RCN Policy and International Department
Policy Briefing 10/15
September 2015

Delivering the Five Year Forward View

Understanding the critical role of nursing across a selection of UK and international case studies

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Introduction to this paper

Using a selection of UK-based and international case studies, this briefing explores and celebrates innovative, patient-centred nursing across three of the seven care models in the Five Year Forward View (FYFV).

The purpose of this work is to highlight the central role which nurses are already playing in delivering the spirit of FYFV across different health systems, and to make the case that policy-makers in the UK should be engaging with nurses to ensure that FYFV is as effective for patient care as it possibly can be.

Published in October 2014, the Five Year Forward View (FYFV) was warmly welcomed in England for its positive emulation of the achievements of the National Health Service (NHS), as well as for its optimistic prognosis that the founding spirit of Britain's health system – i.e. that it should always be "free at the point of need" - should not be compromised if appropriate reforms are enacted.

The theme of positive reform is applied throughout the seven FYFV models of care. These showcase what a reformed NHS in England might look like. All three of the major political parties have endorsed FYFV, and so these models – although not heavily detailed – are likely to at least influence future change of the NHS.

This paper focuses on those three FYFV models where pilots (or vanguards) have been announced, exploring what the key nursing contribution is to delivering these and highlighting examples from the UK and overseas of where these systems (or systems of similar design) are already in place.

From this narrative, the Royal College of Nursing (RCN) hopes to evidence that when it comes to delivering better patient outcomes against a backdrop of financial cuts and growing patient demand, policy-makers from all parties should be consulting the nursing profession on how the FYFV can be made a tangible reality rather than just warm words. To do this, we are seeking the views of relevant nursing networks which could lead to further in-depth work into the specific models.

A supplementary briefing by the RCN, 'Experiments in Autonomy' which analyses the progress of the vanguards and the devolution of spending and commissioning powers in Manchester is also available here: http://www.rcn.org.uk/__data/assets/pdf_file/0005/639653/004993.pdf

Progress to-date

In March 2015, 29 vanguard pilots were announced. These will test different approaches for three of the new care models set out in FYFV: multi-specialty community providers (MCPs), which are intended to move specialist care out of hospitals into the community, enhanced health in care homes, and also integrated primary and acute care systems (PACS), which join up GP, hospital, community and mental health services.

The 29 sites were selected from 269 proposals, and came into effect in April 2015, backed by a £200 million transformation fund.

Where are the vanguards?

The two graphics shown below highlight the geographical spread of the vanguards and the pioneer programmes – a separate pilot programme (also focused on England) which bears some similarities to FYFV, especially around service integration. More information on the progress of the Pioneer Programmes can be accessed here: http://www.rcn.org.uk/support/policy/policy_briefings/2014_briefings.

What stands out from these two graphics is that the strong degree of overlap between the vanguards and the pioneer programmes – especially in the north/north-west of England. An immediate risk of having multiple pilots running in tandem is that they could deliver different results, or even conflicting recommendations as to how service integration and care reform should be undertaken.

