

Seven day care in England – update for RCN Congress 2015



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Introduction

This briefing has been written to update 2015 Congress delegates on the most recent developments on seven day care, including the UK government's recent decision to extend seven day services in England; set out the RCN's own position on this issue; describe some of the financial challenges ahead for the NHS in England and finally outline a range of nursing solutions that the RCN believes will significantly support increased levels of seven day care if sufficient resources are invested.

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Background

In December 2013, Sir Bruce Keogh, Medical Director of NHS England, outlined plans to extend seven day care across the NHS. The findings in his report highlighted that death rates were 16% higher for patients with emergency conditions admitted on Sundays compared with those admitted on Wednesdays¹. This prompted a significant debate on the feasibility of introducing a comprehensive seven day care system for the NHS. The RCN published a briefing for RCN Congress 2014, setting out its policy position on seven day care across all four countries in the UK².

The RCN supports the principles behind the concept of ‘seven day care’. It cannot be right that people admitted to a hospital on a weekend have poorer outcomes than those admitted during the week. Ensuring patients have access to high quality care when and where they need it, no matter the day of the week, requires a whole system approach that fully involves all NHS staff. The RCN believes that the availability of a highly skilled and motivated nursing workforce is critical to any plans for delivering seven day care. Practice nurse-led consultations, advanced nurse practitioner (ANP) case holders, public health nurses, and specialist nurses support patients to manage a wide range of long-term health conditions. Many of these nurses work at the leading edge of their professional practice and can both prescribe and refer. However, to make the vision of seven day care in the NHS a reality, this needs appropriate planning, organisation and resources to be able to provide sufficient nursing staff when they are needed to support any extended services. Requiring exhausted nurses to simply work around the clock will exacerbate the current severe crisis in nursing supply and will not deliver safe and high quality care to patients.

What do we mean by seven day care?

There is currently no universally agreed definition of ‘seven day care’, which is also sometimes referred to as ‘seven day working’, or ‘seven day services’ in other discussions. The RCN believes that however it is defined, seven day care should fundamentally be about those people using NHS services being able to access high quality care in settings most appropriate to their need and circumstance.

Seven day care is primarily being considered in the following terms:

- people admitted to hospitals over the weekend or at public holidays being given equal standards of care to those admitted during the week.
- people accessing emergency care services over the weekend or at public holidays being able to access all of the necessary treatment options, as they would if admitted during the working week.

Seven day care is also being considered in the development of integrated care systems and access to primary care.

¹ *NHS England's Sir Bruce Keogh sets out plan to drive seven-day services across the NHS*, NHS England press release, 15 December 2013 available at: www.england.nhs.uk/2013/12/15/sir-bruce-keogh-7ds

² *Seven day care, a briefing for RCN Congress 2014*, June 2014 available at: www.rcn.org.uk/_data/assets/pdf_file/0007/580561/004658.pdf

The Government commitment to introducing seven day care in England

It was significant that the Prime Minister, David Cameron, used the first major speech of his 2015 General Election campaign to promise voters that they would have “access to the NHS services they need seven days a week” by 2020. The introduction of seven day services in England was then also a key commitment within the Conservative Party Manifesto³. After the May 2015 election the Prime Minister used his first post-election speech in Birmingham to re-state plans to introduce a new integrated, seven-day NHS system in England.

The commitment to delivering seven day services was subsequently included within the Queen’s Speech to Parliament on 27 May 2015⁴. The result is that there is now a clear Government commitment to introducing this change for the NHS in England, and the issue has now risen to the top of the political agenda. The Government has also said it hopes to see the number of people accessing an extended general practice service increase to 18 million by the end of 2015, with plans to introduce similar service extensions in hospitals.

Other recent developments in England

There have been a range of further developments on seven day care since RCN Congress 2014.

- In 2014 the RCN was a participant in a number of workstreams looking at seven day care: the College of Emergency Medicine’s project review of seven day care for people who enter to the health care system via emergency services and the Academy of Medical Royal Colleges’ project to consider how consultants could be made available where needed on a seven days a week basis.
- On 1 September 2014 the NHS Pay Review Body was invited to make *observations* on the barriers and enablers within the *Agenda for Change* (AfC) system for delivering health care services every day of the week “without increasing the existing spend.” The RCN has submitted detailed evidence to this review⁵.
- Implementation of seven day working across health and social care services was made one of the conditions for accessing the Better Care Fund (BCF) in England⁶. As part of the agreed local Better Care plans, local authorities and the local NHS have had to commit to seven day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends.
- A number of GP surgeries have piloted extended hours, providing evening and weekend services to patients under the Prime Minister’s Challenge Fund⁷.

