Queen's Nursing Institute response: HEE Consultation on Facing the Facts, Shaping the Future – a draft health and care workforce strategy for England to 2027

The Queen's Nursing Institute

The QNI is the oldest professional body for nursing in the UK, founded in 1887 to organise the education and workforce of District Nurses. We are an independent charity that champions the work of all nurses who work in the community and primary care setting. Our 1200 Queen's Nurses serve as leaders in education and practice in England, Wales and Northern Ireland.

We welcome the opportunity to provide a response to the HEE Consultation on *Facing the Facts, Shaping the Future – a draft health and care workforce strategy for England to 2027*. QNI comments are in relation to the 'Nursing and midwifery' section in chapter 8 of the draft strategy.

The QNI response has been developed utilising the intelligence and data within our extensive networks in community and primary care services, education, policy and research.

General Comments

We welcome the initiative to develop a workforce strategy across the NHS. The document is person-centred in approach and focused on the future needs of workforce and patients.

However we are concerned that the document fails to meet its stated objective to give an 'all round perspective of NHS workforce strategy' as it does not adequately address the current and projected future shortfalls specifically in community and primary care nursing services.

The NHS Five Year Forward View has at its heart the ambition to move more care closer to the community, but we do not believe this ambition is adequately reflected in the Draft.

We believe that any workforce plan should clearly acknowledge:

- Current and worsening shortages in community nursing, with specific actions to address these
- The effect of changing skill mix in community teams, and the balance of registered and unregistered staff
- The need for service integration around patient need
- The need for investment in primary care services, particularly General Practice Nurses
- An assessment of CPD funding needs for post registration nurses
- The need for community nurse leadership

Social, demographic and cultural factors

The Draft acknowledges the various external lifestyle factors impacting on the workforce, for example shift patterns etc., but it contains very little discussion about other factors that impact on the workforce, such as the quality of management and workplace environments.

The Draft is right to acknowledge that in many areas the health service is the biggest employer. More could be said about the importance of the NHS in providing high quality employment that is universal across the country, including in areas of high deprivation and economic hardship. The Draft acknowledges that vacancy rates are highest in London but it does not offer solutions to this specific challenge.

Community and Primary Care Nursing

The introduction to the Draft cites the shortage of District Nurses, Learning Disability Nurses and General Practice Nurses (p.6). However the Draft does not give any indication of how the declining number of community nurses is to be addressed until page 113.

The Draft acknowledges that 'many more services can be offered at home' (p.8) but offers no further evidence of how this is to be supported by workforce development.

The Draft discusses primary care (p.22-23 and p.60) but it does not refer to General Practice Nurses, which are an integral part of the primary care workforce.

Nursing student placements are discussed, but not specifically community placements (p.37). The QNI's research has identified that lack of high quality placements for nurses wishing to move into general practice nursing is one of the reasons for too few nurses moving into this area of specialism https://www.qni.org.uk/resources/general-practice-nursing-21st-century/

Chapter 8, 'Developing the Workforce' in our view should be much higher up in the Draft. Most of this section about nursing (p.105-114) is about the new diverse routes being created to enter the profession, rather than consideration about how to develop the graduate and postgraduate nursing workforce. There is much promise around the potential of Nursing Associates to make up shortages in the workforce. However there has been no evaluation of this role and whether it will meet the needs of patients. The table on page 106 indicates the fall in the number of some community nurse specialisms but there is no acknowledgement or discussion of this in the text.

Additional Notes

'Advanced practice' is discussed but there is no explanation of what this means for particular healthcare professions (p.90). The Draft should be more explicit and be illustrated with examples.

Existing professional regulation is described as 'complex and outdated' (p.93) but no justification or explanation for that view is given.

'England' is wrongly described as being the world's 6th biggest economy (p.50).

NB: The Queen's Nursing Institute would be very pleased to clarify our comments and responses to the eight questions and to support the development of the final HEE workforce strategy document.

