

pRoyal College of Nursing of the United Kingdom
Response to the interim report
Securing our Future Health: Taking a Long-Term View

Terms of reference of the review

- To examine the technological, demographic and medical trends over the next two decades that may affect the health service in the UK as a whole.
- In the light of the above, to identify the key factors which will determine the financial and other resources to ensure that the NHS can provide a publicly funded, comprehensive, high quality service available on the basis of clinical need and not ability to pay.
- To report to the Chancellor by April 2002, to allow him to consider the possible implications of this analysis for the Government's wider fiscal and economic strategies in the medium term; and to inform decisions in the next public spending Review in 2002.

Executive summary

- The National Health Service should be free at the point of delivery.
- There should be no further introduction or extension of charges for NHS services.
- Speed of access to services determines levels of cost-effectiveness.
- The key issue for modernising health services to deliver a quality service is the expansion of NHS capacity, including staff. Unless the problems of recruitment and retention can be solved and the numbers of health professionals increased, plans for modernisation cannot come to fruition.
- A modernised workforce depends on Government commitment to sufficient investment in the pay modernisation process, Agenda for Change.

Introduction

With a membership of over a third of a million, the Royal College of Nursing (RCN) is the largest professional association and trade union of nursing staff and students in the UK. Our membership comprises registered nurses, nursing students, nurse cadets and health care assistants with S/NVQ Level III or above. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the Westminster parliament and other national and European political institutions, trade unions, professional bodies and voluntary organisations. Nurses' experiences cross clinical and community settings.

2 Overview and issues for consultation

Funding of the National Health Service

The RCN is firmly committed to the NHS and its founding principles of universal healthcare, free at the point of delivery and based on need not ability to pay. The RCN recognises the specific role that the independent sector provides for those who choose to use it.

The principles for core universal funding have not been established and the availability of some clinical care procedures, such as fertility treatment, remain subject to local criteria.

The funding mechanisms

When funding is sought from sources other than through taxation or National Insurance there needs to be a robust and transparent value for money test that includes quality as well as cost. The NHS must be able to assert ultimate control over the delivery of clinical services if principles are to be protected.

Economic performance

In looking at the four funding mechanisms present in the UK, the final report could acknowledge the link between overall UK economic performance (and any slowing of economic growth) and funding available for the health service. Work by the Pan-American Health Organization demonstrated that growth in GDP is statistically associated with life expectancy and that life expectancy at birth is one of the strongest explanatory variables for growth in GDP. For each additional year of life expectancy, there will be an additional one per cent increase in GDP 15 years later. (PAHO, WHO Annual Report 1999)

External factors

The final report could refer to the determinants of health that lie outside the health system altogether, e.g. better education, cleaner environments and sustained reductions in poverty. (*Making a difference*, WHO Annual Report 1999)

Universal funding

The RCN is opposed to the introduction or extension of charges for NHS services and any further development of a two-tiered system which will encourage fragmentation. Charging for services can be a barrier to disease prevention, acting as a disincentive to lower income groups to seek treatment, and costing the NHS more in the long run.

The RCN has concerns about the lack of clarity surrounding decisions on cost effectiveness made by NICE. This has consequences for patients' access to appropriate treatment and public confidence in the NICE guidance. Greater attention should be paid to the 'opportunity costs' of failing to provide the treatment or intervention under consideration, in terms of both the direct financial costs and the cost in terms of quality of life.

The RCN is concerned about recent discussions around charging patients for use of telephones, televisions and other IT technology. Some trusts are now using commercial television access suppliers, e.g. PatientLine, where patients pay for access to bedside radio and television. Television on the wards is therefore already increasingly funded by the patients themselves. The latest generation of these systems is now web enabled, so as long as a trust has the infrastructure, online patient information via an intranet can be available at the point of care.

It is quite likely that Trusts will increasingly recognise such systems as a means of providing patient access to electronic patient records (EPR) as is required in the NHS Plan. This means *all* patients on a ward or in a trust would need access to such a system. It would be ethically very difficult to justify that only the patients who had paid for the

television had access to their EPR. In other words, there would either have to be a mechanism for paying for television and providing EPR/intranet free or all of it would have to be free.

Universal funding and the integration of health and social care

Given the current direction towards integration of health and social care, the final report should examine the impact on associated mechanisms of funding. Patients may be surprised to find that they will have to pay for certain services delivered by an NHS agency (i.e. care trusts) because the services are defined as 'social care'. This will be the case for funding mechanisms for long term care as long as services defined as 'personal care' remain unfunded. The RCN has called for all nursing and personal care to be free at the point of delivery. In many cases it is impossible to separate personal care from nursing care defined by clinical need. There is a risk that patients will perceive that they are paying for nursing care and in some cases it may be the case in practice.

