



Royal College
of Nursing

Frontline First
November 2012 update



Protecting services
Improving care

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The promise to protect the NHS, in particular the frontline, was a key part of the Coalition Agreement (HM Government, 2010). Despite the need for £20 billion of efficiency savings to be made by 2015 as part of Chief Executive Sir David Nicholson's "challenge", this money was intended to be reinvested in patient care (Nicholson, 2010) to prevent any sort of deterioration.

However, dig underneath the rhetoric and the reality is a different matter. For over two years the Royal College of Nursing (RCN) has been monitoring the cuts in the NHS through the Frontline First campaign. This has repeatedly found that cuts to posts and services have become the norm. Previously, the total number of NHS posts in England we had identified as being at risk stood at 55,366 posts. This number has now climbed to **61,276**, a leap of 6,000 from just six months ago.

In this report we go behind the headlines to review the state of the NHS workforce as the Coalition Government's term reaches its halfway point. Far from a protected NHS, we find nursing suffering from cuts while other professions – including doctors – are actually increasing in numbers. The RCN believes we face a looming crisis in nursing, through the dual dangers of restricted future supply and an increasing demand for nursing care. This is despite the recent reports that nearly £3 billion of NHS underspend has been given back to the Treasury over the last two years, rather than being directly reinvested in health services (Dowler, 2012).

The RCN welcomes the creation of new bodies to oversee health education and training. We believe that Health Education England has a unique opportunity to take action and stop the shedding of nursing course places, which has seen a drop of almost five per cent in just one year. Nursing is key to delivering improved patient outcomes and increasing efficiency. Addressing the supply of nursing staff should be a priority, and Health Education England has the potential to secure an NHS workforce for the future.

Changes to the NHS workforce since the 2010 election

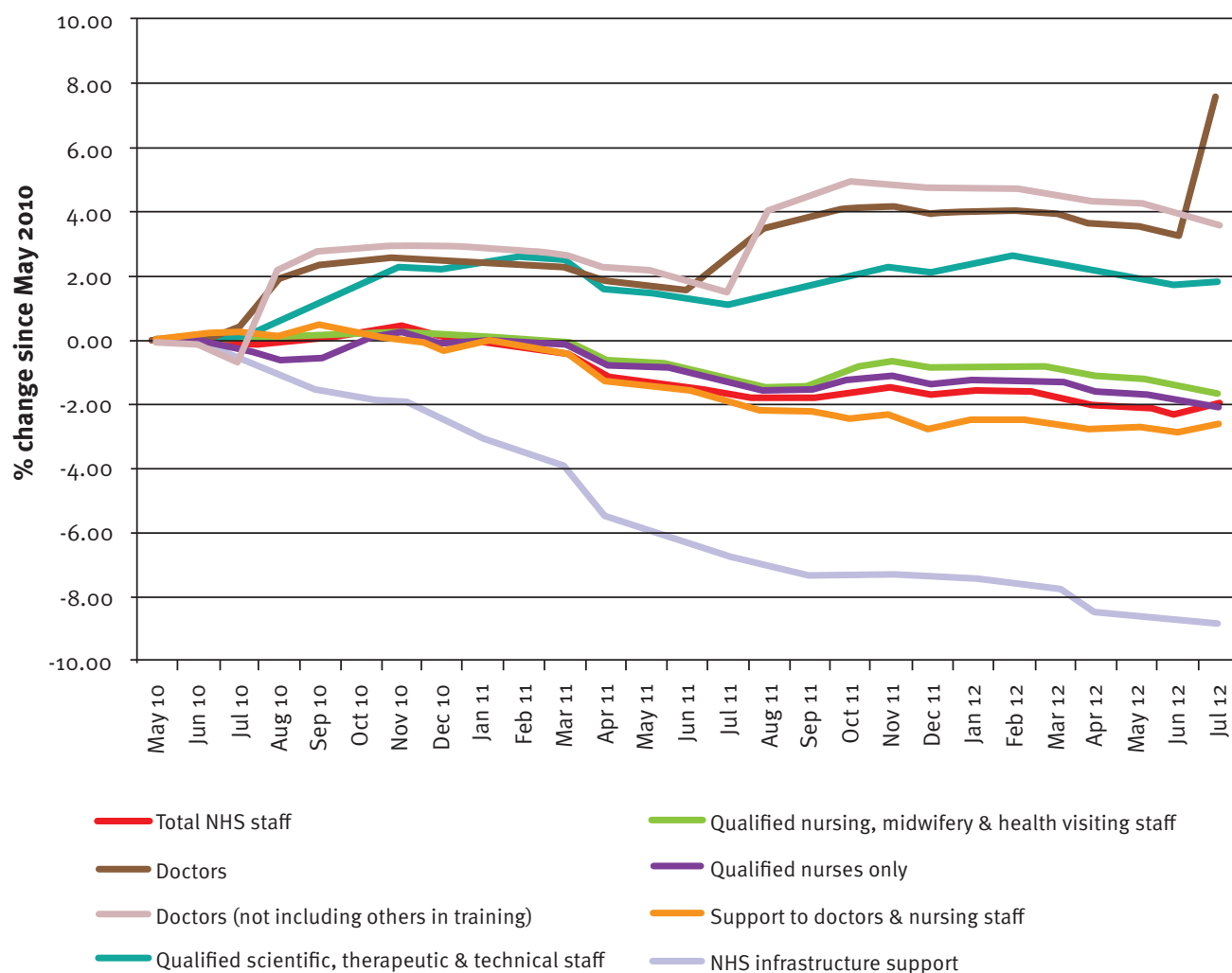
The NHS Information Centre produces monthly workforce figures for hospital and community health services (excluding general practice) going back to September 2009, with the July 2012 figures being most recently published. These figures show that the total NHS workforce has already decreased by **20,790** full time equivalents (FTE) (28,521 headcount) since the Coalition Government came into power in May 2010 (NHS Information Centre, 2012a). It could be assumed that these cuts are spread evenly across the workforce, but a closer look reveals that not all staff groups have been affected in the same way.

