

SCOTTISH GOVERNMENT DEBATE: TAKING SCOTLAND FORWARD - DELIVERING A HEALTHIER SCOTLAND

Royal College of Nursing

The Royal College of Nursing (RCN) is the world's largest professional organisation and trade union for nursing staff, with members in the NHS, independent and third sectors. RCN Scotland promotes patient and nursing interests by campaigning on issues that affect members, shaping national health policies, representing members on practice and employment issues and providing members with learning and development opportunities. With around 40,000 members in Scotland, the RCN is the voice of nursing.

Background

People need to know they can access the right care in the right place whenever they need it, whether that's in hospital, at home or in their community. But to deliver that Scotland is going to have to work in new ways.

The RCN manifesto ahead of the 2016 elections '[Nursing Scotland's Future: professional voices, practical solutions](#)' set out five key issues which the RCN believes need to be addressed during this session of the Scottish Parliament.

One of the principle calls of the RCN's manifesto was that decisions about health and wellbeing are made to shape health care for generations to come, rather than focussing on short term goals. The RCN called on MSPs to support that goal by creating of a set of clear, consistent and transparent criteria to be used when they or government take any decision on health care funding.

This means that any investment, or disinvestment decisions would have to align with these agreed criteria. Having agreed principles would make the difficult decisions somewhat easier and certainly clearer for members of the public.

If Scotland continues to deliver care in the same way as it does now, the demands on health care services will outstrip Scotland's ability to pay for them. Tough decisions on what to invest in or disinvest from will need to be made, in partnership with the public, with staff and across all political parties.

There has to be a thorough understanding of all of the strategic factors at play before decisions on services are taken, and mature debate around whether investment or disinvestment is right in the long term to deliver the most effective and safest care.

Shifting the balance of care

The fact that Scotland is not seeing real change in investment in community based services is a concern. It is also very worrying that the debate to date has focused around acute services in isolation, rather than taking a whole service approach. If Scotland is serious about moving care out to the community, then investment must be made in prevention, with a shift away from debate around single acute services.

Targets

The RCN recognises that boards are under huge pressure to meet core NHS targets. But despite cross party commitments to invest in prevention and shift the balance of care to community settings, the most high profile targets continue to focus attention on acute funding and services. [On Wednesday the RCN will launch its latest work on targets.](#)

Primary Care

Primary care services are often seen as the gateway to health services. Demand continues to grow on these primary care services, with consultations carried out in a general practice setting having risen by 3.9% from 15.6million to 16.2 million over the last ten years.

Given this increased demand the importance of all members of primary care teams in providing good quality care must not be underestimated. [RCN Scotland and the Academy of Medical Royal Colleges and Faculties in Scotland published a joint statement in June 2015](#) which highlighted the importance of multidisciplinary teams with professionals each working to the full range of their expertise.

Building 24/7 Primary Care

Nurses are already a hugely important part of primary care teams, delivering services in both in-hours and out-of-hours settings.

In general practice they support patients with ongoing care out of hospital as well playing a key role in core public health activities and supporting patients to manage their own long-term conditions. Practice nurses are often the ones delivering the clinics and consultations for Scotland's communities.

Practice nurse consultations rose by 31% from 6.1 million to 8.0 million between 2003/4 to 2012/13, and accounted for nearly a third of all practice team consultations in 2012/13. GPs and practice-employed nurses in Scotland had an estimated 24.2 million consultations with patients in 2012/13. Overall, this is a rise of 2.5 million compared to 2003/04, when Practice Team Information recording started.

Community, health visiting and district nursing teams offer core health care services across communities, delivering care to people of all ages in their homes and local areas. The Scottish Government is already investing in health visiting, which provides universal services for children up to age five. Investment is now required in community and district nursing to support the transformation of services, particularly for older people who are living longer with much more complex health needs. Only by investing in this nursing workforce will services be sustainable and responsive, 24/7. The Government's 2020 vision is for more care to be delivered at home or in a homely setting. This requires significant investment if nursing is to co-ordinate integrated, round-the-clock community care and patients are to enjoy safe, effective joined-up care at home.

Workforce planning

Key to the success of delivering a high quality healthcare system is having a fully resourced workforce, working in the right way and in the right place. But with integration, a fully integrated approach means that health and social care workforce planning can no longer be done in isolation. For the nursing workforce, the workforce and workload planning tools need to be further developed to ensure that Scotland not only has the right number of nursing staff, but that their skills and experience are also taken into account to make sure that future demand in any setting can be met and that integrated working delivers better outcomes for individuals.

Mental health

Mental ill-health affects as many as one in three people, sometimes impacting on daily life and resulting in poor physical health. Many people with physical health conditions, like cancer and heart disease for example, can also experience poor mental health as a result of their condition. Good mental wellbeing should be promoted across all services.

Yet mental health is often the poor relation to physical health when it comes to priority and funding within the NHS. The RCN is pleased to see the attention which mental health is receiving and the manifesto commitments made by parties represented in the Parliament.

While poor mental health can affect anyone, Scotland could do much to reduce inequalities in health by focusing greater attention on improving both the physical and mental health of those in the most vulnerable circumstances.

The RCN Scotland campaign on health inequalities, [Nursing at the Edge](#), demonstrates the importance of promoting mental wellbeing and treating mental ill-health in reducing health inequalities. People in significant distress can turn their lives around with the right support provided at the right time.

Conclusion

Scotland's health and care services are creaking at the seams. The need to shift care from hospitals to the community is widely acknowledged, but on the ground there has been too little action to make this a reality. There will be difficult decisions to take if Scotland is to make its vision of community-based care a reality.

Scotland must look at different ways of delivering services to ensure that people get the care and support they need and new ways of measuring success. Investment in nursing and other staff to enable this to happen is key. This will ensure that the NHS is put on a sustainable footing for the future whilst also meeting the Government's 2020 vision for care at home.

Further information sources

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