3 The Conservative Party (2015) The Conservative Party Manifesto 2015 (p3) available at: www.conservatives.com/Manifesto

4 The Queen’s Speech to Parliament 27 May 2015 available at: www.gov.uk/government/speeches/queens-speech-2015

5 RCN evidence to the NHS Pay Review Body, special remit on seven day services in the NHS (1 September 2014) available at: www.rcn.org.uk/_data/assets/pdf_file/0005/603896/RCN_seven_day

6 Better Care Fund, Policy Framework, December 2014 available at: www.gov.uk/government/uploads/system/uploads/attachment

7 NHS England website page on the Prime Minister’s Challenge Fund available at: www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pm-ext-access/

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The RCN position on seven day care

The RCN published a briefing for RCN Congress 2014 setting out its policy position on seven day care across all four countries in the UK. The RCN position was further clarified in the RCN's evidence to the Pay Review Body, and also a range of other submissions to Government.

The key issues underpinning the RCN's position on seven day

- **Variations in mortality and outcomes are unacceptable:** the RCN has been consistent in stating that variations in outcomes and mortality outside core hours are 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 the week. We are strongly committed to improving the ways in which health care is delivered. We believe the public have a right to expect that the treatments and care they need will be available to them in ways that address their individual situations and circumstances.
- **The need for sufficient and sustainable resources to match the ambition:** to make the vision of seven day care a reality the health service needs sufficient planning, modelling, organisation and resources to be able to provide enough staff when they are needed to support extended services. Ensuring patients have access to high quality care when and where needed, no matter the day of the week, requires a whole system approach that fully involves all professional groups. This includes all nursing, diagnostic, imaging, medical and other support services. The RCN has not seen evidence to demonstrate that staff numbers, shift patterns and rostering have been adequately considered to ensure the safe delivery of increased services on a seven day basis. We have also not seen evidence to suggest that introducing wider seven day services will be matched by a sufficient increase in resources to ensure that the vision becomes a reality. The RCN believes that it is essential that any seven day proposals are properly costed and funded before they are introduced to avoid compromising the safety of existing services.
- **The need for clarity on what is meant by the term 'seven day services':** the RCN is concerned that there remains no universally agreed definition of seven day care, which is also sometimes referred to as seven day working or seven day services. There is a lack of clarity on whether the vision for seven day services applies to all settings, including emergency care, elective acute care and community or primary care. We believe that seven day care should be about having access to high quality care in settings most appropriate to the need and circumstance of those individuals using NHS services.
- **The need for an evidenced-based clinical analysis:** we believe there needs to be evidence based clinical analysis of where seven day care can most improve outcomes for patients. This will ensure we make the best use of resources and understand the most effective system changes that can manage demand across the seven day period and increase safety and capacity in a way that is sustainable. Giving a greater focus to weekend and evening access must not come at the expense of access to services during current normal hours if overall patient outcomes end up deteriorating. It is essential that the immediate focus is on providing urgent and emergency acute care in an effective manner. The RCN notes that there has been an alarming deterioration in performance against A&E targets in England, and it is vital that urgent acute services (and other clinically linked services such as intensive care, high dependency and diagnostic services) are addressed as a priority.

