

Royal College of Nursing Scotland evidence to Health and Sport Committee – seven day services

The Royal College of Nursing (RCN) is clear that variation in patient care and outcomes outside of Monday to Friday core hours is unacceptable and must be addressed. People need to be assured that they will have access to high quality care when and where they need it, no matter the time of day or day of week.

The RCN is not advocating a full 'Tesco' model of healthcare where elective services are available 24/7. Rather we believe that where people have clinically urgent healthcare needs, outside of core hours, that high quality care is available where they need it most, whether this is within hospital or in the community.

To achieve a sustainable service that delivers high-quality seven day care, the following need to be acknowledged:

- **This is a multi-disciplinary challenge.** All professions have a role to play. A multi-disciplinary approach will improve the flexibility and responsiveness of services and maximise the contribution that each profession brings to delivering the best outcomes for patients seven days a week.
- **There needs to be a whole-systems approach.** The debate cannot just focus on the acute sector. The 2020 vision sets out the drive towards caring for people at home or in a homely setting and to avoid admissions to hospital, wherever possible. To do this, the provision of multi-disciplinary care in the community, including social care, seven days a week, is vital.
- This challenge is not just about resolving variation in care delivered at the weekend, but also about ensuring **parity of outcomes for people who receive care in other 'out of hours' times: evenings and nights.**
- **This will cost.** However funds are realised, the provision of seven day care will not, and should not, be attempted without adequate and sustainable resourcing.

In the past, much of the discussion around seven day care has been focused on medical staffing, particularly consultant and GP cover. It is sometimes assumed because nurses already work seven days a week that their working patterns are more easily reconciled with providing seven day care. However beyond front-door and unscheduled/out of hours services, the nursing model is largely focused on Monday to Friday core hours, with staffing and skill mix (i.e. the seniority and ratio of professionally qualified nurses to health care support workers) depleted outside of this.

As the largest workforce in health care (accounting for 43% of NHS Scotland's workforce), and a key part in every delivery team, nursing – including health care support workers – will be affected by any change in the model of care provision. They will also be the workforce most able to effect the changes necessary to deliver system-wide seven day care. Nursing needs to be included in discussions regarding capability, capacity and sustainability, rather than there being an assumption that the profession will be there to 'plug a gap'.

The impact on nursing could be in different ways, for example on the number of nurses needed or on the type of nursing roles required (i.e. more advanced practice roles). In some areas nursing will need to lead service change, in other areas nursing's role will be to

support the professional contribution of another professional group, for example Allied Health Professions.

While we do need to make best use of existing resources, there is going to be a financial impact of extending services to seven days a week. Health Boards and staff are under ever increasing pressure to meet current patient demand. There needs to be a realistic approach and honest debate about what can be delivered with the resources available. Sustainability is key. Though we are not necessarily advocating a full seven day service across all areas of healthcare, there needs to be analysis of where seven day care can most improve outcomes for patients and make the best use of resources.

Seven day care is inextricably linked to workforce planning. It requires detailed consideration of the impact on the whole workforce. This includes the number of staff needed in the short and medium-term; the skill levels and decision-making authority required; the learning and development needs; and the impact of seven day care on psychological, physical and emotional health of staff and on work-life balance, including travel and caring responsibilities. Implementing any changes must be done through proper consultation procedures with the full involvement of staff. There are good partnership arrangements embedded in Scotland's NHS, and any changes must go through the appropriate processes.

The RCN is represented on the Scottish Government's Sustainability and Seven Day Services Task Force and also the newly established Out Of Hours Primary Care Review Group. We support the seven day service programme's focus on having timely access to an appropriate senior clinical decision-maker; access to appropriate investigations and tests; ensuring continuity of care for patients, including being supported to be discharged from hospital seven days a week; and achieving the best possible outcomes for patients by using resources in a sustainable manner.

The RCN has written a detailed paper¹ on the professional nursing contribution to the seven day care agenda, focusing specifically on the contribution of community nursing and advanced nursing practice. This professional contribution includes:

- **Delivery of unscheduled and out of hours nursing care:** Since the changes to the GMS contract in 2004, nursing has played an increasing role in the delivery of out of hours care in the community, with a range of different models across Boards. Within acute settings, emergency nurse practitioners are now a mainstream part of health care delivery in emergency departments and minor injury units across Scotland.
- **Senior clinical decision-making:** Advanced Nurse Practitioners (ANPs) work at an enhanced level of clinical practice across a wide variety of settings and roles. They can make professionally autonomous decisions and can receive patients with undifferentiated and undiagnosed problems, make assessments, develop care plans, carry out interventions, admit, discharge and refer patients. ANPs work creatively with other professions, both acting as a primary care giver and augmenting the care a team can deliver.
- **Improving patient flow:** Nursing roles, for example ANPs and emergency nurse practitioners, can improve the responsiveness and effectiveness of the team as a whole

¹ http://www.rcn.org.uk/_data/assets/pdf_file/0007/602782/RCN_paper_-_Nursing_contribution_to_seven_day_care_v1.0_FINAL.pdf

through their ability to assess, diagnose and admit or discharge patients. Nurses also provide a high quality triage role across a range of settings, for example in primary care, emergency departments and via NHS24, which is vital for improving patient flow.