Figure 1: Counties in England that have either Pioneers, Vanguards or both

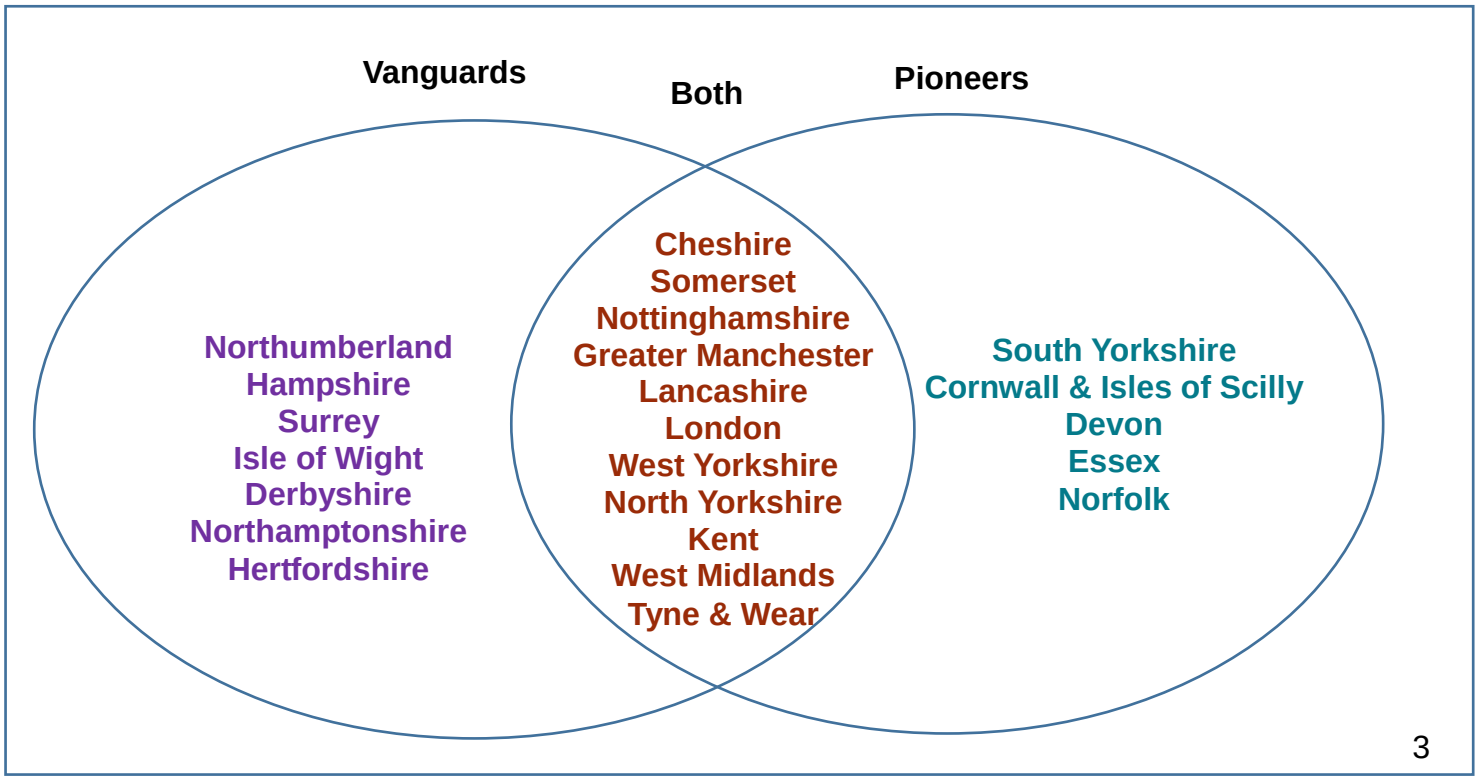
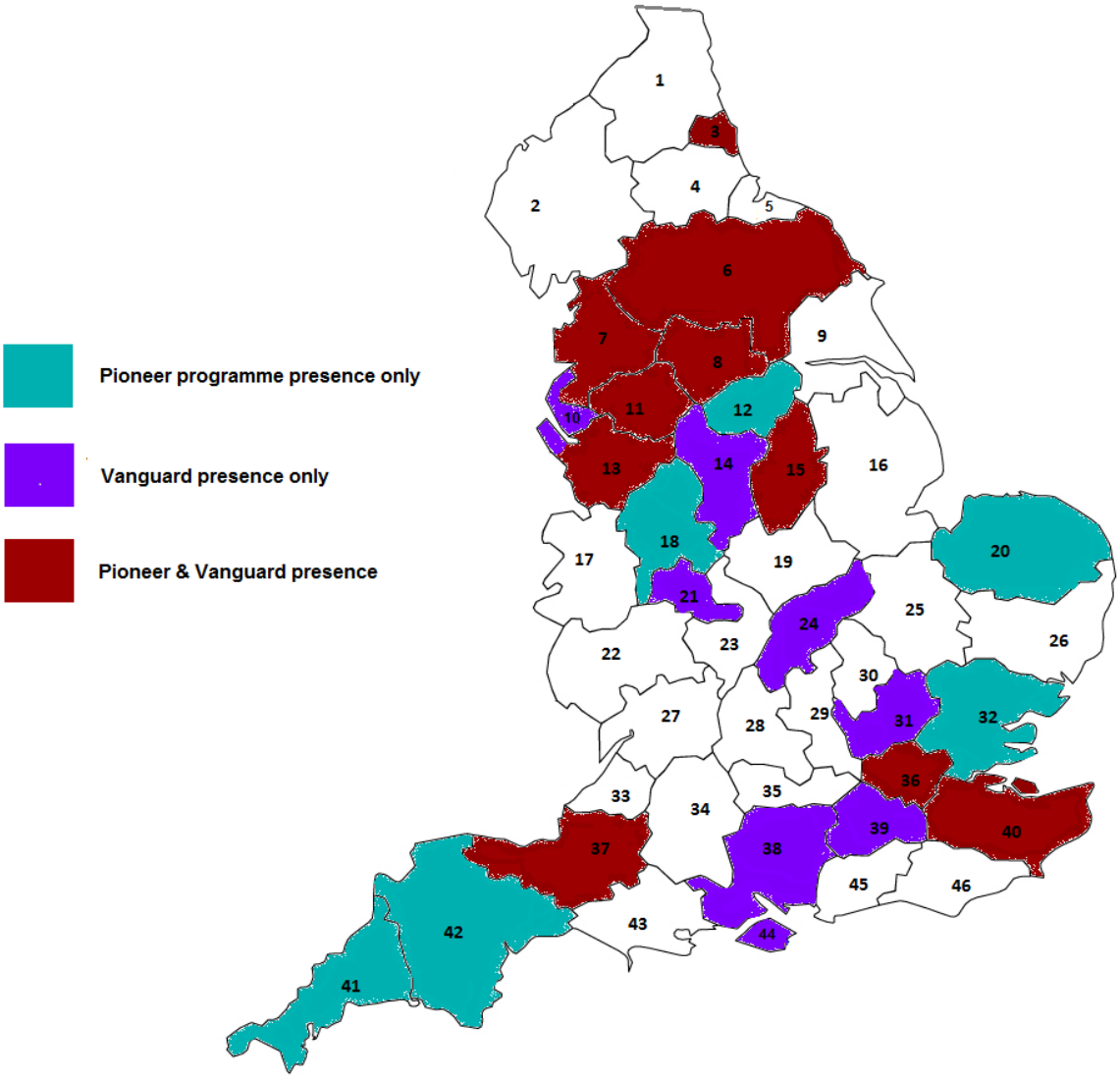


