Directions of nursing in the UK: a review

Sarah Mullaly

Sarah Mullaly REN BSc MSc, Chief Nursing Officer, Department of Health, London

Clin Med 2004;**4**:148–50

The national nursing, midwifery and health visiting strategy was launched in July 1999; its objectives are set out in the document, *Making a difference*.[1] How far has nursing in all categories moved to meet these directives? And, more recently, how has nursing in primary care moved since the publication of *Liberating the talents*?[2]

Making a difference sets out eight objectives as part of the strategy for nursing:

1 To expand the workforce.
2 To strengthen education and training.
3 To develop a modern career framework.
4 To improve the working lives of nurses, midwives and health visitors.
5 To enhance the quality of care.
6 To strengthen leadership.
7 To modernise professional self-regulation.
8 To encourage and support new roles and ways of working.

High priority is given to ensuring that there is the right number of staff to provide care. The NHS national recruitment campaign has met well ahead of target the commitment set out in *The NHS plan*[3] to recruit 20,000 extra nurses in the NHS by 2004.

This achievement reflects both the success of local recruitment initiatives and events and the effective collaboration between the NHS, workforce development confederations and higher education institutions. The latest forecast is for 80,000 more nurses, midwives and health visitors to work in the NHS overall by 2008. Consultant numbers have increased by 5,024 (21.5%) since September 1999.

Strengthening education and training

A new model of pre-registration nurse education and training for nurses started in September 2000. It sets out to attract more people into nursing by widening the entry gate, providing earlier and better supported practice placements and with a greater emphasis on practical skills, problem-based learning, competencies and outcomes. The new training will produce practitioners better able to function in the modern NHS. Similar developments are underway in midwifery. These developments reflect a drive for more and better interprofessional education. However, there are challenges in securing appropriate clinical placements and understanding what interprofessional education means in practice.

Developing a modern career framework

Nurse consultants were introduced to extend the clinical career ladder for nurses, midwives and health visitors, to strengthen clinical leadership and help to improve local services and quality of care. *The NHS plan* set a target of 1,000 posts by 2004; 865 posts had been approved by July 2002.

Extending the principles underlining these roles to the development of a modern career structure is part of the proposed new NHS-wide pay system. *Agenda for change*[4] proposals include application of a job evaluation methodology and a knowledge and skills framework. These tools will help support a career structure enabling progress through pay bands and career stages linked to individual development for NHS staff.

The UK health departments, NHS management representatives and staff organisations' negotiators have agreed that the new NHS pay system can now Kbe introduced in 12 early implementer sites. If this is successful, it will be introduced nationwide in October 2004.

Improving the working lives of nurses, midwives and health visitors

Attracting more staff, developing training and a modern career structure are all measures that will help retain staff in the NHS. The Improving Working Lives standard is well established and the star ratings system for NHS employers now includes an assessment of how well staff are treated and to what extent they are involved in planning and decision making.

Every member of staff across the NHS is entitled to belong to an organisation that will take a firm stand against discrimination of any kind, with policies and procedures on, for example, bullying, harassment, whistle-blowing, racial and other forms of discrimination. The NHS also applies a zero tolerance policy on violence against staff.

Many of those who have been attracted back into the NHS via the Return to Practice programmes comment on the positive impression made by the better working conditions, including being able to work more flexible hours and benefiting from more

'family friendly' employment policies. For this author, the crucial test is whether nurses can go to their children's school events without having to take annual leave.

Enhancing the quality of care

In addition to good progress on clinical governance, nurses have aimed to develop standards of benchmarking and improving quality in eight fundamental and essential aspects of care, such as privacy and dignity, nutrition and hygiene. These standards have been developed jointly by patients and professionals. The *Essence of care* tool kit[5] supports benchmarking as part of local clinical governance activity and to help practitioners get the basics of care right. This is an essential key element of the measures to strengthen the role of ward sisters and the new matrons. Monitoring and maintaining standards of hospital cleanliness is one of the matrons' most important responsibilities – one which has been well supported by the recent appointments of ward housekeepers. New benchmarks on communication with patients, carers and relatives have been developed and the tool redesigned to make it easier to use.

To help produce the evidence for effective care, proposals to boost nursing research and research capacity have been published:

- A substantial new nursing quality research initiative has been established under the policy research programme.
- A nursing and midwifery strand has been established under the service delivery and organisation research programme.
- A significant new award scheme to support researcher training and development to build capacity is being implemented.

Strengthening leadership

Strong clinical leadership is key to improving the patient experience. *The NHS plan* recognised the need for more effective leadership at all levels of the NHS; a £4 million investment over two years helped establish the national nursing leadership centre as part of the Modernisation Agency. This has enabled over 30,000 nurses, midwives and allied health professionals to benefit from the Leading Empowered Organisations or Royal College of Nursing Clinical Leadership programme. In addition, there have been regionally led programmes focusing on the special needs of those who work in public health, with older people, in primary care, coronary heart disease, critical care, mental health, cancer, with children and in midwifery. A series of seminars for prospective nurse consultants has also taken place. Work has been undertaken to support nurses and midwives from black and minority ethnic groups.

The programme has been effective in developing the leadership role of nurses in multidisciplinary clinical teams across a range of clinical fields, enhancing the effectiveness of teamwork to improve the patient experience. The programme is now being extended to a further 50,000 D and E grade nurses and midwives. The NHS Leadership Centre will provide e-learning programmes to open up new opportunities to nurses with family or other commitments that prevent them from attending courses.