- **Continuity of care:** Continuity is fundamental to high-quality care and the experience of patients and outcomes. Nurses have a key role in co-ordinating and managing patients' care, with a particular emphasis on supporting people to manage long-term conditions, providing care to older people and providing care to more vulnerable patients.
- **Avoiding admissions and supporting discharge:** There are examples of innovative intermediate care services, for example hospital at home services, where a multi-disciplinary team, including nurses, help people avoid admission to hospital and support people to be discharged from hospital sooner. These services must be considered in the context of providing seven day care.
- **Improving patient experience and outcomes:** Patient outcomes and patient experience need to be at the heart of any service changes to support seven day care, and there needs to be careful analysis of what will best improve outcomes for patients and provide a sustainable service. Research into the safety and effectiveness of ANPs has provided evidence of the positive impact on patient care and patient experience^{2,3}.
- **Supporting access to care for vulnerable groups:** The move towards seven day services needs to make sure that care reaches the people who need it most. Nurses working in the community have a key role in reducing health inequalities and helping people access the care they need, for example learning disability nurses, mental health nurses, nurses working in the criminal justice system and those working with people with drug and alcohol problems. The RCN recently launched *Nursing at the Edge* that profiles the innovative and inspiring services that nurses deliver to people at the margins of society, which mainstream services fail to reach⁴.

There are various enablers that are needed to maximise the contribution of nursing and other professions delivering safe, effective and person-centred care across seven days a week. These include the use of telehealth, telecare and assistive technology to support people to access care where they most need it; having advanced care plans in place for people at risk of hospital admission or those with long-term conditions; having IT systems that allow people from across different agencies to access and share information where needed to support the continuity of care; and having a robust evidence-base and in-built evaluation of any service change, to ensure that services and initiatives provide the best outcomes for patients and the most effective use of resources.

Within the Scottish Government's Sustainability and Seven Day Services programme, we think there needs to be a specific stream of work focusing on senior clinical decision-makers. Currently there is a disconnect between advanced nursing practice and workforce planning. We believe that **the Scottish Government should explore what is needed to develop a sustainable workforce of advanced nurse practitioners as part of a wider team of clinical decision-makers.**

² Horrock S, Anderson E and Salisbury C (2002) Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors, *BMJ*, 324, pp.819-823

³ Laurant M, Reeves D, Hermens R, Braspenning J, Grol R and Sibbald B (2005) *Substitution of doctors by nurses in primary care (review)*, Cochrane Database of Systematic Reviews 2005, Issue 2, Art No: CD001271, Hoboken: John Wiley and Sons Ltd.

⁴ RCN (2014) *Nursing at the Edge*, available at: <http://frontlinefirst.rcn.org.uk/nursingattheedge>

The RCPE UK consensus statement on patient flow⁵ set out the importance of senior clinical-decision makers in the acute sector. However there is no similar consensus for the community sector. We therefore believe that **there should be discussion and consensus, across the professions, about what good senior clinical decision-making in community services looks like, and what skills are needed across the workforce to support this.**

This is complemented by the work the Scottish Government is starting on a review of district nursing, which will look at the role, caseload, different models of district nursing, and training and career pathways for district nurses. We hope that it will also fit clearly with the emerging work of the Primary Care Out of Hours Review Group.

Seven day care needs to be viewed in the context of the integration of health and social care. Many of the challenges to delivering care in the health sector, seven days a week, are directly impacted by the delivery of social care, for example, not being able to discharge patients from hospital at the weekend because they are waiting for social care assessments. Improving outcomes outside of core hours will require a different way of working within social care too.

There are multiple national workstreams that impact the delivery of care seven days a week. This includes the unscheduled care collaborative, the review of primary care out of hours and the work around delayed discharge. There needs to be clarity over how different work streams tie together.

The RCN wants to see that:

- **All Scottish Government proposals around any aspect of sustainability and seven day care, unscheduled care, out of hours care or patient flow, fully recognises the contribution of all professional groups across the whole system**
- **All Scottish Government activities to improve patient flow and patient outcomes, which will impact on the workforce, are fully integrated to allow for consistency and coherency of workforce planning**

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⁵ http://www.rcpe.ac.uk/sites/default/files/files/final_statement_patient_flow_.pdf