The importance of access to the funding discussion

Providing efficient access to healthcare is more cost effective than making people wait for care and treatment. Whilst many problems are self-limiting and need only informed self care, rather than NHS intervention, others frequently result in higher costs and human misery through neglect and delay. People can become more ill and disabled without treatment, which prevents them from returning to work/school and being self-sufficient and independent. People left untreated can also become dependent upon other sectors, at further financial cost to society, such as the benefits agency, social services, residential and nursing home care. When the patient finally receives treatment, it may well be as a result of an emergency which is the most costly and distressing way of accessing NHS care, for example, additional costs arising from lack of access might include the cost of social services required whilst older people wait for hip replacements. People with diabetes who do not have access to a diabetic specialist nurse are more likely to need hospital admission, on account of preventable acute episodes of illness and side effects. People with untreated mental illness are sometimes held inappropriately in police custody or prison.

Q6 Assessing the impact of health trends over the next 20 years

Different expectations of the public and patients about the range and quality of health care that should be provided

Greater knowledge amongst the general public about self-treatment could change expectations about the use of general practice. Better information, knowledge of NHS Direct, NHS 24 (Scotland) and greater access to walk-in centres could release capacity within general practice and accident and emergency departments to care for people who require active treatment rather than advice.

Nurses will play a key role in guiding patients through the increased amount of information that is now becoming available as a result of the development of new technology and the internet.

Changing healthcare needs – arising from demographic changes, different patterns of morbidity and health seeking behaviour

The interim report highlights the demographic changes that will result in increasing numbers of older people. We should start to consider the health of older people more in terms of social care, which could absorb some of the pressure from the health care sector. However this would also require considerable investment. Effective health promotion works for older people and keeps them active and healthy for longer.

Q7 Expectations for the health service

Q7.1 Are there further important principles that will emerge?

We believe the expectations listed are fair assumptions. However whilst it is reasonable to assume the persistence of existing principles it is difficult to speculate on new principles that may emerge over the next 20 years.

Q7.2 How do standards of health care in the UK currently compare with patients' expectations for a high quality, comprehensive NHS?

There is currently a gap between delivery and expectations. One development that may emerge over the next decade is a public acceptance that higher quality services will need greater public financial contribution.

Q8 Delivering high quality

The RCN welcomes the recognition of the need for huge investment in staff and resources to implement standards and ensure the provision of quality care comparable with other systems. We also support the approach of enabling people to care for themselves.

Discussion of high quality services should also include the contribution of primary health care. Most chronic disability and mental health services are delivered through primary care.

Q8.1 Has the Review identified the main trends and cost drivers associated with 'universalising the best'?

Delivering the national service frameworks

To implement the standards of the NSFs in England, and counterparts in other UK countries, more staff will be needed. In addition, time will have to be devoted to professional development. The NSFs will require new ways of working and new skills, within new care settings and teams.

Improving clinical governance across the NHS

The resources required to provide space for clinicians to devote around ten per cent of their time to professional development and clinical governance should not be underestimated. Focus groups with RCN members have highlighted the many difficulties faced when attempting to give priority to clinical governance initiatives, including lack of time, resources and management support. Focus groups also identified a lack of

awareness and understanding of clinical governance amongst some staff. Significant progress with filling shortages will need to be made to achieve targets enabling staff to devote time to clinical governance and quality improvement activities before 2011, as these are central to the modernisation of the NHS.

Once funds for all staff are available, the government should ensure that they are protected and met in full as a priority. It is imperative that effective feedback is available not only to monitor whether ten per cent of time is a realistic target, but also whether it is sustainable, given the problems referred to above. The funding levels should reflect this. Unless sufficient time and resources are devoted to clinical governance activities, it is unlikely that we will see meaningful improvement.

Modernising the NHS estate and improving accommodation services

Decisions on design, construction and facilities should involve clinical staff. The design of hospital buildings and equipment affects patients and staff. Building and equipment design mistakes are costly to rectify, for example, the provision of single rooms may leave minimal or no space for nurse stations, consulting rooms, etc. Rooms must be fit for purpose, have space for essential equipment and enable access for staff to provide patient care without sustaining musculoskeletal damage, which in turn has cost implications. They must also allow staff to maintain appropriate standards of hygiene as failure to do so can lead to additional health problems for patients. Access must also be considered. When buildings are re-fitted and/or replaced, the structural design, fixtures and fittings should also be selected based on ergonomics. Ageing bed stocks should be replaced with models that facilitate the delivery of high quality care and promote independence.

Improving patient information and using ICT more effectively to help people to take more responsibility for their own care

Accessible and accurate information is needed in order to make informed choices.

Although the internet provides information it is not always as specific as required and there may be issues of quality control. At present NHS and PCG/Ts do not make sufficient use of ICT for giving patients information. Local information could be expanded by use of the internet.