Figure 2: Geographical spread of pioneer and vanguard sites in England



1. Northumberland
2. Cumbria
3. Tyne & Wear
4. County Durham
5. Tees Valley
6. N Yorkshire
7. Lancashire
8. W Yorkshire
9. East Riding
10. Merseyside
11. Greater Manchester
12. S Yorkshire
13. Cheshire
14. Derbyshire
15. Nottinghamshire
16. Lincolnshire
17. Shropshire
18. Staffordshire
19. Leicestershire
20. Norfolk
21. W Midlands
22. Herefordshire & Worcs.
23. Warwickshire
24. Northamptonshire
25. Cambridgeshire
26. Suffolk
27. Gloucestershire
28. Oxfordshire
29. Buckinghamshire
30. Bedfordshire
31. Hertfordshire
32. Essex
33. Avon
34. Wiltshire
35. Berkshire
36. London
37. Somerset
38. Hampshire
39. Surrey
40. Kent
41. Cornwall
42. Devon
43. Dorset
44. Isle of Wight
45. W Sussex
46. E Sussex

Model One: Enhanced Health in Care Homes

Brief description: This model will require the NHS to work in partnership with care home providers and local authority social services departments to develop new shared models of care and support, including medical reviews, medication reviews and rehabilitation services.

The key nursing contribution: Nursing's unique combination of clinical skills and personalised, patient-centred care has been a central component in enabling older people to reclaim their autonomy and remain active members of their communities. In addition to this, international research has also shown that nurses often lead the core team in integrated care home models and so recognising and rewarding this level of responsibility appropriately is key for ensuring that good care is sustained.

A selection of UK and international case studies:

- Dementia is widely acknowledged as one of the most pressing problems facing health and social care systems around the world. In the Netherlands, a ground-breaking nursing village consisting of 152 'residents' – as opposed to 'patients' – has been celebrated internationally for creating a care setting where individuals are supported to maintain their autonomy and daily routines. In this model, mental wellbeing is given parity of esteem with physical comfort, and nursing is essential to delivering this.[i]

- Based in west-central England, Belong villages offer a continuum of services that have received international recognition. In 2013, the International Association of Homes and Services for the Ageing (IAHSA) announced Belong as the winner of the 2013 Excellence in Ageing Services. One of Belong's notable innovations has been to seek the input of nurses in the design of households that promote clear lines-of-sight across open-plan spaces which assist orientation and help make sure that residents can easily find their way to familiar surroundings wherever they may be.[ii]

- In 2012, five community nurse practitioners (CNPs) were assigned to individual South Worcestershire care homes to lead the production of clinical management plans (CMP) for each home resident. Through the CMP, risk was mitigated by ensuring a detailed care plan was agreed in conjunction with the resident, care home staff and GP. To ensure a seamless care plan, once the nurse has produced the CMP, it is then made available for any healthcare clinician treating the patient and includes details of a resident's care needs and preferences in regard to end of life care or avoidance of hospital admission.