Modernising professional self-regulation

Following an independent review and extensive consultation, the Nursing and Midwifery Council became operational in April 2002. Modernising professional self-regulation to make it more responsive, transparent and accountable remains a central element of the overall strategy. Much of the early work of the Council is focused on making that a reality. Its work, and that of the other regulatory bodies, is to be overseen by a new Council for the Regulation of Healthcare Professionals. The Council will promote and protect the interests of patients and the public in the field of health regulation.

Supporting new roles and new ways of working

Each of the strategic objectives outlined above goes some way to supporting new roles and new ways of working, making the most of the knowledge and skills of nurses, midwives and health visitors to improve the patient experience. One of the challenges facing interdisciplinary clinical teams is how they work at a local level to make the most of each individual's contribution. This involves understanding each other's roles and how they affect patient care.

The 'Chief Nursing Officer's ten key roles for nurses', also introduced in *The NHS plan*,[3] have led to the expansion of clinical skills and roles, enabling more nurses to request diagnostic investigations, make and receive referrals, admit and discharge patients under protocol, manage patient caseloads, run clinics, prescribe medicines, carry out a wide range of resuscitation procedures, perform minor surgery, triage patients using the latest information technology, and take a lead in the way local health services are organised.

A demand for the extension of prescribing has followed the evolution of nurses who can assess, diagnose and treat. Prescribing is now being extended to more nurses, with about 140 prescription-only medicines and some antibiotics included in the Nurse Prescribers' Extended Formulary. The first nurses qualified for Extended Formulary prescribing in April 2002; more than 700 are now qualified, with 700 more in training. Following a public consultation, 'supplementary prescribing' for nurses and pharmacists became possible from April 2003. If patients' needs are to be met while maintaining their safety, nurses and pharmacists need to work together.

Important changes are also taking place in primary care, with an impact on NHS staff wherever they work. The new General Medical Services contract will enable nurses to extend their responsibilities in general practice. Some will hold contracts and employ general practitioners; others will design and deliver services better to meet the needs of their local community, moving away from traditional approaches to the provision of community services.

The number of specialist nurses in the community is increasing together with the number of nurses providing first

contact care. Nurses, midwives and health visitors are contributing to integrated health and social care programmes for vulnerable children and adults. All these changes are supported by *Liberating the talents*,[2] the strategy for nursing in primary care which is being taken forward by primary care trusts all over the country.

Each of these strategic developments will have a significant impact on the work of hospital based doctors and nurses, creating new challenges, changing professional roles and the way clinical teams work together. Making the best use of these developments will mean patients, their carers and families directly experience the real benefits.

It is up to clinicians and interdisciplinary teams to work together at a local level to make this happen. It is clear that new approaches to interdisciplinary working need to be developed – approaches that focus care around the patient rather than traditional professional roles. This will mean greater involvement, greater choice and greater control for patients, their carers and families as improving the patient experience continues to be a common driving force for change across all NHS services.

References

1 Department of Health. *Making a difference*. London: DH, 1999.
2 Department of Health. *Liberating the talents*. London: DH, 2002.
3 Department of Health. *The NHS plan*. London: DH, 2000.
4 Department of Health. *Agenda for change: modernising the NHS pay system*. London: DH, 1999.
5 Department of Health. *The essence of care*. London: DH, 2001.

A clinical nurse specialist's view

Phyllis Bushby

Phyllis Bushby
RGN, Senior Clinical Nurse Specialist, Kings Mill Hospital, Sutton in Ashfield

Clin Med 2004;**4**:150–1

I was interested to read the article by the Chief Nursing Officer, outlining the directions of nursing in the UK. I came into nursing many years ago and have witnessed many changes in nursing and the NHS, both good and bad. I was one of the 'traditionally trained' nurses, where little time was spent in the classroom and the majority of learning took place in the practical setting and followed the medical model of care. The old adage about a nurse being the doctor's handmaiden to do his bidding probably sums up the general approach when I first entered the profession.

Although I applaud the success achieved by the recruitment campaign, there is still a great deal to do. In some areas and specialties, recruitment and retention is still difficult. Many areas still depend on bank and agency nurses to attain the required staffing levels, and this often leads to a lack of continuity of care.

Recent changes in the curriculum for nurses in training have enabled students to be exposed to 'the real world' of nursing at an earlier stage, and this has encouraged them to take a more active part in the care of the patients. As with any practical placement, this has implications in both time and resources for the staff who support and mentor them. Overall, though, the feeling is that this has been an improvement in nurse training and that the students are better prepared for qualification.

Post-registration education plays a major part in the continuing development of the nurse and is supported mainly by the employing trust, both financially and in terms of protected study time. One of the issues is the lack of standardisation of support for education across the NHS; for example, some areas will support second degrees while others will not. This variation needs to be addressed.

As a senior nurse in the NHS, the issue of consultant nursing posts is quite emotive to me, as to many others at the same level. Access to consultant nursing posts often depends on the priority given to it by the employing trust. Many nurses fulfil the consultant nurse criteria but, due to the financial implications, have not been successful in securing funding for the post. This has left some nurses feeling frustrated and therefore they look elsewhere for positions. The aim of the report, *Agenda for change*,[1] is to develop a modern career framework for nurses and it should