

## DEBATE ON UPDATE ON DELIVERING THE 2020 VISION IN NHS SCOTLAND

### Introduction

RCN Scotland believes that health care should be delivered at home, in a homely setting or in the community whenever possible, so we broadly support the 2020 vision for the NHS. However, when the Scottish Government initially set out its 2020 vision in 2011, the NHS was not under the severe pressure it currently faces. As a result, attention has been diverted to addressing these pressures, rather than meeting the ambitious milestones set out in the 2020 Vision documents. The 2020 Vision also needs to take account of the major changes taking place under health and social care integration.

### Current pressures

Recent surveys have underscored concerns that many organisations, including the RCN, have raised over recent years. In terms of registered nurses and midwives – who comprise the largest staff group and deliver the majority of direct patient care – the NHS Scotland Staff Survey 2014 reported:

- 62% agreed that 'Care of patients/service users is my board's top priority' (up from 43% in 2013), but;
- only 38% felt they could meet all the conflicting demands on their time at work
- only 25% agreed that there were enough staff to allow them to do their job properly

These findings echo those in RCN's own 2013 Employment Survey for Scotland:

- 55% of respondents reported being too busy to provide the level of care they would like (64% in NHS hospitals)
- 54% work more hours than their contracted hours on every shift or several shifts a week, to meet demand
- 58% feel they are under too much pressure at work (65% in NHS hospitals)
- 81% have increased workloads compared to 12 months previously.

While nursing staff numbers have risen since the low of June 2012, and this is welcome, it is not enough to keep up with demand as our population ages and people live longer with multiple and often complex conditions.

Information Services Division (ISD) statistics published last month reveal that vacancy rates for nursing and midwifery remain a problem in

Scotland, standing at 3.6% in September 2014. Health boards are acting to put right past cuts, but it is worrying that they are struggling to recruit to posts because there are not enough qualified nurses available. This problem could persist, given Scottish Government cuts to nursing student numbers over recent years.

Worryingly, delayed discharges – which are one of the problems that could be addressed if the Scottish Government is successful with its 2020 vision – have continued to increase. According to ISD, 154,588 days were spent in hospital unnecessarily by patients as a result of delayed discharge during the quarter July to September 2014, compared to 149,226 in April to June 2014 and 126,531 in July to September 2013. The Scottish Government recently announced £100 million over 3 years to tackle the problem – how this money is used needs to be tracked to ensure it is making a difference for patients.

The number of health boards meeting the A&E waiting time standard of 98% of patients being seen and then admitted, transferred or discharged within 4 hours has not made progress, with only three of Scotland's 14 health boards meeting the 98% standard in the last quarter. In July, August and September 2014, the compliance rates were lower than the same months in 2013.

These and other pressures are why health boards have to put in place local unscheduled care action plans annually as part of the National Unscheduled Care Programme, which was established in April 2013, with £50m investment over 3 years. Such action plans are undoubtedly necessary – not just to relieve pressures on the NHS but also in the best interests of patient care – and have subsequently been included in the '2020 Route Map'. However, they serve to demonstrate the shorter term approaches being taken, which were not planned for in 2011. This raises questions about the sustainability of funding for such programmes of work in the future as the pressure on services continues to increase.

The Scottish Government's announcement in late 2013 that the NHS is to start delivering a 24/7 or 7 day service is creating further

pressure. It could potentially mean significant changes in the way services are provided and staffed, subject to a report from the Scottish Government taskforce on sustainability and 7-day services. The potential move to 7 day working is one of the reasons why the RCN has called for a whole-system review of our NHS to ensure it is in a fit state to deliver this new style of service provision on top of all the other existing demands and pressures.

### **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. The integration of health and social care has the potential to make a significant contribution to the 2020 vision, but means a new integrated approach to workforce planning must be developed. Health and social care workforce planning can no longer be done in isolation. On top of this, significant investment in training, education and development is required for all those staff involved in the new models of integrated care which will evolve over coming years.

In terms of the nursing workforce, the workforce and workload planning tools need to be further developed to ensure we not only have the right number of nursing staff, but that their skills and experience are also taken into account to make sure we can meet future demand and ways of integrated working.

### **Community nursing**

Given the aims of the 2020 vision, it is deeply worrying that the recent Audit Scotland review of Reshaping Care for Older People – which aims to care for people at home rather than in hospitals wherever possible – found:

*“There is little evidence of progress in moving money to community-based services and NHS boards and councils need clear plans setting out how this will happen in practice.”*

In fact, the Scottish Government itself has admitted to the Public Audit Committee, that rather than moving money from acute to community services new or additional resources will be needed to support care in the community, again raising questions about the sustainability of funding.

By its very nature, community nursing is crucial to the delivery of the 2020 vision, but data on the number of community nurses working for the NHS are currently flawed. The Scottish Government is

currently carrying out work to clarify health boards' community nurse workforce reporting and make this data more accurate. It is only once this work has been completed that health boards will have appropriate information that should enable them to more accurately project how many community nurses, and the skills they need now and in the future, to successfully deliver the 2020 vision.

The Route Map identifies the early years as crucial to delivering the 2020 vision. Health visitors – who are highly trained and skilled – are key to improving health in the early years. That's why the Scottish Government's announcement of £40 million over the next four years to deliver 500 additional health visitors by 2017/18 was a significant step in the right direction. But, if the new health visitors are to make the impact required, the Scottish Government needs to ensure health boards use the funding to create new health visitor posts and not restructure services in other ways.

People often regard GP services as the gateway to the NHS, so they need to be as accessible as possible and meet the needs of individual patients, rather than the professionals providing the service. We believe that both in- and out-of-hours services can be – and are, in many areas of Scotland – enhanced by the skills of advanced nurse practitioners. The Scottish Government should also start looking seriously at extending to nurses the ability to hold GP contracts, to improve access to health services for all communities across Scotland, but particularly those in remote or deprived areas.

### **Conclusion**

While the 2020 vision for our NHS is a very positive plan for patient care, the pressures on our NHS have become more intense since its launch in 2011. New policy directions, such as the integration of health and social care, 7 day working and unscheduled care, and innovative services to reduce health inequalities, to name but a few, on top of day-to-day activity to meet targets and standards, mean that decision makers in our health boards are being pulled in too many directions. So now, as health and social care integration planning is progressing rapidly, is a good time for politicians, the NHS and local authorities to have a renewed focus on the 2020 vision, to ensure it becomes a reality.

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