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- **The need to have the right workforce in place to deliver services:** the availability of a highly skilled and motivated workforce is critical to any plans for delivering seven day care. The key challenge is to ensure that there is adequate supply to meet demand. While a significant number of inpatient nursing services already operate on a seven day basis, system wide progress towards seven day care is likely to have wider nursing workforce implications, requiring an increase in staff numbers and skill mix to support the provision of services. Seven day care requires a detailed consideration of the impact on the whole workforce in terms of number of staff needed in the short and medium term, skill levels and decision-making authority, and learning and development needs.
- **The impact of the proposed changes on nursing:** as the largest workforce in health care, playing a key part in every delivery team across the health care system, the nursing workforce (which also includes health care support workers) is the most likely to be already working in a manner that supports the provision of seven day care. It will also be the most affected by any changes designed to deliver seven day care and, more importantly, will be the workforce most able to effect any necessary change to deliver system-wide seven day care. A key RCN message has been that nursing staff are not ‘widgets’ to ‘plug the gap’ in the health care system and should not be moved without appropriate clinical planning, including consideration of the most effective skill mix for patient care.
- **Not all nursing care is provided on a seven day basis:** some of the recent discussion on seven day care has been based on the assumption that the proposals will have a limited impact on nursing staff as their shift and working patterns will reconcile more easily with providing seven day care. This assumption is a significant oversimplification of the way that the nursing workforce is deployed.
- **Why remuneration, training and availability of equipment matters**
 1. The RCN believes that nurses and HCAs have the right to expect (and their patients have a right to demand) that they will be adequately remunerated, trained, supervised and equipped to deliver any new models of seven day care. They also have a right to expect a healthy work-life balance. They must be offered terms and conditions that are commensurate with delivering clinical care at times that many people would find unpalatable. If we are asking more staff to work more weekends, nights and bank holidays their pay must reflect that inconvenience and commitment to the service. The majority of RCN members will, at some point over their careers, work unsocial hours (meaning working hours at nights and weekends) and rightly expect fair compensation for doing so.
 2. Funding seven day services by stretching five days of resources over seven, or funding it through cuts to unsocial hours, will ultimately have a negative impact on a workforce already experiencing very poor morale. There needs to be a detailed consideration of the impact of seven day care on the work-life balance for nursing staff, including travel and caring responsibilities. The nursing workforce is predominantly female, and a large proportion have caring responsibilities, with many looking after children, grandchildren and other relatives. Flexibility and levels of pay are therefore important factors when nurses and health care assistants are making choices about working unsocial hours. It must be resourced appropriately and the RCN will defend members’ terms and conditions to ensure any newly planned 24/7 services are good for patients but also fair to those delivering care. We highlighted in our evidence to the Pay Review Body that during a time of acute recruitment difficulties in the NHS, imposed changes will simply lead to nurses

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choosing not to work unsocial hours. Requiring exhausted nurses to work around the clock is not the answer to the challenges ahead and will not deliver safe and effective patient care. Any short-term gains for the NHS budget from lower non-basic pay bills would quickly be eclipsed by increased agency and bank usage, higher staffing costs and poorer quality of care. Changes to working patterns or pay levels to the detriment of nursing staff are likely to severely damage short and long-term recruitment and retention prospects in the NHS.

3. In our most recent report, *The Fragile Frontline*, we showed that there is now a serious nursing shortage, and demand for nursing care is projected to outgrow workforce supply⁸. The RCN's own evidence has shown that many trusts are struggling to recruit sufficient numbers of staff to provide safe staffing levels, leading to many trusts seeking to recruit from abroad or employing agency nurses. Monitor⁹ and NHS England¹⁰ have both recently commented on the NHS's over reliance on agency staff that is putting trusts under sustained financial pressure.
 4. The RCN continues to argue strongly that the current *Agenda for Change* (AfC) unsocial hours' payment system (and the AfC job evaluation and Knowledge and Skills Framework) can support changes to ways of working and provision of seven day care. AfC provides a fair, comprehensive and transparent payment system for recruiting and compensating staff for working outside of standard hours, and responds to a need to recruit and retain a workforce that is able to deliver services over a seven day working week. The Knowledge and Skills Framework supports staff in their development, and the terms and conditions framework provides flexible rewards in situations where care needs to be structured over a 24/7 period.
 5. The RCN would wish to see service plans systematically aligned with workforce plans, the provision of sufficient funding for any necessary training and development, and full and transparent consultation with staff and trade unions on any proposed changes.
 6. Improved access to IT and electronic technology will be vital to the delivery of seven day care, be it in hospital, community or domiciliary situations. At present, too many nursing staff report problems of access to IT equipment and lack of training on its use when they do acquire it. The use of electronic patient records systems, a key component in the delivery of integrated care, is also important for the delivery of seven day care. Increased seven day services will also result in a possible need for increased 'back-office services' such as in human resources and finance departments. Good progress has been made in some localities but it is not yet universal.
- **The urgent need to re-invest in primary and community care services:** there is an urgent need to build up comprehensive primary and community care based services to ensure the continuous and robust provision of services for any seven day care model. The current financial context emphasises the need to use resources in the most effective and efficient way possible. We already know that intervention from primary care and community staff at the right time prevents more costly care being required in the acute sector. Medical treatments

