

health problems or specific long term conditions⁷. Practice nurses can also support more vulnerable people to access primary care, such as those with learning disabilities⁸.

12.0 *District Nursing*

12.1 The RCN believes that the pivotal role of district nurses and their teams must be acknowledged and developed if health services are to meet current and emerging demographic challenges. Their work in the community can play a crucial role in reducing hospital admissions and supporting early discharge. Significant resources must be found to maintain an expert district nursing workforce that is fit for the future, and it must include 'all community' nursing teams led by nurses with a specialist practice qualification in district nursing. Alarming, however, total district nurse numbers almost halved between 2003 and 2013 (6,656 down from 12,620). There were just 5,595 Full Time Employed district nurses⁹ as of July 2014. Stronger career frameworks for district nursing must be established to address this trend.

13.0 *Healthcare Support Workers*

13.1 The role of Health Care Support Workers (HCSWs) has grown considerably in recent years and HCSWs are seen as an integral part of the overall nursing team, enhancing access and patient satisfaction in many areas of primary care. The RCN supports the introduction of mandatory regulation for HCSWs in primary care to strengthen their role further. The RCN also believes there is a further need for learning resources to be made relevant for HCSWs working in general practice.

14.0 *Advanced Nurse Practitioner and Specialist Nursing*

14.1 The ANP is a dedicated nurse with extensive experience within primary care, practicing autonomously at an advanced level. ANPs can act as an independent prescriber, bring strong organisational and communication skills and can develop strong networks within both primary and secondary care as well as those within the social and voluntary sectors. ANPs can also deliver safe, clinical decision making, and provide expert care for patients within the general practice. ANPs are already well placed to deal with the challenges primary care faces. The RCN strongly urges the government to further harness ANPs in leadership positions to relieve the burden on GPs. More must be done to develop this workforce.

14.2 Greater consideration must be made of the contribution senior nurses can make to improve out of hours access, for instance in making decisions and issuing prescriptions, particularly for people with long term conditions.

⁷ Charles-Jones H, Latimer J, May, C (2003) *Transforming general practice: the redistribution of medical work in primary care* Social Health Illn. Jan;25(1):71-92

⁸ University of Glasgow (2002) *The Contribution of Practice Nurses to Support the Health of People with Learning Disabilities* available at: www.gla.ac.uk/media/media_64527_en.pdf

⁹ NHS Hospital & Community Health Service (HCHS) monthly workforce statistics

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