Improving patient information and using ICT more effectively to enable patients to take more responsibility for their care has to be matched with implementation of training for clinical staff. The NHS Information Authority identified information competencies for NHS staff but initial progress reports highlighted a huge ICT skills deficit. In addition, it is important to ensure access to ICT training is available for all staff, including those based in the community and working on night shifts.

Q8.2 Will patients in future want more choice? What aspects of increased choice in the NHS should the Review examine?

At this stage, patients may not be so concerned about increased choice of health and health care providers as much as concerned about efficacy and quality of care. The tailoring of this information for individual patients will ensure the choices they do make are the most appropriate for them. That patients currently have some choice with regard

to treatment options and carer has to be made explicit – patients need to be involved in the decisions about how their care is managed. This will require investment in time and training and patient information materials.

Q9 Changing health care needs

The final report should examine future health needs in relation to anticipated social care expenditure. Income and housing status will have a significant impact on levels of morbidity and patterns of disease and disability. Agencies working together across the public health agenda will impact upon local government and other areas such as education.

Q9.2 Will trends in the number of elderly people affect social care and its relationships with health care in the future?

We can only assume that health and social care will be more closely linked, e.g. with increasing numbers of care trusts. Challenges may arise in the process of bringing different groups of professionals together to work more effectively and in staffing, particularly attracting and maintaining appropriately skilled staff in sufficient numbers.

Q9.4 Will there be a compression or expansion of morbidity among future elderly people?

There is a continuing trend for compression of morbidity as people live longer and are more likely to become ill towards the end of life. This reflects on improvements in the health of the general population and is apparent in all developed countries.

The report presents the figures on elderly expenditure as an average proportion of total NHS expenditure. However averages may not give the right picture when there is a wide variance and this figure will be distorted by the high technical expenditure at either end of the spectrum for example on heart transplants or neonatal intensive care. An alternative would be to look at cost per setting (older people along with children are high consumers of general practice and district nursing).

Q11 The future workforce

The key issue for modernising health services to deliver a quality service is the expansion of NHS capacity. The workforce is at the centre of capacity and must therefore be at the centre of expansion. Unless the problems of recruitment and retention can be solved and the numbers of health professionals increased, plans for modernisation cannot come to fruition.

Nurses have led the way in developing new roles and new ways of working, including NHS Direct, modern matrons, consultant nurses, nurse practitioners and nurse prescribing. However the RCN remains concerned that the problems of recruiting and retaining enough people in the workforce have not yet been solved. Nursing is an ageing workforce and 5,000 nurses retire each year. Nurses with caring responsibilities (72 per cent) need more flexibility in their working patterns. Nurses' pay levels are significantly lower than other professions, such as the police and teachers. Career paths need to be

developed to enable more nurses to progress to senior and leadership roles without necessarily moving out of clinical practice.

Q11.1 What are the key changes in the roles of health care professionals that are likely to occur in the next two decades?

The modern workforce will need to be flexible and adaptive and fit for purpose. Nurse roles are expanding to cover more medical procedures, whilst health care assistants are taking on more tasks traditionally performed by nurses, under the supervision of nurses. We believe that if health care professionals are well supported in pay, education and training they will be able to respond to new challenges and expand their skills.

The Agenda for Change modernisation process can support new initiatives and has the potential to achieve the vision set out by the Department of Health that the NHS be a model employer. The successful completion of negotiations on Agenda for Change will impact upon the speed of change in the roles of health care professionals.

Q11.2 Will the current training give the UK the number and mix of healthcare professionals it needs?

Please refer to the RCN Labour Market Review 2002 and submission to the Treasury on the Spending Review 2002, to be published shortly.

Point 11.21 refers to the expansion in training places. Unless clinical placements and education settings can absorb the influx in students, staff will feel students add an extra burden and will be unenthusiastic about meeting their needs. Poor experiences in clinical placements will cause students to leave and there will be no net gain in numbers.

Point 11.23 refers to an expansion in the numbers of health care assistants. The RCN would like to see the role of HCAs develop in a managed way which takes full account of professional accountability and patient safety. The RCN believes that health care assistants should be regulated by the same body that regulates nursing. However, there is a question mark over the availability of sufficient numbers of recruits. The existing workforce must also be maintained during any periods of transition. Increased use of HCAs must be properly planned as many will eventually become registered nurses and this could affect the skills balance.

Internationally recruited nurses

The NHS is now heavily reliant on nurses recruited internationally with one third of new entrants onto the nursing register coming from this source in 2001. International recruitment should only be seen as a short-term solution to problems of recruitment and retention in the health service. There is evidence of increasing concern where UK recruitment has been undertaken (often middle to low income countries) about the detrimental impact on their own health service. There is also concern about the need to support internationally recruited nurses working in the UK.

Concluding statement

Projecting funding and resources necessary for the NHS for the next two decades takes place in the context of a debate about the balance between standardisation and devolved-decision-making. The RCN believes that this will have a significant impact upon funding decisions but that the debate is as yet in its early stages.

January 2002