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## **Submission to the House of Lords Committee on NHS sustainability**

### **Summary**

Ensuring the NHS in England is sustainable for the future needs to be addressed in the lifetime of this Parliament. The NHS has been a great success story, but for the NHS to be sustainable for the future, up to and well beyond 2030, significant decisions and changes must be made. As part of this, it is critical that the NHS is understood as a core component of an eco-system which encompasses the entirety of health and care provision. This includes activity and outcomes that span the prevention of disease and injury, public health promotion and improvement, treatment, rehabilitation and recovery, condition management and support for independent living.

We firmly believe that given the socio-economic context, profile of our population and current health outcomes and inequalities mean that a future health and care system must be funded, designed and delivered in ways that meet the needs of the population. We continue to make somewhat arbitrary distinctions about what should be funded by the NHS or by local authorities, for example. The reality is that the failure to fund either effectively, or address people's needs through design and delivery of integrated services, is negatively impacting both funding and outcomes. We must consider these aspects of care and support as fundamentally connected and interdependent, rather than seeing them in isolation from one another.

We are particularly concerned that efforts to ensure the sustainability of a future health and care system should prioritise preventative aspects, as well as ensuring that we are able to effectively and meaningfully support people to live independently, for as long as possible, where appropriate. There is much that can be said about how the NHS can be improved and supported to be sustainable, but for brevity we have focused on those issues that relate directly to nursing and its contribution.

Our headline recommendations to ensure the sustainability of the NHS are that we need to determine and address the funding gap within health and social care and impact on whole population health; develop a workforce which addresses current gaps and is fit for our future needs; and design and deliver safe, effective services which meet need and generate positive outcomes for patients.

## Key recommendations

### **1) Determine and address the funding gap within health and social care and impact on whole population health**

The fundamental interdependencies between health, care and what is public health is already well understood, and we want to be clear that continuing to see the funding, design and delivery of these systems in isolation is unhelpful in trying to address the sustainability of the NHS, and in addressing the needs of the population as a whole. There is a well understood requirement for health and care support to make a fundamental shift towards more preventative action, and also to provide support which enables individuals, where appropriate, to live independently for as long as possible. What is currently known as public health activity is a core part of this, such as school nursing and health visitors.

While it is fundamentally clear that the NHS in England must be given more funding, to accommodate inflation and the increase in demand predicted for the next decade, the function and impact of what is currently NHS-funded cannot be seen in isolation. Continuing to do so negatively impacts on NHS-funded activity, as, for example, people unable to access social care find their health deteriorating and in consequence end up needing NHS care. Once in NHS care the lack, or denial, of social care can leave individuals inappropriately 'stuck' in the NHS. On the public health front continuing cuts have recently been described as a 'false economy' by the Health of Commons Health Select Committee, in its inquiry on public health post 2013<sup>1</sup>.

Instead, we need to consider, in the round, what population needs are, what the current funding gap is with regards to known evidence-based interventions in health (equally valuing people's physical and mental health), social care and public health, and what the impact of this funding gap is in terms of efficiency, productivity, inequalities and outcomes. It is only by understanding this gap, and its impact in the round, that the Government can then explore what can be considered in order to address the needs of the population - equally valuing our physical and mental health - including what can be funded and delivered by the NHS. We are clear that any potential for a further gap developing (and increasingly inequalities in health outcomes) which might occur as a consequence of the decision to leave the European Union must be mitigated and addressed as part of discussions which prepare us for impending change.

It is also clear that while exploring how best to fund, distribute funds and design effective delivery mechanisms which address health, public health and social care needs, to enable both current and future iterations of health and care services, we must see an appropriate and equitable balance of focus between supporting and improving services, and building a workforce for the future.

### **2) Develop a workforce which addresses current gaps and is fit for future needs**

There is a vast range of evidence which makes clear that we have significant gaps in the existing health and care workforce, and that these need to be plugged in more substantive and sustainable ways other than continuing to over-rely on agency staff,

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<sup>1</sup> Public Health Post 2013 House of Commons Health Select Committee 1 September 2016 [Available Here](#)

bank staff and immigration policy as temporary measures to alleviate pressure at great cost. The urgent requirement to figure out how we might meaningfully build a workforce fit for the future also comes at a time when we are experiencing a substantial reduction in the funding of education and professional development. Yet it is only by equipping those working in health and care environments with professional development, training and support that our existing workforce can help to transform the way we work so that we are also able to creatively envision, strategic, plan and deliver a future workforce in ways that meet the population's health and care needs in a sustainable way.

Resolving these issues, and creating a workforce that is fit for the future needs to grow our domestic workforce, and also inform effective migration policy (continuing to ensure that a pipeline of international talent contributes to our health and care system). This fundamentally requires the Government to drive the creation of a comprehensive workforce strategy that equips us for a future health and care system in a systematic and coherent way, while also alleviating pressures in our current system. This can really only be delivered through robust co-ordination between the departments that play a key role in public services employment, including HM Treasury, Home Office, Department of Communities & Local Government and the Department of Health.

In terms of the equipping the NHS, to aid recruitment and on-going retention pay increases which reflect the cost of living must be awarded to all staff on Agenda for Change (AfC) grades. In particular, ongoing pay restraint is contributing to a growing nurse shortage, so we are clear that nurses must be awarded a fair increase in pay which starts to bridge a gap of 15% between pay and their cost of living.

Sufficiently funded pre-registration nursing training places must be made available to support both current and predicted future demand, and ensure continuity of supply. This is an important issue in-light of the uncertainty following the UK's vote to leave the EU.

