

LABOUR PARTY HEALTH DEBATE 2ND MARCH 2016

RCN position

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 we know that we are going to have to work in new ways.

The report of the Primary Care Out of Hours Review Group Chaired by Professor Sir Lewis Ritchie had a clear emphasis on innovation, co-ordination and multi-disciplinary teams responding to the needs of patients reflects our work on developing a model of care which includes doctors, nurses, physiotherapists, community pharmacists and other specialists working together to deliver excellent care.

At a time when budgets and resources are stretched, and ever increasing demands are being placed upon Scotland's health care services, it is imperative that decisions about services are taken in a wholly transparent manner, in line with local and national priorities.

Shaping generations to come

In our manifesto [Nursing Scotland's Future – Professional voices: practical solutions](#) we asked that 'decisions are made to shape health and care for generations to come, rather than focussing on short-term goals'.

One of the ways we have asked MSPs to support that goal is that they support the creation 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 we continue to deliver care in the same way we do now, we know the demands on our health care services will outstrip our 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. What a community is used to in terms of the services it has close at hand may not be the service it needs for the future, or it may not be the safest, most effective way to deliver care.

Shifting the balance of care

The fact that we are not seeing real change in investment in community based services is a concern. It is also very worrying that the debate continues around acute services in isolation, rather than taking a whole service approach. If Scotland and her politicians are serious about moving care out to the community, then we need to see investment in prevention, and a shift away from debate around single acute services.

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 also has the potential to make a significant contribution to the Government's 2020 vision, but an integrated approach means that health and social care workforce planning can no longer be done in isolation.

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.

Targets

We recognise that boards are under huge pressure to meet core HEAT targets and standards, but despite cross party commitments to invest in prevention and shift the balance of care to community settings, the most high profile HEAT targets continue to focus attention on acute funding and services.

That is why [*Nursing Scotland's Future – Professional voices: practical solutions*](#), calls for a new approach to health care targets by the end of 2016. This new approach must help our health care services to be sustainable in the long term and improve outcomes for all.

Conclusion

Our health and care services are creaking at the seams. The need to shift care from our hospitals to the community is widely acknowledged, but on the ground there has been little or no action to make this a reality. There will be difficult decisions to take if Scotland is to make its vision of community care a reality.

We must look at different ways of delivering services to ensure that people get the care and support they need. 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

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