QNI NHS Consultation Response

The Queen's Nursing Institute

The 10 Year Health Plan for England

The government has promised to put in place a 10-Year Health Plan to fix the NHS in England. We want to hear what your priorities are for this plan as interested organisations. Tell us what your organisation wants to see in the 10 Year Health Plan, and why this is important.

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

1. Proactive management of long-term conditions to prevent unnecessary admission to hospital: Community nurses in general practice and community health services, including community mental and learning disability services, play a critical role in managing long term conditions and exacerbations. Despite this, the investment into developing the capability and capacity of the community nursing workforce has been steadily declining in the last 10 years. An example is the number of district nurses, which has reduced by almost 50% since 2010 and other specialists have fared even worse. For example, there is just one university offering the NMC-regulated Advanced Practice programme in Community Mental Health Nursing and one University offering the NMC-regulated Advanced Practice programme in Community Learning Disability Nursing. **Invest in education and training through a fully funded workforce plan to ensure that the community nursing workforce, in all its forms, is restored to pre-austerity levels within a decade.**

   Manage frailty and preventable deterioration amongst care home residents: **Develop advanced practice nursing roles to ensure residents in all nursing homes have access to specialist care that prevents deterioration and manages frailty.** Ensure every care home resident has access to an advanced nurse practitioner who specialises in adult social care by 2030. This requires investment into the capability of the registered nursing workforce, supporting residents in care homes. The NMC-regulated postgraduate programme for Nurses working in Adult Social Care Nursing, delivered alongside the QNI standards, provides an advanced level programme to support this essential professional development. This will keep residents safely cared for at home and reduce the transfers to hospital unless absolutely essential. Currently only five Universities offer this programme and

it requires significant expansion to make the programmes accessible to all providers of Adult Social Care.

2. A public health strategy to address health inequalities and the big issues faced by society: **Develop and implement a public health strategy for England designed to address poor diet and obesity, smoking and vaping, and physical inactivity.** Recognise the contribution public health nurses, health visitors, school nurses, occupational health nurses and others make to a healthier and fairer society. Ensure all communities have access to core public health nursing practitioners. A focus on children, through Health Visiting and School Nursing will ensure equal access to skilled practitioners will result in a generation of healthier children whilst also addressing the social determinants of health.

3. Improve end-of-life care for all ages: Most people wish to die at home, rather than on a hospital ward. The new government could enable this to happen through strengthening the end-of-life workforce including district nurses, community children's nurses and hospice staff. **A renewed emphasis on the Gold Standards framework will ensure parity of provision across service providers** ensuring the best possible care is available in the location of the individual's choosing. Palliative and end of life care is a core skill of the trained District Nurse. District Nurses are key to enabling the delivery of more palliative and end of life care at home, reducing dependency on hospital services and avoidable admissions.

4. Access to services for people with mental health problems of all ages: **Recognise the need for accessible and responsive mental health services at a variety of different levels including tier one support in schools, workplaces and specialist teams for enduring mental health issues.** Recognise the contribution that school nurses, community mental health nurses and others make to front line mental health services and ongoing support for individuals with enduring problems. An investment into the training of the Community Mental Health Nursing service is required to support this, recognising that this will enable a measurable improvement in recruitment and retention of the Community Mental Health Nursing workforce and, most importantly, improved outcomes for the people served.

Sources:

- "Rebuilding Community Services: five priorities for the incoming government"
- https://qni.org.uk/nursing-in-the-community/standards/field-specific-standards/

- https://www.nmc.org.uk/globalassets/sitedocuments/standards/2024/standards-of-proficiency-for-nursing-specialist-practice-qualifications.pdf

Introducing the three shifts

The next questions relate to 3 'shifts' – big changes to the way health and care services work – that doctors, nurses, patient charities, academics and politicians from all parties broadly agree are necessary to improve health and care services in England:

- Shift 1: moving more care from hospitals to communities
- Shift 2: making better use of technology in health and care
- Shift 3: focussing on preventing sickness, not just treating it

In answering the following questions on the 3 shifts, we'd welcome references to specific examples or case studies. Please also indicate how you would prioritise these and at what level you would recommend addressing this at, i.e. a central approach or local approach.

