Written evidence submitted by the Royal College of Nursing (CSR0081)

Introduction

1.1 With a membership of more than 430,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

1.5 We welcome this opportunity to submit written evidence to the Health Select Committee inquiry into the impact of the Comprehensive Spending Review (CSR) on health and social care.

2.0 Key summary points

2.1 The RCN is pleased that a commitment was made to ‘front load’ the additional funding announced by the Chancellor. However despite this significant political commitment, the RCN is concerned that detail is currently unavailable about exactly how, or to where, the money will be delivered. We remain concerned that it will be insufficient to meet the rising demand for services within the health and care system. Coupled with the required £22bn efficiency savings required by the Government from NHS providers, we anticipate further strain on the health and care system in this Parliament.

2.2 We are disappointed by the Government’s continued focus on reducing public health funding, despite a commitment to deliver the Five Year Forward View, which holds prevention at its heart. The RCN recognises the Government’s public commitment to prevention but this must be matched by the necessary investment to realise this.

2.3 The RCN was deeply disappointed by the announcement to replace NHS bursaries with a loans based system, with no prior consultation or evidence-gathering. We believe the purported benefits of such a change – that it will increase nurse numbers and significantly increase the money available to student nurses - have been overstated. We have significant concerns about the impact of the change on access to graduate-level nursing and the ability to plan for the future workforce.

2.4 The RCN welcomed the announcement of a new “Nursing Associate” role for healthcare support workers but we would warn against a return to a “State Enrolled” second level nurse role. The evidence is clear that better patient outcomes are associated with numbers of degree level educated nurses; nursing should therefore remain an all-graduate profession in the interests of patient safety and a the new role must not be used as a substitution for numbers or skills of registered nurses.
3.0 **NHS funding**

3.1 The RCN recognises the Government’s commitment to protect the NHS budget, and to invest an additional £10 billion in England between 2014-15 and 2020-21, of which £6 billion will be delivered by the end of 2016-17.

3.2 We are pleased that a commitment was made in the CSR to ‘front load’ the additional funding committed by the Chancellor to deliver the Five Year Forward View. However despite this very significant political commitment, the RCN uncertain that the current revised funding envelope will be sufficient to meet the costs of the relentless rising demand within the health and care system.

3.3 The RCN is concerned that no detail is currently available about exactly how, or to where, the money will be delivered. The additional funding announced in the CSR must urgently go to where it is most needed – to enable a shift from acute to community-based health care. Flat budget allocations since 2010 have led to unprecedented challenges for providers of health services.

3.4 The vast majority of NHS providers are reporting financial deficits. The NHS continues to face rising demand, largely from the frail elderly and those with long-term conditions. It is nursing staff who provide the bulk of care for these groups. The RCN’s *Frontline First* campaign has demonstrated that in the past financial constraints have led to short term cuts to the frontline workforce. The current nursing shortage is directly linked to these previous short-sighted decisions to cut nurse training places and the RCN has continually warned that we must not allow these mistakes to be repeated.

3.5 As the number of NHS providers reporting deficits continues to increase, the RCN is concerned that short term measures taken to address deficits may well have the unintended consequence of directly affecting frontline services, a problem likely to be exacerbated by trusts seeking to demonstrate to their regulators that they are getting a grip on their finances. There is a risk that the additional front loaded funding announced in the CSR will be used to address NHS providers’ financial deficits and will not be invested in ways which will deliver long term savings. It is essential that current demands are addressed whilst also exploring ways to improve patient care, achieve efficiencies and make sustainable savings.

3.6 With the ongoing increase in demand for services and the need to deliver £22bn of efficiencies, NHS providers continue to be asked to do more with less over the next five years, including productivity savings far in excess of the 0.4% year on year savings that it has been able to deliver historically. Senior NHS leaders and the RCN have raised concerns about the ability of the NHS to deliver this.

3.7 Against the current financial backdrop, the RCN believes the CSR is likely to lead to further strain on the health and care system. We would warn that previous periods of financial difficulty have shown that it is the most vulnerable in society who often bear the brunt of severe cuts.

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1 http://frontlinefirst.rcn.org.uk/
3.8 The RCN is committed to finding evidence-based solutions and innovations to ensure that UK taxpayers receive value for money whilst receiving high quality patient care. We believe the fundamental starting point for making savings is the elimination of waste, supporting more efficient ways of working and implementing new arrangements for the delivery of care, and not through the erosion of pay and conditions for frontline nursing staff. The RCN is working closely with partners including the NHS Supply Chain to lead the Small Changes, Big Differences campaign, which helps nursing staff to use their knowledge and experience to get involved in procurement in their workplace and have a say in how their trust purchases and uses key clinical supplies to achieve value for money whilst promoting patient safety. 

