

In each issue we investigate a hot topic currently affecting you and your community practice. Here, we look at the...

## NHS Long Term Plan and what it means for community nurses

**I**t is an unspoken rule of life that some things are simply better for the waiting. This is why the football World Cup only comes around every four years; why a dusty vintage wine is worth more than a shiny new bottle; and why the smellier the cheese, the better the taste.

As with all rules, however, there are exceptions. Despite waiting months for NHS England's *NHS Long Term Plan*, the reception has been far from universally positive.

### EVERYBODY NEEDS A PLAN

When Theresa May announced her annual £20 billion 70th birthday 'present' to the English NHS in 2018, it came with a caveat; the NHS had to come up with a plan for spending it ('NHS funding: Theresa May unveils £20bn boost' — [www.bbc.co.uk](http://www.bbc.co.uk)). Published on 7 January 2019 after long delays attributed to Brexit, the *NHS Long Term Plan* contains some bold predictions. According to NHS England, the plan will save almost half a million lives through action against major conditions such as heart disease, stroke and dementia, investment in world class, cutting-edge treatments such as genomic cancer tests for children, and the roll-out of technologies such as digital GP consultations.

Importantly for community health services, the plan guarantees that 'investment in primary, community and mental health care will grow faster than the growing overall NHS budget'. Apparently, this investment will unleash a revolution in primary care in England that will see 'health bodies come together to provide better, joined up care in partnership with local



*For those of us who have worked in community and primary care sometimes it seems that the 'H' in NHS stands for 'hospital'... But, we know that services in the community wrap around the more high profile services and play a valuable role.*

*But, I have now seen a significant step change. Importantly, as its very first chapter, the NHS Long Term Plan acknowledges the multiple challenges community health services and general practice face, with insufficient staff and capacity to meet increasing complexity and rising patient need. No one is naïve to think that the plan will be delivered next year in whole — it's a 10-year vision with five years funding.*

*Without a vision and funding nothing will change. We know that it takes time to train nurses and other professionals. So, a vision for community and primary care includes:*

- 1. A new NHS offer of urgent community response and recovery support — investing in and enhancing existing rapid community response teams, and a single point of access for people requiring urgent care in the community.*
- 2. Guaranteed NHS support for people living in care homes — supporting timely access to out-of-hours support and end-of-life care, including supporting care homes to have easier and secure access for sharing of information about their residents using NHSmail.*
- 3. Supporting people to age well. The NHS in England is the first health system in the world to be able to identify people at risk of adverse health outcomes before they become unwell. By identifying older people living with moderate frailty, who are especially at risk, proactive personalised care and support can be provided.*

*This plan is about these models being delivered across the country, appropriately resourced and easily accessible.*

*So, let's work together to embrace this, learn and share from it, and be proud and speak loudly about care in the community.*

**Kathryn Evans**

Head of planning delivery, Hospital to home team, NHS England

government' ('NHS Long Term Plan to tackle major killer conditions and save up to half a million lives' — [www.england.nhs.uk](http://www.england.nhs.uk)).

Specific measures promised by the plan include:

- ▶ Opening a digital 'front door' to the health service, allowing patients to



*The NHS Long Term Plan provides a very welcome focus on community and primary care where 90% of all clinical contacts*

*take place — and yet, these are two areas of service provision which have been underfunded for some time.*

*Nurses are the backbone of healthcare delivery in peoples' homes and communities and there is reference to the significant contribution of district nurses, health visitors, school nurses and general practice nurses in the document, sending a clear message that these roles are critical to the delivery of the plan.*

*The disappointment, however, is the lack of any detail on workforce in the document. It is impossible to see how the plan can be delivered when we are facing a huge shortage of registered nurses in the UK, a significant depletion of those holding specialist practice qualifications and, in some universities, an inability to fill all the places to study adult nursing. A credible workforce plan is needed from Health Education England, which addresses the aim of meeting the current and future needs of the population by attracting new recruits to the registered nurse (RN) workforce, developing the existing nursing workforce and retaining RNs with specialist skills.*

*When the workforce plan is published in a few weeks, we will be able to assess if it can realistically be delivered and how the QNI can help to achieve this.*

**Crystal Oldman, CBE**  
Chief executive,  
Queen's Nursing Institute (QNI)



*What an exciting time to be a community nurse. Community; the place where it is all happening, as the NHS moves to a new service model in which patients get more options, better support and properly joined up care in optimal care settings, which is an alias for closer to home or in the community. There will be career and personal development opportunities for community nurses as community healthcare*

*teams expand to provide fast support to an ageing population in their own homes. The NHS has recognised there is no better place for health promotion to take place than in the community setting, and perhaps no better healthcare professional to help shape the health of the nation than the community nurse.*