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Shift 1: moving more care from hospitals to communities

This means delivering more tests, scans, treatments and therapies nearer to where people live. This could help people lead healthier and more independent lives, reducing the likelihood of serious illness and long hospital stays. This would allow hospitals to focus on the most serious illnesses and emergencies.

More health services would be provided at places like GP clinics, pharmacies, local health centres, and in people's homes. This may involve adapting or extending clinics, surgeries and other facilities in our neighbourhoods, so that they can provide things that are mostly delivered in hospitals at the moment. Examples might include:

- urgent treatment for minor emergencies
- diagnostic scans and tests
- ongoing treatments and therapies.

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

Challenge and enabler – neglecting nursing expertise in policy development

Policy makers don't understand the nature of the communities (their health needs in particular) as well as the nurses and health visitors who work in them every day.

Neglecting nursing expertise in policy development therefore hinders health policies from being as effective as they could be.

In response to this, a potential enabler would be to include nurses in all significant health policy conversations, and/or for policy makers to shadow nurses and health visitors in practice in the community. Previous shadowing experiences organised by the Queen's Nursing Institute (QNI) have led directly to effective changes in policy. Currently nurses are excluded from discussions all too often, which alienates the profession and reduces the effectiveness of health and social care policy work.

Nurses make up the largest group of clinical professionals in the NHS and are closest to the people served, spending more time with individuals, families, carers and communities than any other clinician. It is a missed opportunity not to invite them to participate actively and regularly in policy making.

Enabler – increase investment in district nursing

Nurses are central to leading and managing care across all DHSC priority areas, including better access to GP surgeries, delivery of more care at home, management of long-term conditions, and reducing health inequalities. The QNI provided evidence of this to the 2024 Darzi review.

There are more than 350,000 registered nurses working in community and primary care settings. These nurses, including health visitors and school nurses, are essential in effective prevention of ill health, and the promotion of wellbeing.

Investing in the nursing profession, including well organised and clear paths in education and career, will give the NHS a firm basis for managing the growing demand for services, and meeting individual and population need. Increased investment into the District Nursing service would drive continued improvements in managing complex care in the community.

See **Figure 21** in the 2024 District Nursing Today report .

The report describes the need for safe staffing levels, which are clearly established by commissioners and providers, to determine the number and skill level of staff to manage patient caseloads and provide proper care. https://qni.org.uk/news-and-events/news/district-nursing-today-the-views-of-team-leaders-revealed-in-qni-report/

The data in the QNI survey 2024 highlights serious concerns about the number of nurses due to retire in coming years, at the same time as the NHS Long Term Plan calls for more care to be delivered in the community.

The current generation of experienced District Nurses have a vital role as educators of the new District Nurses who will be needed in coming years, to deliver healthcare to our ageing population, whose health needs are becoming ever more complex.

Challenge – staffing shortages and staff retention

75% of respondents to the 2024 survey of District Nurses said they had vacancies or 'frozen posts' in their team. https://qni.org.uk/wp-content/uploads/2024/08/District-Nursing-Today-2024.pdf. **Figure 38** shows the amount of work nurses cannot currently do because of capacity shortages in their teams. This means that community nurses cannot fulfil their potential within the system and contribute fully to DHSC priorities.

The QNI's 2024 Survey of District Nurses reflected an ageing workforce; 60% of survey respondents were aged over 45, and 46% said they planned to leave or retire within the next six years. Data about why people leave District Nursing before retirement age should be analysed, to establish more clearly the reasons for leaving. Detailed information about the barriers to professional advancement should be analysed. The impact of an ever-growing workload is needed if policy makers, commissioners and employers are to address the real issues impacting staff retention. There is a constant demand for increased 'productivity' in the health and care system, but not enough recognition of the human cost of this demand.

Some aspiring District Nurses are in the iniquitous position of being forced to take a reduction in pay if they wish to further their professional development, through achieving the District Nurse Specialist Practitioner Qualification, a postgraduate qualification which provides them with the advanced skills needed for the role. Lack of capacity and staff time is hindering those who wish to train as District Nurses and thereby develop their clinical and leadership skills. There is a need for policy at national level to address the barriers to staff development in a strategic way as part of maintaining and growing our skilled nursing workforce in the UK.

