Written evidence submitted by the Queen’s Nursing Institute (CSR0033)

The Queen’s Nursing Institute is a registered charity dedicated to improving the nursing care of people at home and in the community.

We support nurses working in the community by:

- Developing Queen’s Nurses who are committed to high standards of care in the community, helping them to make improvements in practice and to act as leaders and role models to others.
- Influencing policies in England, Wales and Northern Ireland that affect healthcare in the home and the quality of community nursing services.
- Funding projects led by community nurses that improve care for their patients and help them to develop skills through leadership and development programmes.
- Providing news, guidance and workshops for community nurses working with homeless people through our Homeless Health Network.
- Developing resources to support nurses, such as the District Nurse Education Annual Report and the Transition to General Practice Nursing resource, plus many more.

Please see our website for more information: http://www.qni.org.uk/

Reason for submitting evidence
The Queen’s Nursing Institute (QNI) is concerned about the impact that the Comprehensive Spending Review will have on the nursing care that people receive in their homes and local communities.

Executive Summary

- The introduction of student loans for undergraduate nursing students could have a disproportionate impact on community and primary care nursing services due to the age profile of this workforce.
- Providing clinical placements for the anticipated thousands of additional students in training, as well as the training for additional mentors to support these students, is likely to be very challenging within this financial settlement.
- Cuts to the public health budget will affect many services delivered by nurses working in the community and could lead to increased pressure on specific health services in the future.
- The move towards seven day services could have a detrimental impact on the community nursing workforce which has traditionally attracted nurses who require family or carer friendly working hours.
- Health and social care are interdependent and inadequate funding of social care can lead to additional health costs, for example by causing delays in the discharge of patients from hospital.
- The general practice and district nursing services support patients with mental health needs and any changes to these areas could impact on progress towards achieving parity between mental and physical health.
1. The effect of cuts to non-NHS England health budgets e.g. public health, health education and Department of Health, and their impact on the Five Year Forward View

1.1 Health education budget

Nurse education funding reforms
Entrants to undergraduate nursing programmes are typically older than those on many other degree courses, with an average age of 28\(^1\). Concerns have been raised that mature students are more likely to be deterred from studying nursing under the new funding plans, due to the further debt they would incur from the student loan\(^2\). If this is the case, funding nurse education through student loans rather than bursaries may have a disproportionate effect on primary and community care, as nurses working in these areas tend to be older. In general practice, for example, the Royal College of General Practitioners reported that 64% of the general practice nurses who responded to their survey were aged over 50 years old and only 3% of respondents were aged under 40 years old\(^3\). Further evidence for an ageing workforce is provided by the QNI’s finding that 33.4% of the 3,405 respondents to our general practice nurse survey plan to retire within the next 5 years\(^4\).

The reason for this age bias could be partly due to the confidence that previous career or life experience confers on individuals required to work autonomously within a GP practice or in people’s homes. The QNI believes more needs to be done to raise the profile of careers in community nursing, supported by more student placements and qualified mentors, and has developed educational resources to help those transitioning into new areas, including community nursing practice\(^5\), the school nursing service\(^6\), and, most recently, general practice nursing\(^7\).

The Five Year Forward View looks towards a future with ‘far more care delivered locally’ and states that ‘out-of-hospital care needs to become a much larger part of what the NHS does’\(^8\), therefore it is crucial for the Government to support the movement towards more nurses working in community settings. This includes consideration of the potentially disproportionate impact on the nursing services in primary and community care environments against this recent evidence of age profile in these areas – and ways to mitigate this impact. It will not be possible to deliver the aspirations of the Five Year Forward View against a declining nursing workforce in GP practices and in the community.

Placements for pre-registration nurses
The Government has claimed that changes set out in the Spending Review will enable the provision of up to 10,000 new training places for nurses, midwives and allied health professionals during this Parliament. However, it has been reported that Health Education England’s remaining budget will probably be frozen in real terms\(^9\), leading to concerns around how clinical placements for all the extra students will be arranged and funded.

\(^{5}\) The Queen’s Nursing Institute, 2013. Transition to Community Nursing Practice.
\(^{6}\) The Queen’s Nursing Institute, 2015. Transition to the School Nursing Service.
\(^{7}\) The Queen’s Nursing Institute, 2016. Transition to General Practice Nursing.
\(^{9}\) Lintern S, 2015. HEE budget freeze will have consequences for NHS. Health Service Journal, 25 November.
It is known now that student nurse placements are challenging to negotiate without a financial incentive and in particular in areas such as GP practices. The evidence presented in the QNI report on General Practice Nursing\textsuperscript{10} shows that just 27\% of practices offer placements to student nurses.

Further investment in mentorship training programmes will also be required to grow the number of trained mentors able to support students. There is evidence that a significant number of nurses working in general practice require mentorship training in order to support more placements for students\textsuperscript{10} – and the financial support to be released from clinical practice to undertake the training is likely to be a challenge.