*'More opportunities? More likely to be more work' I hear some mutter and, indeed, that is a very real possibility. There are efforts being made to promote work force growth, but experienced community nurses are not easily replaced. Indeed, newly qualified nurses are often reluctant to take on these roles due to the increased responsibility and decision-making that accompanies them. It is of note that the plan suggests that newly qualified nurses entering general practice will be offered a two-year fellowship tailored to the aims of the individual and the needs of the local primary care system. Perhaps such a plan should be rolled out for newly qualified nurses in the community. The workforce implementation plan also sets out new incentives for shortage specialities and hard-to-recruit to geographies, but as a vascular nurse in one of those hard-to-recruit areas, I suggest that the incentives will need to be more attractive than any previously used.*

*So, there are both opportunities and challenges ahead, but working in the community is probably the place to be.*

**Jane Todhunter**  
Vascular nurse practitioner, North Cumbria University Hospitals

access health care at the touch of a button

- ▶ Providing genetic testing for people with high inherited cholesterol
- ▶ Addressing the mental health of 345,000 children and young people through the expansion of community-based services, including in schools
- ▶ Using state-of-the-art scans and technology, including artificial intelligence, to provide the best stroke care in Europe
- ▶ Investing in early detection and treatment of respiratory conditions using smart inhalers
- ▶ Ensuring every major A&E department treats patients without requiring an overnight stay.

If that wasn't enough to convince us, NHS England brought out the 'big guns' so that we would be left in no

doubt what an excellent plan this is. NHS England's chief executive, Simon Stevens, while acknowledging that the general public had concerns 'about funding, staffing, increasing inequalities and pressures from a growing and ageing population', stressed that the plan 'keeps all that's good about our health service and its place in our national life. It tackles head-on the pressures our staff face. And it sets a practical, costed, phased route map for the NHS's priorities for care quality and outcomes improvement for the decade ahead.'

Ian Dalton, chief executive of NHS Improvement, said that the plan would break 'down organisational barriers to take a more holistic approach to how care is delivered and paid for, embracing new and existing forms of technology, recruiting and retaining



the right number of staff, and shifting the focus away from hospitals to prevention and care in the community’.

### DEVIL'S IN THE DETAIL

While the recommendations look good on paper, there has been little detail so far about implementation. One of the main concerns about the plan, is that while it paints a wonderful picture of the future NHS, one crucial element is missing — the staff to carry it out.

As reported for the BBC by Rachel Schraer and Ben Butcher, the plan requires thousands more dedicated staff if it is going to work, particularly in community health, where the ultimate aim is to reduce hospital admissions (‘NHS Long Term Plan: are there enough staff to make it happen?’ — [www.bbc.co.uk](http://www.bbc.co.uk)). There is one problem, however; community nurse numbers have been falling in the past decade, with district nursing particularly hard hit — overall, community nurse numbers fell by 15% between 2010 and 2018. In any other industry, planning for wholesale changes without the necessary staff would be regarded as very poor planning indeed.

One community-based initiative detailed in the plan is to identify frailty in patients early so that they can receive timely interventions from community nurses, and again, prevent admissions to hospital, primarily through falls. Interventions for frailty in older people include falls risk assessments, medicines optimisation and cognitive assessment, and general practice nurses especially will be familiar with the electronic frailty index, which is commonly used in GP practices to identify frailty in people aged over 65.

Writing in the *Nursing Standard*, John Ely outlined that the focus on frailty in the community was part of the plan’s aim to promote independence in older people by providing early interventions in musculoskeletal conditions and dementia (‘Nurses need training in frailty management if the NHS Long Term Plan is to succeed’ — <https://rcni.com>). Again though, while the plan was lauded as having good intentions, Ely’s report raises concerns about provisions for the necessary training and staff, with one consultant



*The ‘hot off the press’ NHS Plan promises the development of community health teams, who will be required to provide prompt support to people in their own homes as an alternative to hospital admission. The paper boldly claims that new models of delivery will prevent unnecessary hospital admissions and facilitate prompt discharge when patients are ready to leave hospital. This, in itself, is not news; over*

*the past decade, white papers and expert commentary have highlighted community as the place where patients should be cared for whenever possible. Over the years, this theme has continued. Indeed, for those of us working in community services, I think it is fair to say that the very nature of community nursing practice has changed dramatically. We now care for more acutely unwell people in their own homes than ever before, with increasingly complex patients requiring effective caseload management to keep them safe in the place where they wish to be; at home. In the face of an evolving and complex patient population, staffing and workforce issues, and continuing cuts to continuous professional development budgets, community nurses have consistently risen to this challenge, as we will to the next. These proposed next steps are exciting news to hear, and, if implemented properly, may truly make the difference to patient care by keeping more people at home.*