Figure 1 and table 1 show the percentage change in the FTE numbers for different staff groups since May 2010. A negative percentage change represents a decrease

in numbers; a positive one represents an increase. The workforce is split into the categories used by the NHS Information Centre, which include:

- doctors – made up of consultants, registrars, doctors in training, hospital practitioners and clinical assistants, including those in locum roles
- qualified nursing, midwifery and health visiting staff
- qualified scientific, therapeutic and technical staff – made up of health care scientists and allied health professionals such as radiographers, dieticians and speech and language therapists
- support to clinical staff – made up of staff who support qualified doctors, nurses, therapists and ambulance staff
- infrastructure support – made up of managers, administrators and maintenance staff.

Figure 1: A graph to show the percentage increases and decreases of NHS hospital and community health services staff groups from May 2010 to July 2012, using May 2010 as the baseline



Source data: NHS Information Centre, 2012a

Table 1: A summary of workforce changes between May 2010 and July 2012

Staff group	FTE change May 2010 to July 2012	% change May 2010 to July 2012
Total NHS staff	-20,790	-1.97%
Doctors	+7,286	+7.46%
Doctors (not including the sub-category "other doctors in training")	+3,024	+3.61%
Qualified nursing, midwifery and health visiting staff	-5,216	-1.68%
Qualified nurses	-6,147	-2.18%
Qualified midwives	+943	+4.68%
Qualified health visitors	-12	-0.15%
Qualified scientific, therapeutic and technical staff	+2,331	+1.80%
Support to doctors and nursing staff	-5,967	-2.58%
NHS infrastructure support	-18,173	-8.88%

The graph in figure 1 shows that over the period, staff working in infrastructure support (often referred to as “back office” positions) have been hit the hardest. However, it also shows that nurse and support staff numbers have fallen generally in line with the average for the NHS workforce, while doctors and qualified scientific, therapeutic and technical staff have increased. **This shows that nursing is not being protected in the same way as some other clinical professions.**

Since May 2010 there has been a loss of 5,216 FTE (6,588 headcount) qualified nursing, midwifery and health visiting staff (1.68%). If we look at this in more detail, it can be seen that while the number of midwives has gone up by 943 FTE (4.68%) over this period, the number of qualified nurses decreased by 6,147 FTE (2.18%). Despite the Coalition Government’s aim to increase numbers of health visitors by 4,200 by 2015 (DH, 2012a), to date numbers have remained about the same, with a loss of 12 FTE.