Changes to nurse education funding must not result in an inability to strategically plan to create the workforce of the future. It is not yet clear how the move to a market-led approach will lead to right numbers of nursing students in the right places, especially as HEE funding for clinical placements will still be capped. The Government have committed to monitoring and evaluating the impact of plans but they remain an untested gamble, and a risk to the future supply of nurses that we would like to see effectively mitigated by

These changes sit alongside a raft of other changes to nurse education and training, including a move towards apprenticeships in nursing, and the new Nursing Associate role. While these are distinct and separate programmes they are all pieces of the same jigsaw, with real implications for the development of the future nursing workforce. We would like to see Government proposals responding to the reality that modern nursing is complex and requires high levels of skills and knowledge.

Another aspect of doing this requires doing more to ensure that the future nursing workforce is 'tech enabled' and 'tech literate'. At the level of the individual the aim of the work is to enable practitioners to articulate their professional development needs and support the process of revalidation. At a system level the aim is to build digital capability. We believe it is important to emphasize the capability approach. We understand that as one that takes into account emergent contexts and evolving practices and innovative ways of working. They are inherently predictive and key to building a resilient health and care system.

Investment is needed to ensure growth in the overall supply of registered nurses through education and training. Changes to nurse education funding should be enabling the Government to strategically plan for the workforce of the future, and we are not confident that this is happening. In the least, current reforms must be carefully monitored and evaluated. For existing nursing staff who wish to increase their skills and competencies in clearly defined areas, for instance as 'Clinical Nurse Specialists' or 'Advanced Nurses Practitioners', funded and structured pathways must be established. To aid and accelerate this, the RCN is actively developing a credentialing programme, but its realisation necessitates support from the Department of Health, Health Education England and NHS England. Ideally, the RCN's work should neatly contribute to the creation of a workforce strategy by these system partners.

### **3) Design and deliver safe, effective services which meet need and generate positive outcomes**

We believe there are two areas where the nature of health and care services must fundamentally change in order to help design and deliver safe, effective services which meet need and generate positive outcomes in a sustainable way within a future health and care system. These are, broadly speaking, how the NHS can use advances in technology to deliver a health and care service that is sustainable; and to have open and honest discourse between the political establishment and the public about what the NHS can and should do. This second aspect needs to be part of wider discussions about creating a sustainable health and care system.

Exploring what a 21<sup>st</sup> century health and care system can and should do will necessitate a mature political conversation about what the 'NHS offer' should be, as part of designing a health and care system which is sustainable and fit for our future needs. This will also require discussion of citizens' rights and responsibilities. Lastly, the success of this approach will also require consistent co-production and partnership work between citizens and health and care services, to design and deliver interventions which meet population need, are high quality, are effective and enable people to live and be supported independently within their communities for as long as possible, where appropriate.

## **ADDITIONAL COMMENTARY ON WORKFORCE**

### **Recruitment and retention**

The NHS needs a workforce strategy, which connects to other parts of the health and care system and ensures that we have sufficient properly trained health and care staff. Staff terms and conditions need to be improved to make a career in health and care rewarding and a fairly remunerated option. Nursing education needs to be affordable, and not discourage anyone because of their socio-economic status or background. Nursing education needs to be refreshed to ensure trainee nurses are equipped to manage the demands of a 21<sup>st</sup> population and a very complex healthcare system. Specialist areas of practice, such as mental health, learning disability, children and young people, and those working with people with long-term conditions such as asthma, dementia, diabetes, and multiple sclerosis, need to be resourced sufficiently to ensure they are attractive to new entrants.

### ***Nursing shortage***

The current nursing shortage is having a detrimental impact on the delivery of care in the NHS but also has significant implications for NHS finances. The increase in the agency bill over the past two years and the cost of repeated overseas recruitment drives shows that additional resources are needed to fill the gaps created by not training enough nurses domestically. The significant rise in the use of agency nurse and medical locums has been flagged as contributing to the size of the current NHS deficit. This is a symptom of the previous 'boom and bust' approach to workforce planning. Any sustainable health and care system needs to break the cyclical pattern of large undersupply, which is then plugged with overseas recruitment. Brexit and immigration controls will all impact on our ability to recruit from overseas.

### ***Pay***

The starting salary for a newly qualified nurse is £21,909, and the average salary for a staff nurse is £24K per year. In addition to these low salary levels, and in line with all other staff subject to NHS Agenda for Change pay scales, nurses have also been subject to public sector pay restraint since 2010.

The lack of pay increase over a sustained period, combined with the impacts from reductions in nursing numbers, means that across the NHS many nursing staff nearing retirement are considering it as an option. Without a commensurate increase in new recruits, and without that increase being aligned with the flow of retiring nurses, the NHS risks losing both absolute numbers and the opportunity for a transference of knowledge, skills, and experience that are vital to providing truly patient-centred care.

### ***NHS pay bill***

NHS Improvement has recently flagged 63 trusts for significant increases to their pay bill over the last few years and reported comments made by Jim Mackey, Chief Executive of NHS Improvement claimed that Trusts had been over-recruiting. Drives to make savings and reduce the deficit should not be taken by reducing an already over-stretched workforce. Some of the Trusts named by NHS Improvement are high performing Trusts with good and outstanding CQC ratings. Trusts should not be penalised for ensuring they have enough staff to meet demand and delivering high quality care. Likewise, we agree that the agency bill does need to be brought down, but in a sustainable way which does not prevent trusts from providing safe care.