*I also hope that these ambitions will be accounted for in Health Education England’s workforce plan expected later on in 2019. It’s incredibly important for Health Education England and nurse executive leaders within the NHS to appreciate that delivery of such an ambitious plan must be supported through the development of a competent, confident community nurse workforce. As a nurse educator, this issue is something I believe is of great importance — the key to confidence and competence in clinical nursing practice is an appropriately educated and empowered workforce.*

*It was also pleasing to read that there will be an increase in support for the older population living in care homes. This is frequently a group within our society who have no voice to demand the care to which they are entitled, and for too long now staff working within this environment have also frequently been forgotten. How this plan will translate into day-to-day clinical practice is to be seen, but highlighting this issue is certainly a good start.*

*Finally, I was interested to read that work will be undertaken to ensure that the transition from child to adult services will be addressed. As more children begin to live longer with long-term conditions, community nurses are increasingly meeting these young people as they outgrow children’s community nursing services and join the district and community nursing caseloads. Commentary on the subject indicates that, at present, while pockets of good practice do exist, at times unwanted variations in care are experienced. Indeed, transition is not always smooth and this can be very distressing for young people and their families and carers. District and community nurses working together with children’s community nurses to address this issue is now long overdue and I was pleased to see this area of our practice highlighted in the new plan.*

**Georgina Ritchie**

Senior lecturer, district nurse, Queen’s Nurse, and member of District Nurse Educators, University of Central Lancashire



*On paper it is a good thing to hear more funding for community services will be available. However, the practicality of achieving this is a different matter. While it currently takes just over three years to achieve a nursing degree, experience is an essential component of being an effective and successful community nurse. You often work alone and are expected to make significant and challenging*

*decisions that cannot be expected of someone with little practical post-registration experience. Patients are living longer with more complex conditions, and higher expectations of the health service and what it should/can deliver. To allow staff to cope and work effectively requires a supportive structure with a broad mix of staffing skills and experience, access to quality and relevant post-registration learning, and, most of all, time to care. Staff need to feel valued and supported, and take time to learn and develop their basic skills to become expert practitioners. It is not simply a case of throwing more money at a service, the money needs to be well spent, targets need to be patient focused and achievable, and expectations need to be addressed and managed. Short-term fixes without prolonged and consistent forward planning to manage challenges, such as mass retirement, will never succeed. The loss of the student bursary has already seen a huge drop in the number of potential nurses entering training programmes. The NHS faces a long and rocky path ahead.*

**Sharon Holroyd**

Lead clinical nurse specialist, Calderdale Bladder and Bowel Service; chairperson, Yorkshire Association for Continence Advice (ACA)

nurse for older people, Nicky Hayes, reiterating that older people's services had been chronically underfunded for many years.

## GOOD TO TALK

Concerns have also been raised about pledges for mental health provision. According to the plan, £2.3bn has been set aside to improve access to 'talking therapies' for 350,000 children and young people and 380,000 adults. However, according to GP Zara Aziz, writing in *The Guardian*, much of this extra funding will go on crisis-driven mental health services rather than 'ongoing help and support', whereas patients in the community need 'long-term interventions that the NHS does not have the staff to deliver quickly' ('Without more staff, the NHS plan will fail. GPs will have to pick up the pieces' — [www.theguardian.com](http://www.theguardian.com)).

There certainly appears to be an irony in NHS England planning huge improvements in mental health

services while a recent report in *The Observer* stated that up to 2,000 mental health nurses, physiotherapists and psychiatrists per month are leaving their posts in England ('NHS mental health crisis worsens as 2,000 staff quit per month' — [www.theguardian.com](http://www.theguardian.com)).

## A MATTER OF DEGREES

Recruitment and retention continue to be a serious issue in the community, with many district nurses, for example, due to retire, and many leaving the NHS to work elsewhere ('District nurse numbers under pressure' — [www.bbc.co.uk](http://www.bbc.co.uk)). Fear not. The Plan, has a plan for this too.