District Nursing teams are inextricably linked with other parts of the health and social care system. Rising patient caseloads and patient complexity are presenting growing challenges. Employers, statutory and voluntary organisations all have a role to play in attracting and enabling more nurses to become District Nurses. There is an opportunity for the Queen's Nursing Institute, alongside all national bodies, to build on its education and campaigning work, with the public, media and government. This would ensure that the District Nursing service continues to be at the heart of all communities, providing an essential, high quality nursing service which enables people to be cared for in their homes 24/7 in every village, town and city in the UK.

Shift 2: Analogue to Digital

Improving how we use technology across health and care could have a big impact on our health and care services in the future.

Examples might include better computer systems so patients only have to tell their story once; video appointments; AI scanners that can identify disease more quickly and accurately; and more advanced robotics enabling ever more effective surgery.

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

Enabler - Investment to improve poor IT infrastructure.

Community nurses are being held back by poor IT infrastructure. Overall, the community nursing workforce has a high level of digital literacy – poor user experience appears to be around design and function, rather than a lack of computer literacy or enthusiasm. See Figure 9 in Nursing in the Digital Age (QNI 2023). There are actions that could be taken to address this:

- Obsolete devices should be replaced with up-to-date models. The cost of using obsolete devices in terms of lost time and efficiency will far outweigh the cost of purchasing new hardware.
- Nurses should be consulted at an early stage in the choice of hardware for use in community settings to ensure that it is appropriate and safe for its designated use.
- Companies that design mobile devices should be called upon to improve future designs of those used by the community nursing workforce, actively seeking nursing feedback.
- Nurses should be involved at an early stage in the design and development of software programmes that they will use as part of their everyday work in leading, managing and delivering nursing services in the community.
- Healthcare provider organisations, commissioners and policy makers should undertake national, regional and local reviews of Wi-Fi internet connectivity in all areas where community nursing services are delivered and understand how this is directly impacting on the work of nurses delivering care in people's homes and communities.
- Healthcare services and supporting organisations could usefully campaign for improved internet connectivity and ask for increased investment by mobile phone operators and government.
- Scheduling tools and related apps should always be developed with nurses as the end users, and designed, developed and used in a manner that is

consistent with the nursing process, professional judgement and autonomy, personalised care and patient need.

- All healthcare providers should have a nurse who is appropriately trained, experienced and skilled to lead on the use of digital technology within the organisation.

Challenge – poor connectivity hindering new tech rollouts

Wi-Fi service and connectivity are still poor for many users, limiting the usefulness of healthcare apps, undermining their claims to increase efficiency, and frustrating nurses and the people they care for. Nurses are also hampered by old computers and failing laptop batteries.

Challenge – poor data around the size of the community nursing workforce.

It is not possible to assess properly the technology needs and allocate budgets appropriately towards the community sector when we do not have data on the size and shape of the nurse-led services in the community, their services, and the impact on the people served. There is very poor data on community services and improvements are due to be made in this area. The current estimate by the Queen's Nursing Institute is that over 50% of nurses work in community settings. The majority of the circa 350K nurses who work in community settings will be highly dependent on mobile technology, digital reporting, digital scheduling and digital reporting, as well as access to patient records from other services in the community, such as social care, GP surgeries and hospitals. Understanding the size and scale of the need will be important in being able to shape the vision for the improvements needed in digital technology.

Shift 3: Sickness to Prevention

Spotting illness earlier and tackling the causes of ill health could help people stay healthy and independent for longer, and take pressure off health and care services.

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Challenge – more investment in public health is needed

There was no reference to increasing the public health grant or wider public health budgets in the government's October 2024 Budget, which is at odds with the need to shift from sickness to prevention as described by Lord Darzi in 2024. Investment in public health supports the prevention of ill health across the whole life span, from the antenatal period and through adulthood. This was a noticeable omission in the Budget and the impact on services for people to help in improving health and preventing illness will be felt immediately. The long-term impact of public health measures makes investment particularly less attractive to politicians as part of a health strategy as the impact may not bee seen in the lifetime of their time in government. This should not influence the right measures to put in place, some of which will involve more education for citizens of all ages in understanding and managing their health and more support for self-care approaches.

Enabler – renewed focus on health visitors and school nurses

The greatest potential for improving health and preventing illness are in babies, children, and young people, as this is when lifelong health behaviours are learnt. Investing in and nurturing the health visitor workforce would help to enable healthy behaviours; as shown by the four principles of the health visitor profession.

https://ihv.org.uk/about-us/principles-of-health-visiting/

Specialist school nurses promote good health in school-aged children, as evidenced in the latest report by the School and Public Health Nurses Association (SAPHNA). Investment in the health of babies, children and young people now will support economic growth of the country and will generate a healthier, educated culture for the future generations.

