

Community Nursing Healthcare Policy Update

Week ending 29TH September 2017

Nursing

Safe staffing levels

The Royal College of Nursing (RCN) published a [report](#) on the experience of nursing staff. '*Safe and Effective Staffing: Nursing Against the Odds*'. The 30,000 RCN members surveyed gave an account of their last shift and the following was identified:

- 55% reported a shortfall of one or more registered nurses
- 41% of shift workers had a shortfall of one or more health care support workers
- 36% were forced to leave patient care incomplete due to time pressures
- 53% felt care was compromised and equal numbers were "upset/sad" by the inability to provide the standard of care they wanted to
- 44% reported that no action had taken place in response to concerns raised about staffing levels
- 65% worked over-time and 93% of nursing staff were not paid for additional hours for NHS providers. An estimated £396 million worth of unpaid-time is undertaken by nurses every year.

On community nurses, the report identified the following:

- 69% were not taking sufficient breaks and 50% of respondents shifts were over twelve hours
- 68% reported a shortfall of one or more registered nurses
- Community teams were less likely to fill staffing gaps with temporary staff - with 15% of nurses being agency or bank.

NHS Providers [commented](#): "*As demand continues to grow it is becoming increasingly difficult for staff to provide the safe, high quality care that patients deserve, even though many are routinely working longer than recommended hours, often in very challenging circumstances. It is right that patient safety must be the first priority. This cannot be assured when staff face intolerable pressure. That in turn is contributing to increased difficulties with recruitment and retention. Funding pressures, the NHS pay cap and uncertainties surrounding Brexit have compounded these problems*".

The Nuffield Trust [commented](#): "*This report reveals what was sadly all too predictable: NHS staff and their patients are bearing the brunt of an object and long-term failure to plan the nursing workforce. Successive governments have not equipped the NHS to meet the changing needs of patients, instead allowing the size and make-up of the future workforce to be determined by drives to hold down health budgets. This short-sighted approach has led us to the situation so powerfully described in the RCN's report*".

Pay cap

The Royal College of Nursing (RCN) is continuing its [campaign](#) calling for the 1% pay cap to be abolished. As part of this, a ballot on industrial action is expected to take place, should the Chancellor not lift the 1% cap in the November budget.

Initiatives

Out-of-hours GP services

NHS England has [committed](#) £10 million for indemnity costs to help strengthen out-of-hours GP services. Winter 2016/17 saw an additional 80,000 GP sessions take place and the funding is expected to permit even more out-of-ours sessions to occur.

The scheme will operate between 1st October 2017 until 2nd April 2018 and will see doctors commit to additional out-of-hours sessions, without the need for negotiations regarding their indemnity cover.

Publications

NHS beds

The King's Fund published a [report](#) on the number of hospital beds in the NHS. '*NHS hospital bed numbers: past, present, future*' highlighted the following:

- Whilst the number of patients being treated by the NHS has increased, the number of hospital beds has fallen by over half in the last thirty years (299,000 to 142,000)
- Mental health and learning disability beds account for the largest percentage of bed reduction numbers. This derives from policy having placed greater emphasis on moving these patient to community care
- Since 1987/8, there has been a decline of 43% in the number of general and acute beds, with the majority of these closures falling on long-term care for older people. It is felt that medical innovation, such as day-case surgery, has reduced the time patients are spending in hospital
- There are opportunities to use the existing bed stock to better use. This includes reducing the variations in the length of stay, averting potentially avoidable admissions, enhancing the discharge of patients and placing greater focus on the small number of patients staying in hospital over longer periods
- Initiatives seeking to steady the demand for hospital care often face challenges. This is largely a result of the need for there being sufficient capacity to provide care outside of hospitals yet evidence implies there is only the capacity for immediate care to meet approximately half of the demand, and cuts to funds have seen significant reductions to social care.
- There is currently no national data which provides a full scale overview of NHS bed capacity.