Royal College of Nursing

RCN Policy Unit

Policy Briefing 01/2006

‘Our health, our care, our say: A new direction for community services’

ABSTRACT
This briefing captures issues relevant to nursing from the Department of Health’s

Introduction

Overall we do of course support the principles of the White Paper; patient centred, improved access and closer to home. However, there are significant practical issues about how you deliver this shift from secondary to primary care within the current challenging financial environment.

Key messages

Nursing at the centre of the future of community services

We are disappointed at the low profile within the White Paper given towards the role of nursing in delivering primary care reforms given that Nurses will be critical to the successful delivery of the ambitions of the White Paper.

White Paper says that the "Citizen Summit found that 40% of people picked having a trained nurse as the 1st point of contact in primary health care as one of their top 3 priorities". A recent review found that nurse practitioners in primary care had at least equivalent patient outcomes to doctors, and in fact scored higher in terms of patient satisfaction.

The RCN's vision of the future nurse is already person centred. They will map, navigate, co-ordinate and follow the health care journey in partnership with their clientele and other members of the health care team. Nursing teams are already preparing to practice without traditional boundaries of role or institution.

The RCN is disappointed that the White Paper did not make significant mention of the role of school nurses and health visitors who can play a vital role in preventing ill health. There is currently a significant shortage of both.

Public involvement

We welcome attempts to increase patient and public involvement in the delivery of community care. Central to this will be the willingness of providers to be open and transparent in their dealings with the public and staff.

RCN has already expressed its concern that private and independent companies are likely to be more concerned with competitive advantage

than in sharing governance and involving patients in decisions over service design.

We welcome consultation over service reconfigurations in which local people are engaged from the outset in identifying opportunities, challenges and options for change. However the government needs to explain exactly what is meant by the reference to service reconfiguration consultations becoming more "swift and effective". RCN looks forward to being included in these discussions.

Health inequalities and competitive tendering

The RCN has been calling for greater focus and investment in tackling health inequalities for many years. Whilst the White Paper promises more money and a focus on tackling health inequalities it is linked to a competitive tendering process. This is an experiment with the health needs of the most deprived communities. It's essential that we do not rush into a process which could lead to a fragmentation of services. Further there is no evidence to support the use of the independent and private sector in this way. The work of Unitedhealth and others currently involved in delivering primary care services should be evaluated before rushing into this as early as June 2006. RCN genuinely concerned that this may lead to a fragmentation of services in areas.

In settling the Judicial Review with the RCN last year and in subsequent statements the Secretary of State has said that decisions about who provides care in the future should be driven by what is best for patient care. The RCN believes that these decisions must be evidence based, open and transparent.

There is also very little detail about exactly *how* this process will deliver for patients and the staff already working tirelessly in deprived areas to deal with inequalities in health. Again there may be issues of employment stability and sustainability to consider here.

Community hospitals

The majority of the 80 Cottage and Community Hospitals are presently facing closure resulting in the main from the short-term financial recovery plans being implemented by NHS Trusts.

The White Paper insists that community facilities should not be lost in response to short-term budget pressures which are not related to the viability of the facility or hospital itself. Furthermore, the White Paper envisages considerable development of "intermediate care" services, and