





recommendations of the group. This is despite the Scottish Government stating “We are committed to undertaking this work at pace and will be in a position by September 2018 to better understand the requirements and investment necessary to grow the workforce.”<sup>3</sup>

**The RCN therefore calls on the Scottish Government to fulfil the commitment it made in the Workforce Action Plan and set out plans and investment to address the growth required to ensure Scotland has the DN workforce needed to provide clinical care for people in their communities.**

As the Scottish Government takes forward the first stage growth model undertaken by the SLWG, the RCN believes it needs to address a number of our concerns in order to ensure a sustainable DN workforce and succeed in shifting the balance of care.

As the acuity and complexity of care required of, and delivered by, primary care services in community settings (including care homes) increases, there needs to be an appropriate number of clinical decision makers (i.e. band 6 and 7 district nurses) within the overall district nursing workforce at any one time.

The DN workforce modelling work that the SLWG undertook in 2018 arrived at a growth figure which is yet to be published. This growth figure considered the required increase to cover the gap between demand and supply at the time and anticipated increases in the demands on DN services, over the following five years, due to projected demographic change.

While this is an important first step towards ensuring that DN services are enabled to meet population need and provide person centred care closer to home, the RCN believes that it is crucial that the number of qualified band 6 and band 7 district nurses *within* that workforce is grown proportionately to ensure the increased acuity and complexity of care can be properly addressed. Mirroring the existing skill mix for the next 5 years is unlikely to be sufficient.

**In order to ensure that there is sufficient numbers of senior clinical decision makers, growing the band 6 and 7 workforce should be a priority in the five year growth plan.**

The RCN would also like to see a clear commitment from the Scottish Government, NHS Boards and Integration Authorities that any work which takes place over the next five years to redesign the work of district nurses - including the move to 24/7 services (incorporating Out of Hours) in all parts of Scotland, as well as the impact of the GMS contract and the sustainability of the care home sector - will be supported by a robust workforce plan.

It must not be forgotten that primary care is available 24/7 and that means core community nursing staff are required around the clock to meet needs in communities. There is a lack of clarity on NHS Board progress towards implementing the recommendations from Sir Lewis Ritchie’s reports on Out of Hours (OoH) provision.

As work is ongoing to ensure sustainability of these wider services, we are clear that new expectations on district nursing staff in these areas fall out-with the growth figure arrived at by the SLWG modelling work.

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<sup>3</sup> [https://www.gov.scot/publications/national-health-social-71-0-595.3i\(w\)12\(o\)-3\(rk\)JTJET@0.000008871-0-595.32-841.92-reW\\*nBT/dLco](https://www.gov.scot/publications/national-health-social-71-0-595.3i(w)12(o)-3(rk)JTJET@0.000008871-0-595.32-841.92-reW*nBT/dLco)

Next steps must also account for the current DN workforce vacancy rate (6% at March 2019) and recruitment and retention challenges (including retirement).

While the RCN is keen for the Scottish Government to detail how it intends to take forward the DN workforce modelling work in a way that addresses our concerns outlined above, **we would also support this intensive approach to growth modelling being applied to other nursing roles and we would suggest community mental health nursing as a next step.**

## **Question 2**

*What are the barriers to delivering a sustainable primary care system in both urban and rural areas?*

The biggest barrier to delivering a sustainable primary care system is workforce capacity

We would encourage the Committee to monitor how Integration Authorities (IAs) are delivering on the commitments set out in their Primary Care Improvement Plans (PCIPs). It is clear from extant PCIPs that different Integration Authorities (IAs) are at different points in the monitoring and evaluation 'journey'.

The Committee has previously recognised that there is not enough detail on how funding decisions match policy priorities and how impact is measured. **The RCN has called for a set of clear, consistent and transparent criteria to be used when decisions are taken on health and social care funding.** These are still not in place.

The Scottish School of Primary Care (SSPC)'s recent report 'National Evaluation of New Models of Primary Care in Scotland' provides some useful lessons for future frameworks for monitoring and evaluation.