

Community Nursing Healthcare Policy Update

Week ending 13th October 2017

Nursing

Pay Cap

Secretary of State for Health, Jeremy Hunt, [announced](#) that the 1% pay cap has been scrapped.

The Royal College of Nursing (RCN) commented: “*The next pay offer must not come in below inflation and ministers cannot ask the NHS to make other cuts to pay for it – services must be given extra funding to cover the costs*”.

Declining Workforce Numbers

[Analysis](#) by The King's Fund shows the number of nurses and health visitors in the NHS has declined for the first time on a year-on-year basis since 2013. Numbers continued to decrease in May and June with 282,603 nurses in June 2017, 1,071 less than the year prior.

The declining numbers in the workforce have been attributed to the fall in the number of EU nurses since the EU referendum, language testing and the increased number of staff leaving due to a poor work-life balance and ill-health.

The analysis also highlighted the discrepancy between increasing demand for NHS services and the number of health visitors and nurses. Since 2010, the number of emergency admissions increased by over 14%, during the same period the nursing and health visiting workforce increased by just 0.7%.

The RCN [commented](#): “*When the NHS has never been busier, it is haemorrhaging experienced nurses at a faster rate than it can find new recruits. A lethal cocktail of extreme pressure inside the NHS, a collapse in European nurses and falling pay levels left the profession demoralised and people heading for the door. We need a new law that makes ministers and others accountable for proper workforce planning and safe and effective staffing levels.*”

GPs

Recruitment and Retention Plans

The Department of Health [announced](#) a series of measures to enhance general practice. Surgeries in areas where recruitment is challenging will benefit from the Targeted Enhanced Recruitment Scheme (TERS) under which trainees will be offered a one-off payment of £20,000 to take up places in such surgeries.

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By Louise Clanfield, QNI Research Officer.

Health Education England will also ensure that of the 1,500 additional medical training places to be funded next year, many will be in priority areas, such as coastal and rural communities. Jeremy Hunt also announced flexible working arrangements for GPs, a consultation on physician associates and an international recruitment office to drive up recruitment of overseas GPs.

The Nuffield Trust [commented](#): “*With General Practice under immense pressure and some areas of the country struggling to recruit any family doctors at all, this is a positive and much-needed boost to health care in rural areas. But attracting trainees is only half the battle ... Like many areas of the NHS, pressure of work, low morale and the impact of staff shortages is making it harder and harder to keep family doctors in practice. So the real test for this policy will be in ensuring trainee GPs tempted to work in these rural areas will stay*”.

The Royal College of General Practitioners (RCGP) [commented](#): “*We have an incredibly serious shortage of GPs right across the country, but there are some areas that struggle to recruit more than others and often they are in remote and rural areas, so this commitment to incentivise working in these areas is welcome ... GPs and practice teams in remote and rural areas face unique challenges – but when the service is adequately resourced to meet patients’ specific needs, they can also be fantastic and rewarding places to work*”.

Indemnity scheme

The Department of Health announced [plans](#) to develop an indemnity scheme for GPs, to provide protection from the cost of clinical negligence claims.

Mental Health

Basic mental health first aid

The Department of Health [announced](#) a new programme under which one million people will be trained in basic mental health ‘first aid’. The £15 million programme seeks to improve resilience and help people to identify and respond to poor mental health in others. Under the programme, Public Health England (PHE) will design and deliver a campaign to help people to evaluate their own mental wellbeing and reduce stress.

Social Care

Health care and adult social care

The Care Quality Commission (CQC) [published](#) ‘*The state of health care and adult social care in England: 2016/17*’. The report made the following key findings:

- There is an increasing number of people with complex, chronic or multiple conditions.
- With the ageing population increasing, the number of years people are spending in poor health is also rising.