Model Two: Multispecialty Community Providers (MCPs)

Brief description: Although this model focuses on GP practices, there is a very strong emphasis on the enabling role of nurses in building the 'expert generalist strengths' which will allow MCPs to provide a greater range of services, especially for patients with complex ongoing needs. This model envisions that GP practices will become the focal point of many more services and will deliver these by employing a greater range of health workers as partners – particularly nurses.

The key nursing contribution: The key objective of this model is to secure the future of primary care by expanding the range of services they provide. Nurses are highlighted in the FYFV description of this model as being a central partner in delivering this aim – especially around supporting a growing older patient demographic with greater co-morbidity.

UK and international case studies:

- Tower Hamlets primary care networks provide evidence-based care that is grounded in the concept of a 'year of care' and active case management which is often nurse-led. This is supplemented by strong patient education and a focus on self-management – also key nursing strengths. Practices are incentivised to meet certain targets such as patient experience, care planning and control of diabetes. Evidence-based care pathways include conditions such as diabetes, chronic obstructive pulmonary disorder (COPD) and childhood immunisations.[iii]

- In Belgium, the Community Health Centre Botermarkt offers a tailored service for people with co-morbidity, with specifically scheduled longer consultations which are led by nurses within a multidisciplinary team. The health centre also provides 'standard general primary care' services to other patients who do not have multiple long-term conditions and this is again a nurse-led service which has reduced unnecessary hospital admissions and other costs.[iv]

- In Sweden, the Government has forecast an increase in healthcare costs of 30 per cent by 2050. Addressing the issue of sustainability has led policy-makers to engage with all key health professions – including nurses – in the development of a series of strategies to help local health centres deliver more services. The PEP process (the patient performing his/her own test) is one example of where nurses are employed to coach patients on how to undertake basic medical tests and then submit the results for lab analysis – delivering significant financial value and improving patient satisfaction.

Model Three: Primary and Acute Care Systems (PACS)

Brief description: PACS would provide list-based primary care, hospital services, mental health and community care - all within single NHS organisations for the first time. These could evolve in different ways, for example by hospital trusts opening their own GP surgeries. If successful, PACS could become accountable for the entire health needs of a registered list of patients, closely resembling the accountable care organisation model already well-established in the United States.

The key nursing contribution: There has been extensive research into the role of nursing in accountable care organisations (ACOs) in the United States where PAC type structures have a longer history. The triple aim of this model is to improve the patient experience of care (including quality and satisfaction), to improve the health of populations, and reduce the per capita cost of health care. Nursing is key in meeting the goals of this triple aim and researched outcomes show how inpatient and outpatient nursing care has lowered costs and improved health.

UK and international case studies:

- In the United States, Accountable Care Organisations (ACOs) typically include doctor practices and at least one hospital as well as nursing homes, home health agencies and other providers. ACO's help to deliver care quality and lower costs by maximising the operational and strategic proficiency of nurse practitioners (NPs). To take one example, NPs were at the forefront in developing the concept of 'patient-centred medical homes' which have greatly improved rates of patient self-management.[v]

- In Germany, Gesundes Kinzigtal (Healthy Kinzigtal) is a joint venture between a network of doctors and nurses in Kinzigtal and a Hamburg-based health care management company, OptiMedis AG. Gesundes Kinzigtal is responsible for organising care and improving the health of nearly half of the 71,000 population in Kinzigtal in southwest Germany. Since 2006, around a third of the local population has actively enrolled in Gesundes Kinzigtal which allows access to a number of health improvement programmes.[vi]

- In the Republic of Ireland, a Medically Assisted Discharge service has been developed with strong input from nurses to facilitate transitional care following a hospital admission. The service co-ordinates community-based care and nursing agencies that utilise remote devices to clinically monitor discharged patients, sending the clinical observations to their care provider for assessment. Initial evidence indicates that 1/3 of these patients stay at home, avoiding re-admission to hospital and saving in the region of €740 (approximately £550) per day.[vii]

- In Spain, there is a concerted effort to improve prevention and management of chronic conditions through integrating primary, secondary and tertiary care services. The 'Living Longer, Living Better', initiative brings together nurses, GPs and other health experts to develop a framework through which local health services can better tune to their service offering. Nurses are currently leading on this by orientating local services towards prevention.[viii]

Going Forward – what does nursing need in order to deliver FYFV?