1.2 Public health budget

A joint briefing from the King’s Fund, the Nuffield Trust and the Health Foundation reports that the 3.9\% per annum cut to public health spending will amount to a real-terms reduction of at least £600 million by 2020/21, in addition to the £200 million cut from the 2015/16 budget\textsuperscript{11}. The public health budget covers many services that involve nurses working in the community, including health visiting, smoking cessation, drug and alcohol misuse, vaccinations, sexual health, obesity interventions and mental health. Cuts to these services undermine the commitment of the Five Year Forward View to a ‘radical upgrade in prevention and public health’\textsuperscript{12} and will increase pressure on health services in the future. For example, it has been estimated that the £200 million cut to public health budgets in 2015 will generate at least £1 billion additional costs to health and social care, as well as increasing health inequalities across the population\textsuperscript{13}.

2. Quality and access in health and social care including the cost and implications of new policy objectives such as 7 day services

General practice nursing

The survey of over 3,400 general practice nurses conducted by the QNI revealed that 18.5\% of respondents work weekend sessions and 32.6\% of respondents work evening sessions (after 6pm)\textsuperscript{10}. Whilst some respondents commented positively about the choice for flexible working hours, many highlighted family-friendly working hours as one of the reasons attracting them to work in general practice. This is an example of a typical comment on the issue: ‘after years of working nights and weekends I wished to work more normal hours that meant I could spend quality time with my family at the weekends’. Therefore, there is a concern that implementing seven day routine services could cause general practice nursing to be viewed as less attractive, adding to the already challenging recruitment and retention issues within general practice.

\textsuperscript{10} The Queen’s Nursing Institute, 2016. General Practice Nursing in the 21st Century: A Time of Opportunity.
\textsuperscript{11} The King’s Fund, Nuffield Trust and Health Foundation, 2015. The Spending Review: what does it mean for health and social care?
\textsuperscript{12} NHS England, 2014. The Five Year Forward View.
\textsuperscript{13} UK Faculty of Public Health, 2015. UK Faculty of Public Health response to the Department of Health consultation on Local authority public health allocations 2015-2016.
Consideration of the potential detrimental impact on the workforce needs to be given for those areas which traditionally attract nurses who require family friendly or carer friendly working hours. This includes general practice nursing but may also include other areas of nursing in the hospital environment which are currently based on Monday to Friday working days. It is important to note that the district nursing service is a seven day service which accepts discharges every day of the week. However, the support services, including social care and community equipment loan services are not always seven day services and may prevent timely hospital discharges.

3. The distribution of funding for health and social care across the spending review period

Interdependency of health and social care

Whilst it was announced in the Spending Review that funding for the NHS has been front-loaded, the social care settlement has been back-loaded towards the end of this Parliament. This imbalance in funding does not recognise the interdependence between health and social care services, nor the commitment of the Five Year Forward View towards greater integration between health and social care. Healthcare delivered in both hospital and community settings requires effective social care in order to run efficiently, and vice versa, for example to support patients at home to avoid hospital admission or re-admission and to enable good discharge planning.

The QNI conducted a study into discharge planning funded by the Department of Health, which has revealed that a key reason for delayed discharges from hospital, cited by both hospital and community nurses, was a lack of appropriate social care packages, particularly in rural areas. As a result, people who are ready to be discharged may be compelled to remain in hospital for a longer period, illustrating how a lack of simultaneous investment in health and social care can lead to further healthcare costs, as well as, critically, a significantly poorer quality of patient experience.

4. Progress on achieving parity of esteem through funding for mental health services

The QNI supports all activities which aim to ensure that mental health services receive the same consideration as services which are primarily aimed at physical care. It should be noted that the general practice and district nursing services include supporting patients with mental health needs at several stages of the life course.

As such, any changes to funding in these areas may impact on patients with mental health issues being cared for in their own homes and communities. For example, the district nursing service offers care for people with multiple long term conditions, including dementia, with care and services coordinated by the district nurse, enabling the individual to stay in their own home.

14 The Queen’s Nursing Institute (to be published in 2016).
Recommended Actions

1. A robust workforce plan nationally, regionally and locally to determine the number of nurses, allied health professionals and nursing assistants required to work in primary care and the community settings in order to deliver the current and future services (bearing in mind the growth of the population and the changing age profile) and the vision of new service models within the Five Year Forward View - led by Health Education England in collaboration with the Royal College of General Practitioners.

2. A risk assessment of the removal of the student nurse bursary and the implementation of tuition fees specifically in relation to the critical areas of General Practice and the community (district nursing services) - by the Department of Health.

3. A risk assessment of the implementation of seven day working for the nurses working in GP surgeries - by the Department of Health and NHS England.

4. A risk assessment of the implementation of seven day working for all the support services required to enable patients to be discharged from hospital in the evenings and weekends - by the Department of Health and NHS England.

22 January 2016