8 *Frontline First: The fragile frontline*, RCN, 12 April 2014 available at: www.rcn.org.uk/newsevents/news/article/uk/the-fragile-frontline

9 Monitor (2015) Performance of the Foundation Trust Sector available at: www.gov.uk/government/publications/nhs-foundation-trusts-quarterly-performance-report-quarter-4-201415

10 HSJ 2 June 2015 Simon Stevens: Dealing with Agency Staff is NHS's 'Biggest Operational Risk' available at: m.hsji.co.uk/5085499.article

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that were once provided in hospital are now being increasingly administered in the community. Within health systems there is a renewed focus on delivering health care in the community, freeing hospitals to provide more complex and specialised and emergency care. Despite statements by the newly elected Government in England (and previous governments) on the need to shift from acute to primary and community services, there is no evidence of progress being made at the scale needed to deliver against the forecasted demand. For example, between May 2010 and May 2014, the community workforce in England contracted by 3%, and over the same period there was a 28% reduction in the number of specialist district nurses (a loss of 2,168 posts)¹¹. The renewed focus on providing seven day care offers a significant opportunity to focus on how best to improve the access to, and quality of services provided within the primary and community sectors, including provision of integrated care.

The challenges of NHS finances and the link to productivity and efficiency

The newly elected Government have made a commitment to fund at least £8bn extra investment in the NHS in England by 2019/20¹² and this has been welcomed by the RCN. However, these resources will only be sufficient for the NHS to continue to stand still and will not cover the investment needed to fund a comprehensive seven day care system for the NHS.

The severe financial pressures have continued to increase as we have seen more trusts report being in deficit. Recent figures show that trusts in England had an overall total deficit of £822m for 2014/15¹³. The latest data suggest that this position continues to deteriorate and the Kings Fund's most recent survey of NHS finance directors has indicated that two-thirds expect to overspend in the current financial year¹⁴. Also, for the first time, the NHS foundation trust sector is in deficit, as well as an increase in the number of mental health, community and ambulance trust members reporting deficits as they struggle with increasing demand. We know from the *Five Year Forward View* that the NHS is facing an overall funding gap of £30bn¹⁵. The *Forward View* said that in order to maintain a comprehensive high-quality NHS, action is needed on three fronts – demand, efficiency and funding. The RCN notes that this is a very difficult financial climate in which the new seven day care arrangements are being introduced into the NHS in England.

In June 2014, Lord Carter of Coles was appointed as Chair of the NHS Procurement and Efficiency Board. The role of the Board is to ensure that all NHS organisations, including NHS England, the NHS Trust Development Authority, Monitor and the Foundation Trust Network work to a common strategy for NHS procurement¹⁶. As part of the review, Lord Carter's team looked at cost data from 22 selected hospitals across five broad categories of expenditure. These were consumable

11 RCN (2015) *Frontline First: The fragile frontline* available at: elections.rcn.org.uk/page/-/frontline/documents/The_Fragile_Frontline.pdf

12 The Prime Minister's office 18 May 2015 *Press release - Seven Day a Week NHS: Prime Minister's Visit and Speech* available at: www.gov.uk/government/news/seven-day-a-week-nhs-prime-ministers-speech

13 *NHS trusts' deficit rises to £822m*, BBC News, 22 May 2015 available at: www.bbc.co.uk/news/health-32846545

14 NHS enters 2015/16 facing biggest challenges in recent history, The King's Fund website, 23 April 2015 available at: www.kingsfund.org.uk/press/press-releases/nhs-enters-201516-facing-biggest-challenges-recent-history-warns-kings-fund

15 NHS (2014) *Five Year Forward View* available at: www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

16 Lord Carter of Coles appointed to the position of Chair of the NHS Procurement and Efficiency Board, gov.uk news story, 20 June 2015 available at: www.gov.uk/government/news/nhs-procurement-and-efficiency-board-new-chair

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goods; drugs; medical devices, estates management; and staffing - with a particular focus on the use of temporary/agency workers. Their interim report, *Review of Operational Productivity in NHS Providers* was published on 11 June 2015. The interim report states that all the information they looked at as part of the review “leads us to assume there may not be enough nurses to meet the post-Francis demands of the NHS, and there are inequalities in how nurses are utilised with many nurses working longer hours than they are contracted for”¹⁷. In response, the RCN welcomed the statements made in the report that investing in nursing staff within the NHS can build a more productive, cost effective workforce overall.