Whether as part of a multi-disciplinary team, or as independent deliverers of care, nurses are central for delivering excellent patient outcomes and reduced costs. However, realising this potential within the FYFV framework will require the following:

Support in leading innovation in care. In many care settings, nurses are restricted from reaching their full potential. A report from the Republic of Ireland for example found that up to 20 per cent of a Registered Nurse's time in care homes can be taken up with paperwork and administration.[ix] Freeing up staff to spend more time with patients will help reduce risks of deterioration and enable nurse leaders to maximise their resources.

A voice at the top table. This report demonstrates very clearly the critical role which nurses will play in making FYFV happen. Engaging nurse leaders and the RCN as early as possible will help to maximise the enabling contribution of the nursing profession in making future reform to the NHS workable and effective.

A long-term focus on recruitment and retention. This covers the explicit point made in the FYFV that pay and other working terms will need to change in the NHS to "fully reward high performance, support job and service redesign, and encourage recruitment and retention".[x] The ageing profile of the UK nursing profession combined with an aggressive overseas recruitment plan by countries such as the United States, further strengthens this point.

Improved access and funding for continuing professional development (CPD). The innovative capacity of the nursing profession depends on clear career progression routes supported by CPD. As the UK prepares for the introduction of revalidation in 2015, additional funding and support is needed to make sure that nurses are able to fulfil their regulatory responsibilities, without compromising patient-facing time.

A culture change to engage a new generation. Across the developed world, the recruitment of younger nurses is proving increasingly challenging. The growth in economic aspiration and a toxic media and political discourse has meant that nursing has been left behind as a career of choice. Political leaders need to actively promote the merits of the nursing profession, reaffirming it as a career of choice where aspiration, ambition and a commitment to care are all recognised and welcomed.

Endnotes

[ii] The Guardian, Hogewey Village, http://www.theguardian.com/society/2012/aug/27/dementia-village-residents-have-fun (published in 2012)

[ii] Belong Village, http://www.belong.org.uk/ (2015)

[iii] Nuffield Trust and King's Fund, Securing the Future of general Practice, http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CDAQFjAA&url=http%3A%2F%2Fwww.nuffieldtrust.org.uk%2Fsites%2Ffiles%2Fnuffield%2F130718_securing_the_future_of_general_practice-_full_report_0.pdf&ei=k5fsVNaaD4q07gbL74HYDA&usg=AFQjCNEngj1p7_x5Htwbd-dOia3u1UAO5A&sig2=gCc6XimjXyIR7C615iP8BQ (published in 2013)

[iv] UCL Health Institute, Community Health Centre Botermarkt, Ghent, Belgium, Interprofessional Collaboration in Practice, http://www.instituteofhealthequity.org/projects/community-health-centre-botermarkt-ghent-belgium-interprofessional-collaboration-in-practice (published in 2012)

[v] The King's Fund, ACO's in the United States, http://www.kingsfund.org.uk/publications/accountable-care-organisations-united-states-and-england (published in 2014)

[vi] The King's Fund, Gesundes Kinzigtal, Germany, http://www.kingsfund.org.uk/publications/population-health-systems/gesundes-kinzigtal-germany (published in 2014)

[vii] Roadmap for Sustainable Healthcare, 2015 Ireland country-specific concrete projects

[viii] Ibid.

[ix] All Ireland Gerontological Nurses Association, The role of the Nurse in Long-term Care, http://aigna.ie/newsAttachments/1306186523TheroleandcontributionoftheNurseinresidentialcarereport..pdf?PHPSESSID=dc5874a241c984c7fd0e13a4b014a7520 (published in 2010, accessed February 2015)

[x] NHS England, Five Year Forward View, www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf *(published October 2014, accessed February 2015)*