

# PROTECT THE FUTURE OF NURSING

Stand up for safe and effective care  
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## What Should Primary Care Look Like for the Next Generation?

### Introduction

No matter where people are receiving it, they have a right to expect care that is high quality, safe and appropriate for their needs.

Our members working across the community tell us that they are feeling under pressure and are challenged on staffing capacity – yet they are being asked to take on more and more, including increased support to care homes and the increased workload caused by COVID-19 related and other changes to unscheduled care access.

In the RCN Scotland *Protect the Future of Nursing* election manifesto, our members are calling for recognition of the critical role which community services play within the whole health system, with resourcing to properly reflect this, particularly in light of increased demand.

RCN Scotland is a member of the Primary Care Clinical Professions Group (PCCPG) which, between the organisations involved, represents over 60,000 clinicians across Scotland. The organisations within the PCCPG have worked together to produce collective priorities for remobilisation and redesign of health and care services in Scotland, stating that the COVID-19 outbreak has highlighted the pressing need for: more planning and consideration of community health and care in designing health structures and services; more efficient multidisciplinary working across primary care that recognises the contribution of each profession; and for IT systems that properly talk to each other.

### Multidisciplinary working:

- RCN Scotland supports the multidisciplinary approach within primary care, with nurses working with their fellow clinicians to deliver person centred care and support. In addition to the role that senior nurses take within the formal leadership space, it is important to recognise that nursing leadership encompasses all levels – not just aligned to banding – with nurses often taking on a leadership role with primary care multidisciplinary teams (MDTs).
- The MDT model can lead to improved patient experience, enhanced team satisfaction and more efficient use of resources. The value of the MDT is bringing together a range of professional experts

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to plan each individual's care. Within this approach, it is vital that the unique role and skill set of each profession in the MDT is recognised, valued and protected.

- The Committee's report quotes the evidence provided by RCN Scotland to the inquiry: "When done well, multidisciplinary team working is about getting the right resources, planning and care for people and utilising the best of individual professions. The unique contribution of professionals is critical to MDTs... One of our frustrations is that, sometimes, when people talk about multidisciplinary team working, they say that everyone does everything as one whole team. MDT working is about planning care, making decisions on care, assessing and evaluating that care and then focusing on outcomes for people, but each of the professions makes its own unique contribution to that care."
- Within the context of the Health and Care (Staffing) (Scotland) Act 2019, it is important that workforce planning within the MDT recognises the unique contribution of each profession with respect to workforce planning tools. Instead of an overall tool covering all roles, MDTs should feature a multi-disciplinary tool-box, made up of different tools, as necessary, to reflect different roles.

## Workforce:

- The district nursing workforce is crucial to the effectiveness of primary and community care MDTs and the provision of 24/7 care in the community. Yet there is currently a district nursing vacancy rate of 6.8%, with over 260 posts vacant across Scotland as of September 2020. Meanwhile 42% of district nursing staff (Bands 5-9) are aged 50 years and over.
- Following sustained pressure from RCN Scotland, the Scottish Government committed to increase the district nursing workforce by 12% (375 WTE posts) by 2024 in the Integrated Health and Social Care Workforce Plan (2019). The Scottish Government has set out funding to support this increase in the 2020-21 and 2021-22 budgets which is welcome and an update on progress to meet this commitment is awaited.
- This commitment followed modelling work to understand the requirements for sustaining and expanding the district nursing workforce, which was undertaken by the Scottish Government's Short Life District Nursing Workforce Planning Group in 2018. RCN Scotland participated in this work and remains clear that a 12% increase is what is required to cover the gap between demand and supply and anticipated increases in the demands on district nursing services, over the following

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five years, due to projected demographic change. However, it must also be noted that this does not cover any expansion of the district nursing role.

- While the spotlight has often been on acute services, the COVID-19 pandemic has also demonstrated an increased pressure on primary and community care services as the unintended consequences of the pandemic become more recognised. It seems likely that these pressures will continue well into the future, including the rescheduling of urgent healthcare, and treating those experiencing many long lasting effects of having previously caught the virus. It is therefore vital that workforce shortages in community nursing are addressed sustainably.
- Sustainable solutions to workforce shortages are needed to ensure that all health and care services have the right staff, with the right skills, in the right place and the Health and Care (Staffing) (Scotland) Act 2019 is a vital part of achieving this. We are therefore reiterating our call for a clear commitment to implementation of the Act by the end of 2021.
- Social care reform must be an opportunity to ensure that we have the right numbers of nursing staff employed in the care home sector to meet increasing clinical acuity among care home residents. Registered nurses in care homes have a valuable role in supporting the health - and therefore quality of life – of residents, often with complex and increasing clinical needs. Their actions can enable greater and more timely clinical intervention within that homely setting, preventing avoidable hospital admissions and reducing the need for assessment by primary and community care teams.

## Digital technologies:

- Digital technologies are being used to open up new, smarter ways of working for health care teams and during the last year technologies have been fully recognised as key tools and enablers for nursing teams, in all areas of practice.
- We are calling for better data sharing and improved access to patient records as well as investment in digital technology to ensure nursing staff working in the community have the information and equipment they need to do their jobs and deliver safe and consistent care.
- Using such information and technology was often seen as the province of specialists. One of the consequences of the new ways of working is that many nurses are now adept in highlighting and advising on areas such as interoperability, functionality, digital and data literacy and modernisation of information governance rules. The need to ensure nursing and care staff are always involved

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from an early stage in ensuring that digital applications support the relevant pathways of care for areas of practice is now a must. This will also help address issues raised by our members such as the need to access appropriate equipment, improve the sharing of records, receive appropriate training, strengthen infrastructures, and tackle the challenges of poor connectivity – which is a particular issue for those working in rural areas.

- Roll-out of digital technologies has successfully progressed during the COVID-19 pandemic; to continue, on the ground investment must remain a priority.
- The government and health and social care partnerships must also ensure that increasing use of digital technologies does not lead to digital exclusion and increased health inequalities.

## Mental health:

- Mental health services were under significant strain before the pandemic with high levels of nursing vacancies (Over 660 mental health nursing posts were unfilled as of September 2020) and lengthy waiting lists. Demand is set to increase as a result of the pandemic and mental health nursing will have a key role to play in providing support in communities across Scotland.
- To deliver the workforce required to support Scotland's mental health needs, we are calling for modelling to project the growth required in the mental health nursing workforce and the development of a fully-costed and transparent workforce plan by the end of 2021.
- An update on progress against the Scottish Government's policy to recruit 800 additional mental health workers should identify which professionals have been appointed to what roles and where, so that policy targets can be adjusted based on reported increased need from most recent local (including NHS 24) data about mental health presentations and referrals.

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