Historically, whenever money needs to be saved in the health service, nurse staffing costs have been targeted as part of short-term focused cuts within NHS trusts. This again happened between 2010 and 2012 before the publication of the Francis report and it impacted on patient care. Since then, trusts have tried to remedy this situation, but because of the lack of investment in nurse training and the previous cuts to nurse numbers between 2010 and 2013, the only way to quickly provide safe care has been by using agency staff and recruiting nurses from overseas. The Government have indicated that they intend to solve the ‘productivity puzzle’ across the public sector, including the NHS. The RCN is concerned that there is an assumption that many aspects of extending seven day care in the NHS can be delivered through productivity improvements alone and without significant increases in resources. While we do need to make best use of existing resources, there is going to be a significant financial impact of extending services to seven days a week. The RCN has been clear that the provision of seven day care should not be attempted without adequate and sustainable resourcing.

The RCN, together with many medical royal colleges, health trade unions and independent think tanks, have asked for much greater clarity on where the funding will come from to support the introduction of a comprehensive integrated care system on a seven day basis. There is need for a clearer indication of how the promised extra £8bn for the NHS in England is to be phased over the next few years and how it will be used to support services.

Nursing solutions for seven day care

The RCN believes that **nursing can provide some of the key solutions for the challenges of providing seven day care**. This would be as part of a multi disciplinary team approach that supports each profession to work to the best of its ability and potential, to meet the needs of patients and to improve patient outcomes. Nursing roles have continued to evolve to meet changing patient needs, with nurses providing a much broader range of skills and knowledge to meet the requirements of people with multiple long-term conditions. There are numerous examples and evaluations of how nursing contributes to improving patient outcomes, the effectiveness and responsiveness of care and the sustainable use of resources, which are directly relevant to how care can be provided over seven days.

¹⁷ Lord Carter of Coles (2015) *Review of Operational Productivity in NHS Providers* Interim Report 2015 available at: www.gov.uk/government/publications/productivity-in-nhs-hospitals

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RCN Scotland set out a series of nursing solutions in its 2014 publication *The nursing contribution to seven day care*.¹⁸ These principles apply equally to England and the context of the wider NHS. The contribution that nursing can make to achieve the aims of seven day care are outlined below.

- 1. Ensuring that all patients requiring clinically urgent or emergency health care have timely access to an appropriate clinical team who can determine and deliver their care.** This includes the delivery of unscheduled and out of hours nursing care to patients with urgent health care needs. It also includes improving patient flow through the ability to triage, assess and be senior clinical decision makers with the authority and clinical skills to diagnose, carry out interventions, admit, discharge and refer patients.
- 2. Ensuring that all such patients have access to appropriate investigations and tests when they are required.** This includes using advanced nursing clinical skills that encompass the full cycle of care and treatment, including ordering and interpreting necessary investigations.
- 3. Ensuring that all patients have continuity of care, including the capacity to be discharged and supported in their discharge from hospital seven days a week.** This includes co-ordinating and managing patients' care, with a particular emphasis on supporting people to manage long-term conditions. It also includes avoiding admissions and supporting discharge through innovative multidisciplinary services that provide care and support to patients at home.
- 4. Achieving the best possible outcomes and experience for patients by using the available resources in a sustainable manner.** There is clear evidence of nurse-led services improving patient outcomes and resulting in high levels of patient satisfaction. This includes supporting 'hard-to-reach' patients to access the care they need and making the best use of resources to provide care where patients need it most.

The RCN notes that in specific areas of nursing practice there are already highly effective models of care that can be used to model and support seven day care.