- In acute hospitals bed occupancy has been above the recommended 85% since 2012/13 and in between January and March 2017 was at 91.4%.
- The number of people whose care needs are not being met is increasing – with 1.2 million not receiving the care they need, an increase of 18% from the previous year.
- 40% of unpaid carers have not had a break in over a year, whilst 25% had not managed to get a single day away from their caring responsibility in five years.
- The demand on mental health services has increased, whilst the number of psychiatric nurses fell by 12% over the past seven years.
- Over the past two years, the number of beds in nursing homes has fallen by 4,000.
- Long-term funding within social care remains a significant challenge in meeting demand.

From comprehensive ratings and inspections over three years, the CQC identified the following:

- The majority of care is good.
- 2% of adult social care services, 6% of NHS acute hospital and mental health services and 4% of GP practices were rated as outstanding.
- 3% of NHS acute hospital services, 2% of GP practices and 1% of adult social care and mental health services were inadequate.
- 37% of NHS acute core services, 24% of NHS mental health services, 19% of adult social care services and 6% of GP practices needed improvement.
- When re-inspected 82% of adult social care services and 80% of GP practices who had originally been rated as inadequate had improved.
- Improvements were largely seen in cases where providers had collaborated with local groups and had involved the public, patients, communities and partners in shaping services.

The King's Fund [commented](#): *"The report also shows the continued instability in the social care sector, with wide regional variation in performance and falling capacity despite increasing demand ... It is vital that the government fulfils its manifesto commitment to act 'where others have failed to lead' and that other parties approach this in the spirit of cross-party consensus that will be needed to affect real and long-lasting change"*.

The Health Foundation [commented](#): *"We welcome this report's findings that, broadly speaking, the quality health care is holding up. This achievement is testament to the hard work of NHS and social care professionals, who are working under immense pressures ... We need an integrated, national approach to health and social care to address the concerns the report raises, to achieve better health and healthcare for everyone. The good will and hard work of the NHS' workforce will not alone solve the problems in the wider system that are resulting in poor care"*.

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Publications

The Nuffield Trust and Royal College of General Practitioners (RCGP) published a [report](#) on collaboration in general practice. A survey of 565 GP practice staff, 78% of whom were in a CCG, and 51 responses from CCG staff found the following:

- 81% of GP practice based respondents reported formal or informal collaborations. Practices were often involved in various collaborations of different sizes and operated at both CCG and local level.
- Approximately 50% of GP staff and 33% of CCG staff felt that collaborations and practices had not influenced sustainability and transformation partnership.
- Just 20% of GPs felt change in primary care would derive from STPs, whereas 61% of CCG respondents felt STPs would deliver change.
- 53% of practice partners were unwilling to relinquish their APMS/PMS/GMS contract in order to join new model contract (MCP/PACS contract).
- Main priorities of collaborations include; increasing patient access, moving services into the community setting and improving sustainability.
- Commissioners and providers both felt work and time pressures served as the most significant barriers in collaborations achieving the intended aims.

Other

NHS Performance Statistics

NHS England [published](#) performance statistics for August and September.

- Over the past year, the number of people attending A&E has increased by 0.5% and the number of people admitted as an emergency increased by 2.4%.
- 89.7% of patients in September 2017 were seen within four hours, compared to 90.6% the year prior.
- In August 2017, 180,065 extra days were spent with patients waiting to be discharged; in August 2016 this was 187,851. 55.7% of delayed discharges were attributed to the NHS and 37.3% were linked to social care.

The Health Foundation [commented](#): “*Planning for winter in the NHS has been underway since the summer but these statistics do not bode well for either patients or staff ... While some progress has been made on reducing the delays in helping people leave hospital safely, it is also well behind the governments ambitions ... At this stage the priority must be to help NHS hospitals take care of these patients safely, which will almost certainly mean providing money for more staff and beds. This effort should go alongside longer-term solutions to help patients at risk of hospital admissions ... But these solutions require a long-term effort and support, to break out the annual cycle of the NHS just about coping every winter*”.