The total number of doctors has increased by 7,286 FTE, which is an increase of 7.46%. This includes a rapid increase of over 4,000 FTE between June and July 2012, which the RCN understands is caused by a new shadowing period for trainee doctors. If the “other doctors in training” sub-category is removed from the figures, there is still an increase of 3,024 FTE, or by 3.61% over the period.

The qualified scientific, therapeutic and technical category is very broad, and it must be noted that while overall numbers went up, some individual professions may have decreased. Although the monthly figures are not broken down into a lot of detail, they do show that the number of speech and language therapists and health care scientists went down over this period.

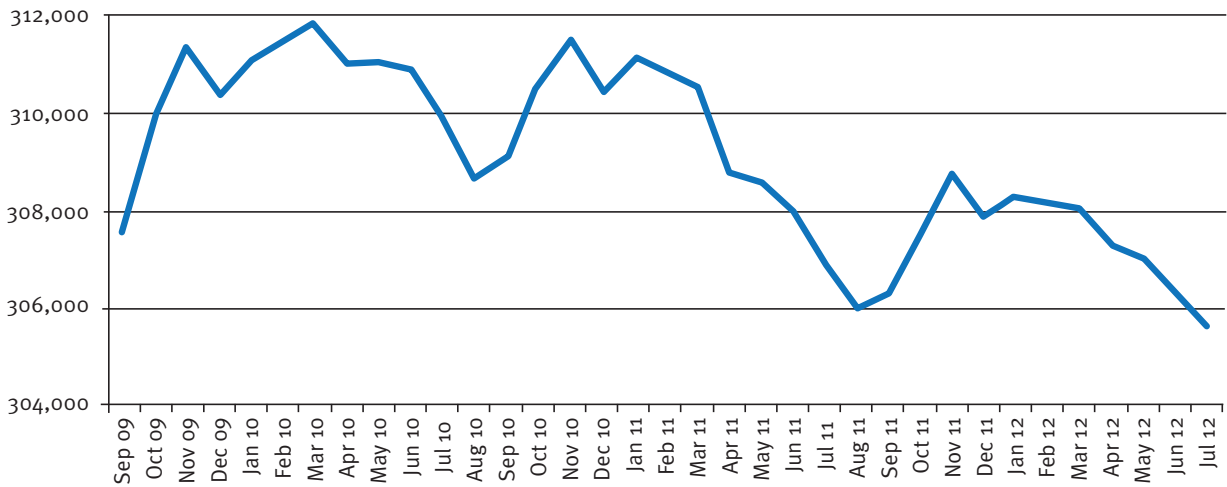
Figures 2 and 3 compare the monthly figures for nursing and doctors since September 2009, and are almost mirror images of each other. While both graphs show a yearly rise and fall pattern (due to people moving from education to employment), the annual peaks and troughs for nurses have decreased each year while those for doctors have increased.

Changes to the NHS workforce since 2001

The RCN acknowledges that the NHS has benefited from increased investment since the late 1990s, which allowed the nursing workforce to grow. The RCN believes that this was essential to meet the growing health needs of the population, to drive down waiting lists, and to improve care quality. This may suggest that the recent fall in nursing numbers is simply a readjustment after a period of “over-investment”. However, a closer look at the annual figures produced by the NHS Information Centre again shows that the nursing workforce did not increase as much as some other staff groups.