- a) Specialist nurses** are dedicated to a particular area of nursing, for example, caring for people living with long-term conditions providing direct patient care and can play a vital role in educating patients on how best to manage their symptoms, as well as offering support following diagnosis. In many cases the involvement of a specialist nurse can prevent patients being admitted to hospital or being re-admitted following discharge. The value of specialist nursing roles is widely recognised, for example, studies on the impact of gerontological nurse practitioners in the care of older people suggest that such roles can help reduce length of stay, lead to reductions in adverse events and lead to improved outcomes for older people¹⁹. In addition, a recent report by the *Health Service Journal* (HSJ)²⁰ highlighted the benefits of specialist nurses to reducing costs and increasing efficiencies, supporting service redesign, bringing care closer to home and delivering person-centred care. A study by the Nuffield Trust reported in the HSJ²¹ also suggested that an increase in consultations in a sample of general practices over the period 2010/11

18 *The nursing contribution to seven day care: community nursing and advanced nursing practice*, Helen Richens, Royal College of Nursing, December 2014 available at: www.rcn.org.uk/_data/assets/pdf_file/0007/602782/RCN_paper_-_Nursing_contribution_to_seven_day_care_v1.o_FINAL.pdf

19 Newhouse RP et al (2011) Advanced practice nurse outcomes 1990-2008: a systematic review. *Nursing Economics*; 29: 5, 1-21 available at: www.academia.edu/2715989/Advanced_practice_nurse_outcomes_1990-2008_a_systematic_review

20 Workforce supplement: The benefits of Specialist Nurses *HSJ*, 27 February, 2015 available at: m.hsj.co.uk/5082712.article

21 Exclusive: Rise in consultations greater for non-GPs, analysis finds, *HSJ* 3 March 2015 available at: www.hsj.co.uk/news/primary-care/exclusive-rise-in-consultations-greater-for-non-gps-analysis-finds/5082861.article#.VRvtfhtOWmQ

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and 2013/14 could be partly attributed to more nurse-led consultations. The total number of patient consultations increased by around 11% during this period at the practices analysed, with consultations by nurses growing by 8% in comparison to just a 2% increase in consultations by GPs.

- b) Nurses working in **advanced and extended** roles are at the centre of a web of services aiming to deliver co-ordinating packages of care. They work across organisational boundaries and often lead multidisciplinary teams, through which they provide expert knowledge and advice and, most importantly, direct patient contact. It is these skills and capabilities, combined with their ability to travel with a patient through their health care journey, which consistently deliver good patient outcomes and experiences and, equally as important, contribute to high levels of job satisfaction²². There are many examples in the past of how nursing has taken on new or expanded roles across acute and community services, in response to pressures on the system or to improve patient care. Advanced nursing practice is at the ‘cutting edge’ of nursing innovation and can challenge and offer creative solutions to traditional ways of working across professions. They are able to provide complete episodes of care for patients of any age with a wide variety of presenting problems and health care needs, including urgent/acute episodes, long-term/chronic conditions, health promotion and public health. Increasing numbers of ANPs work in secondary and tertiary care settings, such as A&E, minor injury units, medical assessment units and hospital at night teams. They also work within specialties, such as paediatrics, neonatal care, cancer care, ophthalmology and orthopaedics.
- c) **District and community nursing teams**, through their vital work in the community, have a crucial role in reducing hospital admissions, supporting early discharge and enabling seven day care. The RCN believes that there is a critical need for district and community nursing expertise if health services are to effectively meet emerging demographic, social and disease challenges. In order to rise to these challenges the role of district/community nurses and their teams must be acknowledged and developed. Significant resources must be found to ensure we replace the thousands of posts lost since 2010 and invest in an expert workforce and a quality service that is fit for the future.
- d) **Practice nurses** through their generalist roles have developed important roles in the management of long-term conditions, such as asthma, hypertension, heart failure and diabetes²³. They are often the first port of call for the majority of primary care patients. Their roles are highly valued by patients who feel nurses offer them time, as well as expert and personal care. Patients regularly report that they have confidence in the treatment prescribed, as nurses are skilled in involving people in decision making and explaining treatment in an understandable way²⁴.
- e) **Nurse prescribers** are now well established in the health care system and have a mainstream qualification. Evidence shows that nurse prescribing is more prevalent in primary care settings among community practitioners, but there are a growing number

22 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 available at: www.ncbi.nlm.nih.gov/pubmed/11934775