Please see responses to each of the 8 questions posed to all respondents:

1. Do you support the six principles proposed to support better workforce planning; and in particular, aligning financial, policy, best practice and service planning in the future? The QNI welcomes the six principles outlined in the Draft. We have the following further remarks: We must ensure that there are sufficient staff working in community settings. Almost all clinical professions have grown in the last five years except District Nursing (down 26.1%) and Learning Disability Nursing (down 36.5%). We welcome the growing commissions, but are alarmed at this decrease in some specialties, especially in areas such as London. The primary care workforce needs to have sufficient capacity to promote proactive working, support people with self-care, and promote independence to keep people of all ages safe and well in their own communities. Employers should be more confident in allowing staff to move across sectors more easily, to take up secondment opportunities that increase their knowledge and skills and that allow them to try out new roles and responsibilities. Service providers should continue to invest in and develop robust workforce planning tools, especially in less predictable environments such as in community nursing and primary care.
2. What measures are needed to secure the staff the system needs for the future; and how can actions already under way be made more effective?

There should be a clear objective to reinforce pride in the nursing profession and inspire the next generation to view it as a career of choice. We must promote its diverse opportunities for personal and professional development and its recognised career structure.

More needs to be done to examine why people leave the profession, and enable better understanding of issues impacting on those organisations that have a high vacancy rate. We also need to create flexibility in the workforce to enable people to change their hours of work to fit their changing lifestyles.

The system should be designed to ensure that staff are not downgraded when they want to apply for post registration courses that are centrally funded, as this prevents some staff from accessing these opportunities.

3. How can we ensure the system more effectively trains, educates and invests in the new and current workforce?

HEE must continue to invest in the education of staff and fund this appropriately. The 23% reduction in UCAS student nurse applications this year, due to the removal of NHS funded commissions and a move towards a student loan system is alarming. This funding model prevents more mature applicants from considering nursing as a career choice, especially if they do not have the entry requirements. Community and primary care will be disproportionately affected by the reduction of mature students applying for nurse training, because these nurse led services have historically recruited a greater proportion of mature students at the point of registration.

New apprenticeship routes and associate roles may increase participation by people from wider socio economic backgrounds and make the workforce more reflective of our communities. However, the introduction of the apprenticeship model is still untested. The Institute of Apprenticeships has maintained that some

specialisms are not sufficiently distinctive to warrant a separate apprenticeship standard; as this will be reviewed at the end of the year there may be further developments to consider.

All health care professionals need to have a leadership role. Good leadership is essential in multidisciplinary teams, such as in the community setting. District Nurses are the experts at leading and managing teams and complex care, particularly for older adults at home or at the end of their lives. They have increased assessment and diagnostic skills and are able to prescribe. The development of this role further would reduce the high turnover rates and make the community a more attractive career pathway. We welcome the development of the GPN role in primary care.

CPD is essential and is a requirement for re-validation with all professional bodies. Consideration must be given to the funding of CPD and resources allocated where the most effective outcomes for patients, families, carers and communities are achieved, with courses that are validated against agreed standards, providing consistency and transferability of the skills across the nursing profession.
Specific attention should be given to the funding and development of multi-specialty community nursing roles, where they provide a nurse-led service with no recourse to medical colleagues.
These roles include District Nursing, Health Visiting, General Practice Nursing, School Nursing, Community Children's Nursing, Community Mental Health Nursing and Community Learning Disability Nursing. Research by the QNI has illustrated the difference these specialist qualifications make in terms of patient care, quality and standards, and recruitment and retention of staff.
https://www.qni.org.uk/explore-qni/policy-practice/district-nurse-spq/

We welcome the focus on mental health, cancer services and end of life care, but this is dependent on increasing the numbers of specialist community nurses (Community Mental Health Nurses and District Nurses) to increase the proportion of people who wish to die at home to be able to do so, with dignity.

The NHSE FYFV talks of the need to transform community nursing increase numbers and capability. The draft workforce strategy mentions reviewing the current range of community based qualifications and whilst this is very welcome, the premise on which the review is based requires some clarity.

Central to the rationale for a review should be whether the current services meet the needs of patients, families, carers and communities and what is required to be changed in terms of the education and training of the nurses and wider workforce who serve the community. A definition of 'community nursing' would also be helpful in undertaking a review of community nurse education as this term has multiple definitions, including all nurses that work in the community, including general practice nursing, health visiting, care home nursing, mental health nursing etc.