4.0 Public health

4.1 The RCN is deeply disappointed by the Government’s continued focus on reducing local authority public health budgets, despite stating their full commitment to the Five Year Forward View, which places prevention at the heart of its vision. The RCN believes that these funding cuts risk throwing away a vital chance to keep people well and preserve the future of the NHS.

4.2 We are greatly concerned that the ‘ring fence’ for health has been altered without an honest and transparent dialogue with patients, key stakeholders and the wider public. There are now likely to be substantial cuts to areas that were previously considered as part of the ring fence, including Health Education England, Public Health England and the Care Quality Commission. These agencies play vital roles in ensuring the delivery of the health service, from planning workforce supply, to ensuring public health services are delivered, to regulating the safety of health and social care services.

4.3 While the cuts will be carried out by local authorities, their impact will be most deeply felt by the NHS. Services such as school nursing, smoking cessation, weight management and other health advice could all be severely affected by these proposals. The RCN has received feedback from members that this is already happening in local authorities across the country. The RCN would urge the Government to consider the clinical evidence and take a long term, strategic view on how health services can be developed and sustained over the coming decades.

4.4 Nursing staff see first-hand the effects of unhealthy lifestyles and we strongly support prevention and drives to improve public health. We have continually made the case that prevention is key to achieving the changes in lifestyle and behaviour necessary to reduce the need for costly acute admissions. The RCN recognises the Government’s public commitment to prevention, however this must be backed up by the necessary investment in public health, including the nursing and wider public health workforces, at all levels, to be able to achieve this.

4.5 The Government recognised the fundamental link between health and social care funding in the CSR announcement. Inadequate social care provision is placing a huge strain on NHS services which are increasingly being left to plug the gaps in local authority commissioned services. This is contributing to pressures on

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3 https://www2.rcn.org.uk/newsevents/campaigns/small-changes-big-differences
Accident and Emergency departments and mental health services, and we are seeing more and more instances of the ‘revolving door’ of hospital readmissions.

4.6 Whilst the RCN welcomes the ability of councils to raise a 2% social care precept, we are aware that councils are under pressure from their electorates to freeze council tax. Last year the average council tax increase was 0.9% despite councils being able to charge up to 1.9% without a referendum. The King’s Fund has calculated that the social care precept will only bring in £2.7bn, only by 2020, and this will be only if every council raises the full amount of the precept every year. Crucially, even £2.7bn is insufficient to plug the current funding gap. Social care also faces additional cost pressures from implementing the National Living Wage which will add another £800 million to these estimates, leaving an estimated total funding gap of between £2.8 billion and £3.5 billion by the end of the parliament.

4.7 The RCN has continually highlighted the long term benefits to the economy as a whole from greater investment in health care. International Monetary Fund (IMF) evidence has shown that investing in health is critical for achieving economic goals and healthy workers are more productive. The Government continues to the message that the UK economy needs to be placed on a more stable footing but the RCN believes there is a need to acknowledge that a healthy population is a critical driver for achieving economic prosperity.

5.0 NHS bursaries – background

5.1 The RCN has significant concerns that the proposal announced in the CSR to replace NHS bursaries with loans in England will not deliver a solution to the nursing workforce crisis. The changes will affect students starting their courses from 1 August 2017. There is a severe shortage of registered nurses in England and demand for nursing care is projected to outgrow workforce supply. Many trusts are struggling to recruit sufficient numbers of staff to provide safe staffing levels, leading them to recruit from abroad or employ agency nurses.

5.2 Students in England taking nursing university courses which lead to registration with the Nursing and Midwifery Council (NMC) are currently eligible for financial help from the NHS while studying. Funding is available from the NHS Business Services Authority and the Student Loans Company.

5.3 The RCN recognises the need for a new funding model for nursing students. However the Government has stated that a loans-based system will enable universities to provide up to 10,000 additional nursing and allied health professional training places this Parliament. It also argues that the move to loans will give health care students access to 25% more financial support than they currently receive, which would ultimately ensure that there are enough nurses for the NHS. The RCN believes the Government has overstated the potential benefits of such a change and would urge the Government to publish evidence to support this claim.

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6 http://royalnursing.3cdn.net/9808b89b8bdf137533_krm6b9wz7.pdf
5.4 Bursaries provide vital financial support and help many nursing students, from a wide range of socioeconomic backgrounds, to complete their studies and go on to become the nurses of the future. Without this essential support, many of those who are currently studying to enter the nursing profession would have been unable to do so.

5.5 Since the decision to scrap NHS bursaries was announced, an e-petition brought by an RCN member reached 154,000 signatures within a few days, leading to a debate in Parliament and widespread support from MPs. The RCN has received thousands of representations from current student nurses and other health and care professionals on the issue and thousands of nurses, doctors and allied health professionals marched on Downing Street, demonstrating the strength of opposition to the decision. The RCN is concerned about what this proposal will mean for the future of the NHS, future nurses and above all, patient care.