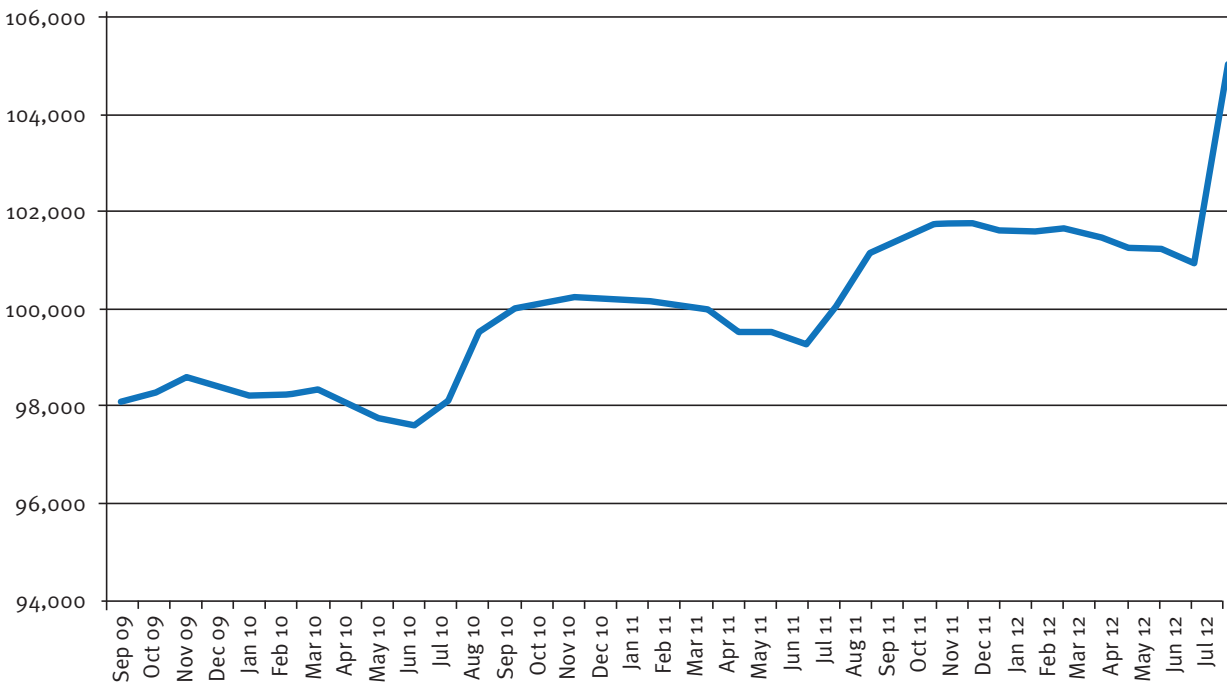
Even taking into account the recent fall in staff numbers, official figures show that from 2001 to 2011, the total NHS workforce grew by 26.79%. Figure 4 and table 2 compare the percentage change in the FTE numbers for different staff groups over this period. They show that the number of NHS qualified nurses, midwives and health visitors increased by 19.56%, and the number of support staff by 15.55%, (i.e. less than average).

Figure 2: A graph to show the number of qualified nursing, midwifery and health visiting staff working in the NHS from September 2009 to July 2012 (FTE)



