

## Community Nursing Healthcare Policy Update

Week ending 14<sup>th</sup> July 2017

### Nurses

#### Applications for nursing courses fall by 23%

Figures [released](#) by the Universities and Colleges Admissions Service (UCAS) show the number of applicants applying for nursing courses in England has fallen by 23%. At the final deadline (30<sup>th</sup> June) 40,060 applicants in England had selected nursing as at least one of their course options; a year prior, this was 51,840.

Reductions in the number of applicants were also seen outside of England with a fall of 10% in Wales, 6% in Northern Ireland and 2% in Scotland. The number of applicants from the EU applying for UK nursing courses has fallen by 24%.

There has been a notable fall in the number of mature applicants in England. Applications from those aged over 25 years old fell from 24,260 to 17,370 (28%), whilst applications from 21 to 24 year olds decreased by 27%.

The Royal College of Nursing (RCN) [commented](#): *"When the NHS is struggling without enough staff to provide safe care, extra effort is needed to bring more nursing staff through training. Despite Government promises the number of training places has not increased and student interest has fallen dramatically. The low pay in the profession – kept below inflation by the 1% cap – means most students will never earn enough to repay the large loans. The move makes university seem out of reach for too many potential nurses at a time when they are needed most"*.

### Social Care

#### Shared plan to improve the quality of adult social care services

Care Quality Commission (CQC) and various partner organisations [published](#) 'Quality Matters', which finds consensus on how services provided in nursing homes, patient homes or care homes can be improved. The report sets out a commitment to person-centred, high-quality adult social care and presents the goals a creating a shared understanding of what high-quality care is, improvements in the quality of care and more efficient and holistic support.

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*QNI Community Nursing Healthcare Policy Update.*

*By Louise Clanfield, QNI Research Officer.*

NHS Providers [commented](#): *"A shared commitment to maintaining high quality social care is in everybody's interest given the current complex challenges facing the sector and the close relationship it has with the NHS ... It [the plan] will also support both local authorities and the NHS to improve the integration of services across health and care settings and ensure that patients receive the most appropriate care in the right place".*

## **Initiatives**

### Ambulance standards

NHS England [announced](#) new performance targets for the ambulance service, with ambulances expected to reach the most critical patients in seven minutes. The new targets will see 999 calls included for the first time, as the way calls are assessed by call handlers will be changed with more time allowed to determine the most appropriate response. The 'clock' will stop once the most appropriate respondent has arrived at the scene, as opposed to the first.

NHS Providers [commented](#): *"Ambulance services have been coming under great pressure in the face of growing demand. It is a great credit to them that they have engaged with this challenge in such a positive way, resulting in improvements that will be of enormous value for patients and the wider NHS".*

The Nuffield Trust [commented](#): *"The ambulance service is crucial to the smooth working of the NHS but it is clear that the existing set of targets have not been working well, either for patients or for staff. The measures announced today are therefore a common sense and evidence-based way to improve the way that patients are prioritised and ensure that their needs are met with the most appropriate response".*

## **NHS**

### NHS performance statistics

NHS England [published](#) its performance statistics for May 2017:

- A&E attendance increased by 2%
- Emergency admissions increased by 2.7%
- Ambulance calls which required a face-to-face response increased by 4%.

NHS Providers [commented](#): *"The figures for May show that health and care services remain under sustained pressure. Last month we saw a fall in delayed transfers of care however this welcome progress appears to have stalled. If we are going to reduce this number significantly by September and put ourselves in a better position for next winter, we must do better".*

### Cyber security

The government has [announced](#) that financial investment for cyber security and data will increase to over £50 million. In lessening the risks associated to cyber security, NHS Digital is providing support to local organisations through implementing a hotline to provide assistance with incidents and sharing best practice. The new plans will see patients having more control over, and access to their data and efforts to increase confidence in utilising data to provide better treatment and care.

NHS Providers [commented](#): *"The health service is increasingly relying on digital innovations to deal with growing patient demand. This presents important and exciting opportunities to improve care for patients and work more efficiently. Trusts will need clear direction and guidance on how new digital technologies are to be rigorously assessed while maintaining data confidentiality".*

The Royal College of General Practitioners (RCGP) [commented](#): *"GPs are some of the most trusted healthcare professionals in the NHS, and this trust must extend to the way in which we use information about our patients' health – we are confident that the plans in this report, if implemented effectively, will be a positive step forward to ensuring this".*

### Review of winter

NHS England and NHS Improvement [published](#) a review of NHS performance in winter 2016/17, using this to inform planning for this coming winter. The winter of 2016/17 was one of the most challenging the NHS has faced; A&E 4 hour waiting time targets dropped to 85.2%, departments were crowded and patients spent more time overall in hospital despite being ready for discharge.

The following recommendations were made:

- There must be enough system capacity to meet winter pressures. This involves, reducing delayed discharge, information readily available as to the capacity of the whole system and escalation process for acute hospital bed occupancy

- Better planning for peaks in demand, particularly bank holidays and weekends
- Differences in practice must be reduced
- NHS Improvement and NHS England must become more coordinated in order to more efficiently support systems
- Urgent and emergency care must be redesigned to develop services outside of the hospital setting, in order for patients to receive the right treatment, in the right place and at the right time.

### NHS rated safest, best and most affordable

A [study](#) by The Commonwealth Fund has ranked the UK's health services top out of 11 countries, ranking first on care process, performance and equity. However, the UK ranked 10<sup>th</sup> on Health Care Outcomes.

### **Other**

#### Health Profile for England

Public Health England (PHE) [published](#) a report on population's health. In England, people are living for longer with life expectancy now at 83.1 for females and 79.5 for males. In turn we are spending longer in both good (64.1 years for females, 63.4 years for males) and poor health (19 years for females, 16.1 years for males).

Deaths caused by stroke and heart disease have reduced by half, for both males and females since 2001. During this time, deaths which derived from Alzheimer's and dementia increased by 50% in females and 60% in males. Dementia is now the leading cause of death, having overtaken heart disease.

When compared to the other countries in the EU, the UK ranks 17<sup>th</sup> for female life expectancy and 10<sup>th</sup> for male. In comparison to the EU average, UK life expectancy is rising at a slower rate.

Health inequalities persist and haven an impact upon our life expectancy. Those males who live in the most deprived areas have a life expectancy 7 years lower than those in the least deprived areas, for males this is 9 years. In the 5 most deprived areas in England average healthy life expectancy for men, and 4 most deprived areas for women, is below the current state pension age (65).

Socio-economic factors have significant influence over health. Those children who grow up in more deprived areas often face disadvantage (educational attainment, employment etc.) and this impacts upon health. NEETs (not in education, employment or training) and employment for over 16 year olds are significant determinants of health. Fuel poverty (the inability to keep one's home adequately heated) is an important factor in health outcomes. In 2014, 10.6% of all households in England were fuel poor. In the most deprived areas this was 12.6% of households and 7.6% in areas of least deprivation.

#### Contaminated blood

The Prime Minister [announced](#) a public inquiry into the contaminated blood scandal, which resulted in the deaths of 2,400 people. During the 1970s and 1980s haemophiliacs were provided NHS blood products which resulted in patients infected with HIV and hepatitis C.

#### Health Committee chair elected

Dr Sarah Wollaston MP was elected chair of the Health Committee.