6.0 NHS bursaries – future nurses and the sustainability of the NHS

6.1 The decision to scrap bursaries is driven by the Government’s current policy of austerity and motivated by short-term financial savings. The RCN is disappointed that the decision was made with no consultation or evidence gathering and we have not been convinced that any consideration has been given to other options for funding future nursing students.

6.2 The RCN believes the proposals will saddle future generations of student nurses with even more debt and financial pressures than current students face and unless nurses pay improves significantly, many graduates will never be in a position to pay their loans back. The impact of the change will be felt long after the current Government has left office.

6.3 Student nurses spend 50% of their time in clinical practice working directly with patients and their families, and have a longer academic year than other students. The ring-fence to nursing student funding has been removed as a result of the plans and this puts the precious link between the NHS and its nurses at risk. The proposals will make it significantly more difficult to plan for the future workforce and we are equally concerned about the implications for practice education, placement availability and support.

7.0 NHS bursaries and workforce planning

7.1 The Government is responsible for ensuring the supply of a professional and multi-skilled nursing workforce to deliver the care needs of the population. The decision to end bursaries will compromise the ability to plan and deliver the health care workforce of the future. It represents a significant shift towards a free market approach away from a planned one.

7.2 Undermining national planning will weaken the ability to grow the workforce needed to deliver new services, such as those being developed under the Five Year Forward View, and to achieve the policy objective of parity of esteem between physical and mental health services, for example. The RCN is concerned that the unintended consequences of the proposals have not been fully considered in the quest to make short term financial savings.

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7 http://www.parliamentlive.tv/Event/Index/8c4bdf09-567f-41b4-af9c-46d5cf2b7e49
8 https://www.rcn.org.uk/nursingcounts/stories
8.0 NHS bursaries – debt and hardship

8.1 The RCN is deeply concerned that there is a risk that people will be put off from applying to nursing degrees, because of serious concerns about debt. The proposed loan based system will leave many nursing students with debts in excess of £50,000. RCN calculations show that the vast majority of nurses will not be able to pay their loan off within the 30 year repayment term. Instead, the debt will remain throughout nurses working lives, effectively as a tax on their earnings.

8.2 The proposed new model will also have a potential impact on nurses qualifying through the post graduate route. This requires a relevant first degree, so many students on this programme will already have taken out student loans. We recognise that the Government have implied that there may be an exemption for those entering nursing as a second career, however we remain concerned that the requirement to take out a second student loan will deter mature students, who often have the life experience and skills that enable them to become excellent nurses.

9.0 NHS bursaries - equality and diversity

9.1 Current bursary funding encourages and supports students from all socio-economic backgrounds to become health care professionals. The RCN believes the impact of these changes on access has not been fully considered. There remains a possibility that the change to loans may have a disproportionate adverse effect and act as a disincentive for those from lower income backgrounds, women, mature students, people with dependants and BME students.

10.0 Nursing Associates and the apprenticeship route into nursing

10.1 Shortly after the CSR the Government announced plans for an alternative route into nursing\(^9\), on which it will be consulting. The RCN has urged the Government to publish this consultation at the earliest possible opportunity.

10.2 We recognise the need to find creative ways to support the nursing profession and ensure patients receive the best possible care. We welcome moves to provide more support and recognised training for health care support workers, including the ability to expand their practice, and for opportunities for them to access graduate level nurse education. We would, however, warn against any return to a second level registered nurse (commonly called a “State Enrolled Nurse”).

10.3 Second level nurses had limited opportunity to progress their career unless they undertook a Registered Nurse conversion course. They consistently reported very high workloads and concerns regarding lack of support and supervision, while some described their experience of the role as “being exploited”. Black and ethnic minority staff were also disproportionately represented in these roles.

10.4 The experience of second level nurses, combined with the significant financial pressures that the NHS is experiencing, suggests that there is a very high risk that if reintroduced they would be regarded as a cheaper and faster option to grow the workforce. This may result in the substitution of level one registered nurses. On the basis of the current and growing body of research regarding the relationship between graduate level educated nurses and patient care this would certainly undermine quality and safety.

10.5 The nursing community has fought long and hard to maintain improved outcomes for patients, because evidence shows the association between the number of graduate level educated nurses and better patient outcomes. On this basis the RCN believes that nursing should remain an all-graduate profession.

10.6 The RCN strongly believes that there is a distinct role for the graduate nurse in making appropriate clinical decisions and delivering high quality care and while we are supportive of the expanded role for health care support workers we would caution against role substitution and any dilution of skills.

10.7 The RCN has endorsed the title “Nursing Associate”, which we believe marks a distinction between the role and that of the graduate nurse, although we understand that this name is temporary pending the outcome of the consultation.

10. The RCN fully supports efforts to improve career structures and pathways for health care support workers. We will be responding in full to the consultation and have offered our support and expertise to the Government in shaping the plans to ensure that the new role is fully funded without detracting from funding the wider workforce, and that above all it is beneficial to patient care.

25 January 2016