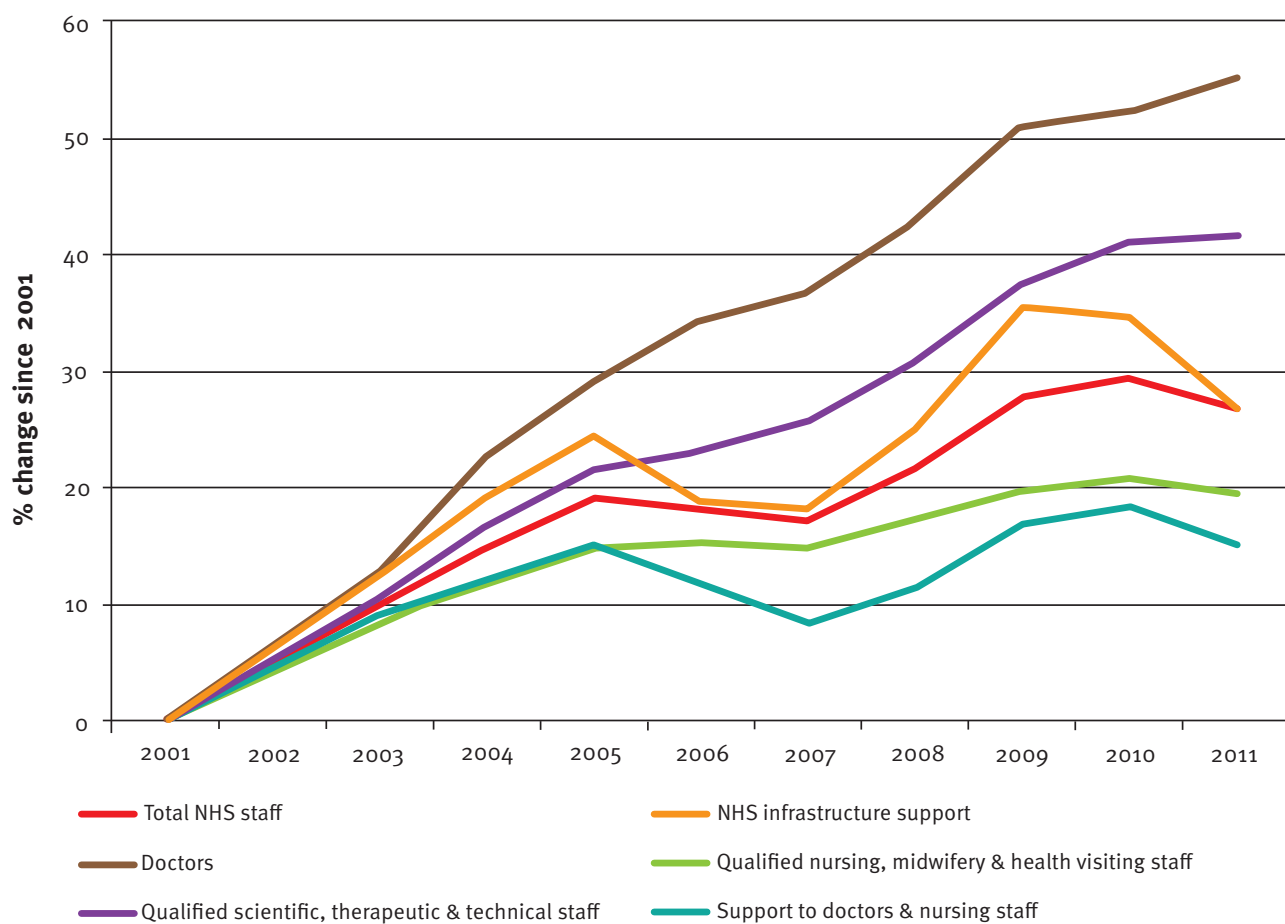
Source data: NHS Information Centre, 2012a

Figure 3: A graph to show the number of doctors working in the NHS from September 2009 to July 2012 (FTE)



Source data: NHS Information Centre, 2012a

Figure 4: A graph to show the percentage increases of NHS hospital and community health services staff groups from 2001 to 2011, using 2001 as the baseline



Source data: NHS Information Centre, 2012b

Table 2: A summary of workforce changes between 2001 and 2011

Staff group	FTE change 2001-2011	% change 2001-2011
Total NHS staff	+218,868	+26.79%
Doctors	+35,339	+55.17%
Qualified nursing, midwifery and health visiting staff	+50,128	+19.56%
Qualified nurses	+49,250	+21.54%
Qualified midwives	+2,948	+16.78%
Qualified health visitors	-2,071	-20.68%
Qualified scientific, therapeutic and technical staff	+38,657	+41.53%
Support to doctors and nursing staff	+30,027	+15.33%
NHS infrastructure support	+40,202	+26.87%

The challenge of rising demand

The demand for health care services is set to rise to due to our ageing population and a greater number of people living with long-term conditions.

According to projections by the Office for National Statistics (ONS) (2011), the percentage of the population of the UK over 60 is expected to rise from 22.6% in 2010 to 28.5% in 2035, and the population over 85 is expected to rise from 2.3% to 4.8% (see table 3). This means there will be an extra 2 million people over the age of 85.

Not only is the population ageing, but data from the Quality and Outcomes Framework shows that the number of people with long-term conditions (LTCs) has already increased rapidly in the last few years. Between 2006-07 and 2010-11, the number of people affected by chronic kidney disease went up by 45%, diabetes by 25%, and dementia by 25%. Age is a major factor in long-term conditions, as only 14% of people aged under forty have at least one LTC, compared to 58% of those over 60. In fact, 25% of over 60s report having more than one LTC (DH, 2012b).