It should also be noted that there has been a comprehensive review of District Nurse education (September 2015) and General Practice Nurse education (September 2017) by QNI and QNIS, with support from NMC, HEE and their equivalents in each of the countries of the UK.

More consideration should be given to the diverse settings for nurse education. Education providers should be encouraged to be bold and imaginative – promoting the value of learning on the job, alongside excellent role models, but also enabling academic qualifications which are sought after by today's workforce. The community is an excellent place to learn a huge variety of skills quickly and is the most diverse and complex environment for learning.

Currently there is too great a reliance on teachers from a hospital nursing background. The ethos of a more holistic approach to care may then prevail across pre-registration nursing in particular.

4. What more can be done to ensure all staff, starting from the lowest paid, see a valid and attractive career in the NHS, with identifiable paths and multiple points of entry and choice?

It is vital to recruit and develop individuals with the right potential, aptitude and values for the right roles as healthcare professionals. Health care assistants must be made to feel valued. They must be equipped with the skills and knowledge they need to feel supported within their team and to be able to develop their own skills according to what is required for their role. A robust career path would make access into nursing more attractive across all bands. In the case of the nursing profession, more can be done to reinforce its status and appeal, particularly with male applicants.

5. How can we better ensure the health system meets the needs and aspirations of all communities in England?

To promote good health, services must be integrated around the individual. Individuals need support and encouragement to take responsibility for their own health and wellbeing, know where to go when they need help and be supported with self-care to reduce dependency. Patient expectations and motivations should be understood and managed across all settings.

The contribution of carers is indispensable and this should be recognised at all levels in the system. All healthcare staff should be able to collaborate with patients to access specialist services, voluntary services and charitable organisations where appropriate.

The science around genomics has huge potential. It be may be able to deliver precise and earlier diagnoses and targeted treatment interventions, with patients playing a more participatory role.

All health care professionals need to have a public health role. This would ensure that every contact counts to maximise the opportunities for self-care and the promotion of independence and not dependence.

6. What does being a modern, model employer mean to you and how can we ensure the NHS meets those ambitions?

A modern, model employer is one that values and respects its staff, allows flexibility and encourages innovation and creativity. Staff often need financial support and time to develop into roles.

They also need an approachable leader and manager that they can talk to if they need to change their working arrangements. Organisations should consider flexible working practices as the norm. Incentives such as subsidised housing, travel costs and parking, affordable and accessible childcare, while having a financial cost, are all factors that will enable NHS employers to be more competitive in the labour market.

As the Draft notes, employees want more flexibility in shift patterns so that they can have a more acceptable work life balance.

The QNI's report 'General Practice Nursing in the 21st Century' gives a summary of issues facing this part of the workforce – shift patterns was one of the issues raised. https://www.qni.org.uk/resources/general-practice-nursing-21st-century/

7. Do you have any comments on how we can ensure that our NHS staff make the greatest possible difference to delivering excellent care for people in England?

Primary and community care should be recognised as the place where 90% of all clinical contacts takes place.

A greater focus on the community, on public health and prevention should be maintained at all levels in the NHS staff education and training.

There is a tendency to focus on just GPs in primary care but consideration of the wider MDT needs to be addressed and how we grow these roles to support patients with prevention and self-care.

The need for more care to be delivered closer to home that needs to be embedded in all teaching programmes.

New technology must be designed with health professional and patient need in mind. Research carried out by the QNI to be published this year (2018) will indicate that many of the barriers to technology described in our 2012 report, Smart New World, have yet to be addressed.
https://www.qni.org.uk/resources/smart-new-world/

The QNI is working to promote leadership skills and values in the community nursing workforce. The voice of community nurses should be represented at senior levels, for example in CCGs.

8. What policy options could most effectively address the current and future challenges for the adult social care workforce?

There should renewed recognition that community and primary care must have the capacity to meet population needs, ensuring that secondary care is utilised effectively and efficiently.

Investment also into the appropriate education and training of those working within the District Nursing and General Practice Nursing services has the potential to make a real system change across the whole of the NHS, to the benefit of patients, families, carers and communities as well as employees.

This is logical in the context of the delivery of the FYFV and there is a huge opportunity to make a step change to the NHS with this investment.