Can community nurses afford another NHS plan?

If there’s one thing that people charged with running the NHS are good at, it’s coming up with plans. In the time since I trained as a nurse there have been dozens of strategies for reform, some of which I can remember without even having to think very hard — the Community Care Act (1990), The new NHS: Modern, Dependable (1997), and The NHS Plan (2000), to name but a few. It must be getting to the point when we need a plan to tell us what to do with all the NHS plans we already have — do we simply put them in a box under the bed or do they need their own special file marked ‘plans’?

Obviously, I’m being facetious — when you’re running a huge organisation like the NHS, it’s good to have some idea of what you are going to do with it, other than enacting a ‘free-biscuits-for-all-staff’ policy, and every new government or NHS regime obviously wants to stamp its identity on the UK’s most important public body.

So, how does the latest plan affect you? The Five Year Forward View, or 5YFV for short, was recently announced by Simon Stevens, the new chief executive of NHS England (responsible for the report along with other so-called ‘arms-length’ bodies such as Public Health England, as well as regulators such as the Care Quality Commission). As such, the report is impartial in political terms, with the various bodies involved coming together to decide on the best way forward.

The report details the changes required to the NHS in England over the next five years if it is to survive against a background of increasing financial pressures, particularly a

The one constant in health and social care these days is ‘change’, so by now you would think that we should all be experts! But the changes come thick and fast and we are often not given the time to think about the best way forward. If the new models of care mentioned here are to be successful, I believe it is vital that nurses are afforded the time to have conversations — with the people they care for to find out what is important to them, and with the people that they will be working with to explore the possibilities for delivery and to identify their knowledge and strengths. Time here is definitely not a luxury, but an essential if patients are going to receive the safe and effective person-centred care that they need.

Kate Sanders
Practice development facilitator, Foundation of Nursing Studies

In my role as a district nurse I am fortunate to be working with some dynamic GP practices, so have already witnessed an increase in the services being provided within our local community. Previously existing barriers between physical health, mental health and social care are being eroded by an ever-increasing variety of disciplines working together to enhance care delivery in their locality. A really important aspect of care that should not be overlooked is the support that many voluntary organisations offer both to patients and their carers. Community nurses are stretched but want to provide optimum care for their patients, and given the right support, direction and funding I am sure we will meet all the future challenges.

Annette Bades
District nursing sister, clinical lead for cardiorespiratory care, Bury

Community matters
funding gap of £30bn by 2020 (‘What you need to know about the five-year plan’— Nursing Times). The changes relevant to community nurses include:

- Handing over more control to patients such as greater links between health and social care and support for carers and volunteers
- Tackling the root causes of ill-health, especially lifestyle-related issues such as obesity, alcohol and smoking, with a focus on prevention and wider public health
- Reflecting the changing demographics of health — with patients living longer and with more chronic conditions such as diabetes — by bringing in new models of care that break down traditional healthcare boundaries, for example, between hospitals and GPs’ surgeries; or mental health units and general health care.

The new models of care mentioned above (catchily entitled the ‘multispecialty community provider’— try fitting that on a name badge...), are particularly relevant for community nurses, allowing them to link up with other providers (e.g. GPs; smaller clinics and hospitals), to form collaborations or networks (‘Nurses should lead more community services, says NHS chief exec’— Nursing Times). In reality, this might mean a tissue viability nurse combining her compression knowledge with a vascular surgeon to provide a complete leg ulcer service; or a community mental health nurse teaming up with social services to provide a residential support unit for drug and alcohol users — the possibilities are endless.

The big idea is that a more flexible NHS structure will allow clinicians to deliver care where it is needed and target more resources at primary care where many health problems originate. Of course, the crucial element — as ever — is money. As the BBC notes, Labour and the Conservatives are split on how they would come up with the extra £8bn needed by 2020 to carry out the plan (‘NHS funding increase tough but possible, Jeremy Hunt says’— www.bbc.co.uk).

Also, with a shortage of nurses demonstrated by Health Promotion England’s allocation of £3m to pay for return-to-nursing courses (‘Scheme to tempt back former nurses to NHS set for launch’— Nursing Times), who is going be doing all this multisspecialising? Are already stretched community nurses really going to want to set up their own services and take patients away from hospitals when they have enough on their plates already? Similarly, if community nursing specialists are busy setting up and running these multisspecialties — who is going to visit the actual patients who are waiting in their homes with wounds that need assessing and catheters that need changing?

We asked some of our readers whether the latest NHS plan was actually a brilliant way of using the skills of the workforce in a more creative way; or simply the latest elaborate trick to get nurses to do more for less....

Sally Lee
Social Worker, Dorset

This five-year plan is part of the NHS vision to tackle the oft-cited ‘ticking demographic time bomb’. Community nurses are leading the way and I am fully behind this democratisation of medical care. However, with a funding gap looming, it is impossible not to question whether new policies are about patient care or money saving? Budgets are an essential part of patient care and choices have to be made, but an emphasis on funding has implications for services down the line.

Jackie Stephen-Haynes
Professor in tissue viability, Birmingham City University and consultant nurse, Worcestershire Health and Care NHS Trust

Welsh government’s primary care plan — ‘services will be enhanced so the vast majority of NHS care is planned and provided in the community, closer to people’s homes, under a new four-year plan,’ according to the Welsh government (http://wales.gov.uk)

Scottish government’s Quality Strategy — aims to ‘deliver the highest quality healthcare to the people of Scotland to ensure that the NHS, local authorities and the third sector work together, and with patients, carers and the public, towards a shared goal of world-leading healthcare’ (http://www.scotland.gov.uk)

Transforming your care — sets out an ‘overarching road map for change in the provision of health and social care services in Northern Ireland. Focuses on reshaping how services are to be structured and delivered in order to make best use of all resources available’ (http://www.dhsspsni.gov.uk)