As the population ages, the number of people with long-term conditions will go up. Research from the London School of Economics and the Institute of Psychiatry found that the number of people with

dementia in the UK could increase from 700,000 in 2007, to 940,000 in 2021, and to 1.7 million in 2051, a 154% increase (Knapp and Prince, 2007).

Meeting these rising demands

The nursing workforce is ageing along with the rest of the population. It is therefore crucial that there are enough new nurses entering the profession to replace those who are retiring. However, recent figures show that the number of nurse education course places commissioned in England has declined by 839 (4.6%) in 2012-13, after already falling by 9.4% in 2011-12. Over the past five years there has been a total drop of 17%. This is despite the number of applicants standing at an all-time high (Buchan and Seccombe, 2012). If the NHS in England is to keep pace with rising demands, this trend must reverse.

With more people needing health care, we will also need to change the way that care is delivered. The RCN supports moving care closer to home and focusing more on prevention, both to reduce costs and to provide more appropriate, person-centred care. Nursing has a huge role to play in this transformation of services, as nurses and support staff give care directly to patients, preventing deterioration in long-term conditions, and keeping people well.

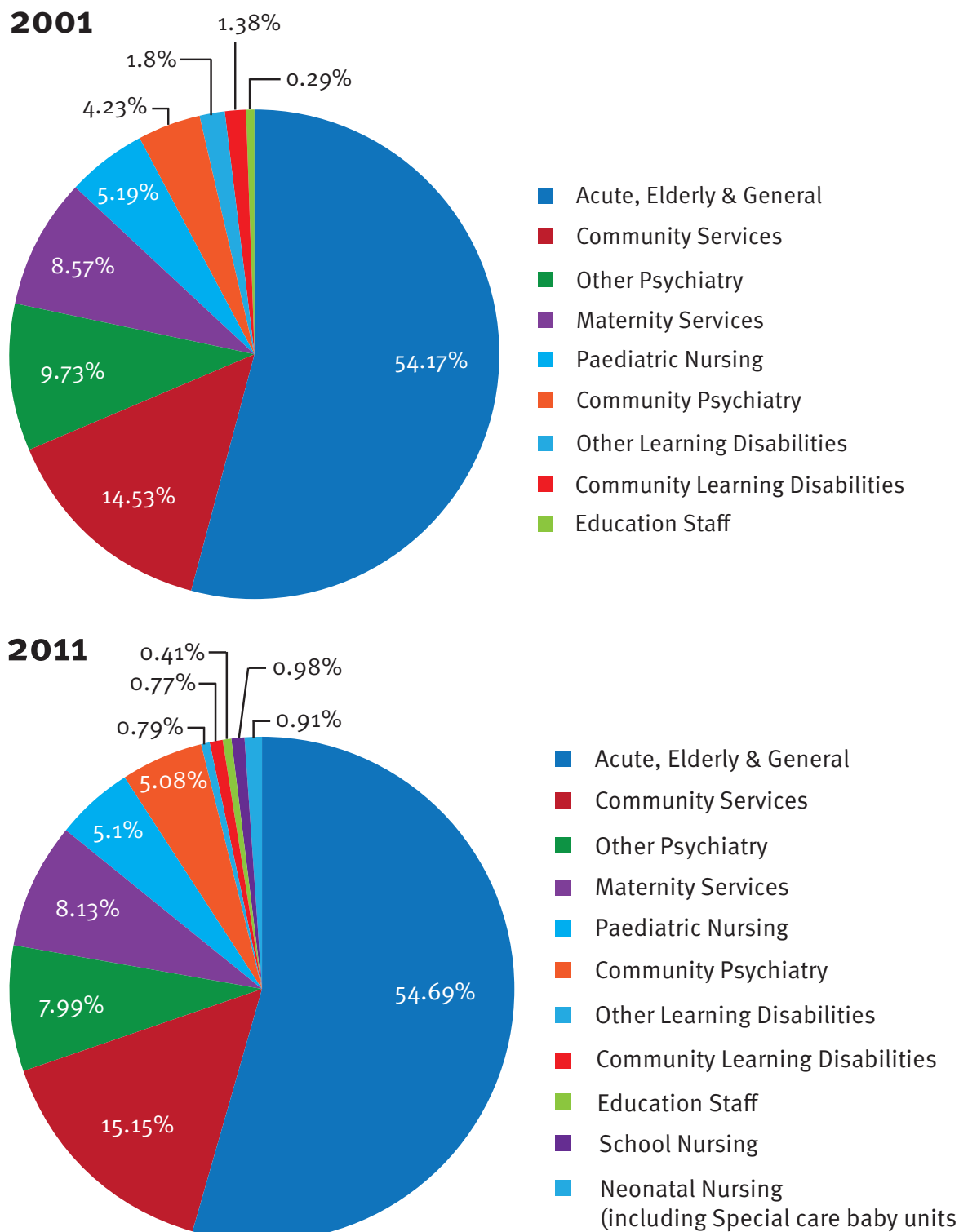
Table 3: Projected population (in millions) by age, United Kingdom, 2010 to 2035 (ONS, 2011)