Enabler – taxation on unhealthy products

The changes seen in the government's October Budget – an increased tobacco tax, an increase to the soft drinks industry levy, and the introduction of a tax on vaping products – are all policies that tackle health issues upstream and focus on prevention rather than treatment. This is to be welcomed. Other policies that target the products and behaviours causing health issues will also support the shift from sickness to prevention. The government should be brave in this area.

Ideas for change

We're inviting everyone to share their ideas on what needs to change across the health and care system. These could be:

- Ideas about how the NHS could change to deliver high quality care more effectively.
- Ideas about how other parts of the health and care system and other organisations in society could change to promote better health and/or improve the way health and care services work together.
- Ideas about how individuals and communities could do things differently in the future to improve people's health.

Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:

- **Quick to do, that is in the next year or so**
- **In the middle, that is in the next 2 to 5 years**
- **Long term change, that will take more than 5 years**

Quick to do: An action to address early retirement in community nursing: reform the Advanced Practice Digital Badge Scheme.

In 2024, the QNI carried out an impact assessment survey of the Advanced Digital badge, which is needed by practitioners to evidence their practice at an advanced level, and to qualify as an Advanced Nurse Practitioner under the NHS ARRS scheme. The overwhelming response to the QNI survey about the digital badge was negative, illustrating the risk of losing experienced workers from the nursing workforce as a result of the digital badge scheme.

Based the survey, the digital badge scheme needs reform. Those nurses with less experience were more likely to undertake the work of applying for the digital badge; those with more experience were less likely to invest the time and resources needed, preferring to leave employment or retire instead. Reform of this policy should focus on:

- Re-evaluating the requirements for the digital badge, clarify the criteria to remove confusion and make the application process more equitable.
- Making the application process less bureaucratic.
- Giving everyone equal funding whilst training for the digital badge.
- Including a workforce assessment, to evaluate the potential impact on different groups, such as women over 50 or mothers with young children.
- Providing extra support and mentoring throughout the application process.

Given the emphasis on prevention and care in the community, which depends heavily on the primary care workforce, the retention of experienced registered nurses is particularly important.

Starting immediately, in 2-5 years establish a core professional development programme

Example: a community nursing environmental sustainability programme

We recommend establishing a tailored community nursing sustainability programme that harnesses, connects, scales, and spreads sustainable innovations. Given that 90% of clinical contacts take place in the community, it is essential that community nurses' expertise in all fields of practice is included in developing sustainable practice. This should involve:

- More education on how sustainability and planetary health relates to everyday nursing practice and the changes that could be made
- The creation of infrastructures that support sustainable practice in nurses' everyday roles. Identification and elimination of waste, increasing efficiency and reducing costs to the NHS.
- Creating a more systematic approach to sharing successful sustainability innovations and lessons from failures, that happens centrally in the NHS rather than being shared locally.
- A partnership approach across different pathways in the health and social care system, with environmental sustainability seen as a person centred and person-based approach.
- The involvement of nurses in the development and procurement of healthcare products, which they use themselves in everyday practice. They are the experts in assessing the sustainability, usability and acceptability of products with the individuals, families and communities they serve.
- Strategic, professional, and clinical nurse leadership.

Start immediately and up to 10 years

A campaign to change the perception of community nursing

Community nursing in all settings and specialisms is viewed by some as being ‘low level’ nursing. Nothing could be further from the reality: a culture and narrative change is needed.

Develop a strategy for a **narrative and cultural change** that is inclusive of all nurses, from pre-registration through to post registration to enable a greater part of

the workforce being exposed to the joy of community nursing in all settings in the community.

Refer to hospitals as hospitals and not ‘acutes’ and continue to refer to community as ‘community’. (Hospital and community refer to different places of care; acute care can occur in both locations). Raise the status of working as a nurse in the community by emphasising that these are nurse-led services. Nurses lead and manage teams supporting hundreds of thousands of people with complex needs every day. Autonomous practitioners in the community need a huge range of skills to manage high risk situations, which can be unpredictable but nevertheless provide great career satisfaction. These nurses and their services are a huge but underrated part of the National Health Service.