23 Markaki A, Lionis C (2008) Capacity building within primary healthcare nursing: a current European challenge *Qual Prim Care*. 16(3):141-3 available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC2748181/

24 Department of Health (2013) *Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values* available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/310170/DH_HEE_Mandate.pdf

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of nurse prescribers in acute care. They are seen as vital for the autonomous, advanced practice that clinicians are expected to carry out in the coming years²⁵. There are two types of nurse prescribers²⁶:

- nurse independent prescribers are specially trained nurses allowed to prescribe any licensed and unlicensed drugs within their clinical competence. Community practitioner nurse prescribers are a distinct group under independent prescribers. They consist of district nurses, health visitors and school nurses who are allowed to independently prescribe from a limited formulary called the Nursing Formulary for Community Practitioners, which includes over-the-counter drugs, wound dressings and applications
- nurse supplementary prescribing is based on a voluntary prescribing partnership between a doctor (independent prescriber) and a nurse (supplementary prescriber), where the supplementary nurse prescriber has the ability to prescribe any drug listed in a patient-specific clinical management plan once the patient has been diagnosed by a doctor²⁷. There are no legal restrictions on the clinical conditions where the supplementary prescriber cannot prescribe, and this is most beneficial for nurses caring for patients with long-term conditions like diabetes and asthma.

f) Specialist community public health nurses work in public health roles, for example health visitors, school nurses and occupational health nurses. There are also other public health roles undertaken by nurses, for example, in sexual health and TB protection. In addition, the RCN has highlighted the significant role that practice nurses have in improving public health for their patients. In all these areas nurses have a unique role in delivering key public health messages as part of everyday care provision. There is now a growing emphasis on the need to support people to take more responsibility for their health by adopting healthier behaviours, but also in encouraging them to be more proactive in self care. When working with the public, these nurses are widely recognised for their ability to influence behaviour change within a health promoting environment. Nursing and midwifery staff have always had an important role in health promotion, for example, in helping manage minor conditions at home rather than going to A&E. This invaluable expertise and experience needs to be tapped into to ensure public health is joined-up and delivered to meet the needs and preferences of patients. The RCN has published a resource to help nursing staff support people with behaviour and lifestyle change using motivational interviewing type techniques²⁸. The RCN also launched *Nursing at the Edge*, which profiles the innovative and inspiring services that nurses deliver to people at the margins of society, which mainstream services fail to reach²⁹.

g) Midwives work at the heart of the community, as the primary co-ordinator of care for all pregnant, labouring and postnatal women. They support, guide and care for mother, baby and family through the months of pregnancy, during the birth itself, and afterwards in the postnatal period. Many midwives carry their own caseload and work in community

25 Nurse prescribers have 'come of age' and are now essential, *Nursing Times*, 5 June 2015 available at: www.nursingtimes.net/nursing-practice/specialisms/prescribing/nurse-prescribers-have-come-of-age-and-are-now-essential/5086559.article

26 RCN Fact Sheet, *Nurse prescribing in the UK*, 2012 available at: www.rcn.org.uk/_data/assets/pdf_file/0008/443627/Nurse_Prescribing_in_the_UK_-_RCN_Factsheet.pdf

27 RCN (2012) *RCN Fact Sheet: Nurse Prescribing in the UK* available at: www.rcn.org.uk/_data/assets/pdf_file/0008/443627/Nurse_Prescribing_in_the_UK_-_RCN_Factsheet.pdf

28 *RCN behaviour change resource*, This is Nursing, 20 June 2014 available at: thisisnursing.rcn.org.uk/members/updates/rcn-behaviour-change-resource

29 RCN (2014) *Nursing at the Edge*, available at: frontlinefirst.rcn.org.uk/nursingattheedge

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settings, while others are based in hospitals or work in acute care.

Conclusion

To conclude, nursing is well positioned to be at the 'leading edge' of seven day care services. However, there needs to be appropriate planning, modelling, organisation and resources to be able to provide sufficient nursing staff where they are needed to support extended services. Nurses have a successful track record of taking on increased responsibility in the management of long-term conditions, such as asthma, hypertension, heart failure and diabetes. Many nurses can both prescribe and refer. These skills are available in roles that are highly valued by patients who feel nurses offer them time, as well as expert and personal care. It is critical that health care leaders invest in and use this huge talent pool when extending seven day care across England.

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