Ages	2010	2015	2020	2025	2030	2035
Total	62.3	64.8	67.2	69.4	71.4	73.2
0-14	10.9	11.5	12.2	12.5	12.3	12.1
15-29	12.5	12.6	12.2	12.2	12.8	13.5
30-44	12.7	12.5	13.2	14.0	14.1	13.7
45-59	12.1	13.0	13.2	12.5	12.3	13.0
60 and over	14.1	15.1	16.4	18.2	19.9	20.9
60-74	9.2	9.7	10.3	10.9	11.8	12.0
75-84	3.5	3.8	4.2	5.0	5.3	5.4
85 & over	1.4	1.6	1.9	2.3	2.8	3.5
% over 60	22.6%	23.3%	24.5%	26.2%	27.8%	28.5%
% over 85	2.3%	2.5%	2.8%	3.3%	3.9%	4.8%

However, the latest official statistics show that the nursing workforce has not shifted from the acute to the community sector in the last ten years to help meet this significant challenge, as figure 5

shows. The actual number of nurses in the acute, elderly and general sector went up by 28,749 FTE from 2001 to 2011, while the community services sector increased by only 4,736 FTE (NHS Information Centre, 2012b).

Figure 5: Graphs to show the breakdown by sector of the qualified nursing, midwifery and health visiting workforce in hospital and community health services, 2001 and 2011



Source data: NHS Information Centre, 2012b

While the percentage of nurses working in community services has increased by 0.62 from 2001 to 2011, the number of district nurses – experienced and highly skilled community nurses who provide care in people’s homes – went down by 3,590 FTE (34%) from 2001 to 2011 (NHS Information Centre 2012b). District nurses can be vulnerable to cuts by organisations desperate to save money because they are individually more expensive than less experienced staff, but they actually save the NHS money by using their expertise to keep people out of hospital. The RCN believes that the time has come for Government to give district nursing the same attention as health visiting, with a programme of concerted action to reverse this decline.

Specialist nurses will also be crucial to meeting the growing needs of people with long-term conditions and co-morbidities. Unfortunately the NHS does not collect data on their numbers. However, RCN members have reported that specialist nursing posts are under threat, and it is an issue we have raised throughout the Frontline First campaign. Patient groups like Diabetes UK (2011), the Multiple Sclerosis Trust (2012), Epilepsy Action (2010) and Crohn’s and Colitis UK (2012) have also campaigned on the issue. We have consistently highlighted that specialist nurses offer “value for money” for the NHS, and cuts to their services are short sighted.

Conclusion

The RCN believes that the NHS is sleepwalking into a nursing crisis in England that is drawing closer as the size of the cuts increase. If the Government continues on its current path it will find itself stranded in a perfect storm of an ageing population with increasing health care demands, but without the adequate nursing workforce to deal with it.

In light of these dangers, it is crucial that the Government takes stock at this halfway point and address these issues now. The RCN believe that we have a real opportunity with the formation of Health Education England to take a long-term approach to workforce planning and secure the future supply of nursing staff.

The RCN calls on the Government to take action and prevent NHS trusts across England from continuing with this damaging agenda of cuts that impact on patient care. **We must protect the crucial role of nursing for the future – if not today, then tomorrow may be too late.**

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