

# **RCN Responses to the Health for North East London Consultation**

*Responses collated January 2010*

## **The terms of the consultation**

The 'Delivering high-quality hospital services for the people of north east London' consultation launched in November 2009 and ends on 8 March 2010.

A number of statutory, representative and local organisations have been invited to present evidence to a series of joint overview and scrutiny committees.

RCN London has accepted this invitation and shall present the views of our members, those who work and / or live in NE London. We understand that the consultation is managed by the PCTs and outlines future plans for hospital services.

## **Introduction**

The RCN is pleased to present evidence and on behalf of our 14,000 members in NE London and provide responses gathered since the launch of the consultation. As a nursing and healthcare workers professional organisation and trade union we value consultation and the principle of sharing of information. Our role is to ensure that all staff and RCN members in particular are treated fairly, equally and reasonably. The main focus of our response is on the impact of these changes on RCN members and the healthcare workforce.

The RCN wishes to ensure that adequate resources are allocated to assure our members that any changes to services and clinical teams are thoroughly thought through and that proper, training support and supervision is provided at all stages.

## **Responses**

The following responses were received in response to specific questions:

In your view what are the workforce implications of the proposals for NEL nurses, staff training etc?

*“The relocation of acute services will mean that health care staff and nurses will be transferred or moved to follow services. This is a complex piece of work that will require full consultation with the staff affected. Some services changes will require a major displacement of the workforce and will have an affect on the*

*workforce's quality of life and work life balance. We ask that the needs of staff are taken into account when planning these changes."*

*"The movement of staff and services from acute to community provider services will require; proper and adequate funding for accredited training, a system of professional supervision to prepare and support healthcare staff and nurses transferring from acute to community settings. We know there is a knowledge and skills gap and that the workforce needs to be prepared for this. We seek absolute assurance that clinical and professional training will be fully funded."*

*We ask that the pan London management of change policy be discussed and agreed with the local partnership forums; this would safeguard our members and monitor NHS behaviours at time of intense change. We recognise that there will be local variations to be incorporated into the policy.*

*There is a perception that the Public Finance Initiative PFI Trust's will; dominate, dictate services and drain resources. Please tell us what safeguards are in place to ensure the provision of equitable and accessible services, and that services will not be sacrificed to fund the PFI's.*

Do you envisage any particular pressures arising as a result of any centralisation of services?

*"The RCN is aware that a consequence of centralization of certain services could adversely impact on patients and service users, who will have to travel further to receive treatment. Local clinical staff will also be affected and we would expect a flexible and reasonable approach when managing staff."*

*The challenge is to ensure that good quality consistent public information, marketing and publicity is shared with all workers, users, NE residents and those who use these services. There has to be short, medium and long term tangible benefits as a consequence of centralization, not only better outcomes but better and well resourced infrastructure and support services.*

Do you think these proposed changes will increase or relieve any workforce challenges?

*“The greatest challenges facing the workforce are the number of nurses due to retire in the next 10 years, the anticipated reduction in the number of training places commissioned as a consequence of cuts in public expenditure. This will take place against the background of a growing population particularly in Newham where live births are expected to increase from 5000 to 9000 over the next 10 years.”*

Do you anticipate the proposed changes will bring about an increase or decrease in overall workload?

*“There will be an increase in the overall workload. Whilst there may be a fall in the number of nurses working in acute settings there where services are transferred to community settings it will take more nurses to deliver the care as they will be spread over an increased number of locations. Without the increase in the number of nurses the quality of patient care will fall.”*

*“The demands on the clinical workforce will continue to increase for the following reasons; adequate cover to promote training which ensure that workloads are covered, the centralisation of services should result in a higher productivity i.e. more patients seen more quickly. It is essential that these staff are properly trained and supported through this process.*

In your view do the proposals present the potential for improved clinical and health outcomes for patients in NEL?

*“That the demand for high quality care and good clinical outcomes will require good calibre training and supervision programmes, with sufficient time and staff to provide quality care.”*

*“Yes outcomes should improve. Providing the above is taken seriously by managers and that training needs are assessed and that regular training is provided on a systematic basis.”*

*“Patients requiring specialist care will have to travel further but the concentration of skills in one area should lead to an improvement in specialist practice. Furthermore, if the required number of community nurses are deployed then patients should be discharged earlier and receive most of their care close to or at home.”*

In your view are the proposals sustainable for the long term?

*“The RCN understands that the number of Trusts in NE London is not currently sustainable. We know that diminishing resources mean that staff have to find ways of improving care delivery while making it more efficient and cheaper to provide. The current proposals alone may not be sustainable and further measures such as merging trusts will need to be considered.”*

Other related evidence and Observations.

*“That hospital service provision must be more closely linked to community services and the link will become increasingly important. The RCN wants to see strong robust plans for the integration of hospital and community based services.*

**We are grateful to the following for their responses in this consultation:**

Andrew McGovern, Interim Business Manager (Paediatrics and Neonatal) (Tel. 020 7055 5702 / Internal 5702 / Mobile 07904 987546)