In an attempt to make nurse training more accessible and increase the numbers of nursing students, the plan includes a commitment to roll-out an online nursing degree. Not only will the fees be substantially lower than current nursing degree programmes, which cost £9,250 per year, the degree will also be linked to guaranteed



*The NHS Long Term Plan has finally been published, but at the same time*

*the Social Care Green paper has again been delayed. Health and care, especially in the community arena, work closely together to enhance and support the individuals involved.*

*Moving care more firmly into the community, which is where most individuals want their care to be delivered, is definitely the right way forward. But, there is no doubt that this will impact on the community workforce, particularly as many staff are due for retirement.*

*Offering a national healthcare service that is more personalised, integrated and community-focused has advantages. This, however, may well be challenged by workforce shortages, cuts to local government funding, existing deep health inequalities and issues around digital access and improvement.*

*The challenge now is to put these ambitious aims into practice. The voice of the community nursing workforce needs to be heard to enhance the care of the vulnerable group that they support, and to offer practical strategies to optimise the benefits of the NHS Long Term Plan.*

**Teresa Burdett**

Senior lecturer in integrated health care, Bournemouth University



*The significant investment in community and primary care represents the recognition that community services can't keep growing exponentially if funding isn't there to support them. What a fantastic opportunity we have right now, to really step up as a community nursing workforce, led by those who know their local communities better than most.*

*With the Long Term Plan now published, work is underway developing local plans for 19/20 (due April) and the longer reaching five-year local plans due by September. Community teams will have the opportunity to shape what the Long Term Plan needs to look like for their own areas, recognising how their services need to change and improve to deliver it.*

*Often those with frailty present to community and primary care services in crisis, but frailty is a condition which can be easily and well managed in the community setting, particularly if identified early. People living in areas of deprivation are more vulnerable to early onset frailty, but this is currently not recognised earlier in their life course and leads to unwarranted health outcomes, including admission to hospital or a long-term care facility. The Long Term Plan addresses this with its three core elements of increasing urgent community response and recovery support, NHS support for people living in care homes, and the Ageing Well approach to support those living with frailty to proactively manage their condition and reduce the risks associated with it.*

*District nurses, primary care colleagues and the wider community workforce are well placed to deliver these models, but must be supported to do so by underpinning core skills and capability frameworks such as frailty, dementia and end-of-life care. There must be a growth in workforce and a welcoming of new and additional supportive roles to give the much needed capacity, but also a recognition that existing services need to work in different ways. At the centre of this, is the district nurse specialist practitioner, already skilled in population health management and caring for complex and diverse caseloads. Never has there been such a promising time for community nursing. We must take this opportunity to influence service developments locally, based on the knowledge of those who really understand what is needed for their populations. Take time to read the plan and think about the services currently delivered in your area. What needs to change to make the plan happen, and what will you do to see that it does?*

Emma Self

Community nursing lead, NHS England

placements, including those in the community. According to David Swan, writing in *Nursing in Practice*, every nurse that graduates will also be offered a five-year NHS employment contract in their local region ('New online nursing degree to be established under NHS Long Term Plan' — [www.nursinginpractice.com](http://www.nursinginpractice.com)). While there is little detail as to exactly how this will stem the flood of vacancies currently afflicting the NHS, the plan does promise funding for an extra 5,000 clinical placements from 2019–2020 ('NHS to fund 5,000 extra nurse placements to expand workforce' — [www.nursingtimes.net](http://www.nursingtimes.net)).

### PREPARING TO SUCCEED

While there have been some dissenting voices, there have also been positive responses to the plan, and not just from those employed by NHS England. The Queen's Nursing Institute (QNI), for example, which represents community nurses in the UK, welcomed the plan,

calling it a 'strategic and long-sighted vision' ('QNI responds to NHS Long Term Plan' — [www.qni.org.uk](http://www.qni.org.uk)). In particular, the QNI welcomed the plan's recognition that ring-fenced investment is needed in community care, which accounts for 90% of the NHS' daily patient contacts and is where the government expects the bulk of self-management, health promotion and illness prevention to take place if the huge reduction in expensive hospital admissions is to be achieved. While the QNI response is short on specifics, it does acknowledge the importance of technology, such as the digitisation of patient records and appointment systems, that must be provided if community nurses are to deliver improvements in efficiency, productivity and personalised care.

### FUTURE PROOF

Overall, the new plan can be read as an attempt to deal with the myriad issues that currently afflict the NHS,

most pressing of which is a dire shortage of staff. It is also clear that the government is desperate to move care from hospitals to the community.

While the provision of an online degree and increased digitisation might go some way to improving community services, there seems little in the plan that addresses one of the root issues, which is that many young people simply do not regard nursing as a viable profession to enter. You might argue that a seven-year pay freeze and scrapping the student bursary at a time of declining nurse numbers was not the smartest way to reenergise an ailing profession; or you may be of the opinion that nursing is a vocation, and as such, should not require the promise of financial reward.

Whatever your view, one thing is certain, the remedies for the NHS' ills outlined in this plan will take some time to come to fruition. Let's just hope it is worth the wait. **JCN**



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