

The Queen's Nursing Institute Scotland (QNIS) is a charitable organisation promoting excellence in community nursing to improve the health and wellbeing of the people of Scotland. The 2030 Vision will shape the future of nursing in Scotland and we see excellent community nursing care at its core.

Our AGM was held in November 2016, and as part of the event we held an engagement exercise on the 2030 Vision. We asked participants to provide their views on the questions, and these views have been synthesised into a response from QNIS. The audience at our AGM was broad, including undergraduate nursing students, contemporary community nurses across a wide spread of specialties, and retired Queen's Nurses, allowing for a cross section of past, present and future nurses.

### **1. Modernising public perceptions of nursing**

#### **a) How would you like people to think about nursing? What 3 words or phrases would you like people to associate with nursing?**

Caring, compassionate and knowledgeable: people want to be cared for by someone who knows what they are talking about, is competent and kind; making the individual feel valued and listened to.

#### **b) What can nursing contribute to health and well-being by 2030?**

Health promotion and anticipatory care are at the heart of health and wellbeing, and community based nurses have a significant role to play in ensuring that people are able to stay well for longer. All nurses should have public health as a core component of their role and the time to get to know people well enough to be having important conversations about anticipatory care.

#### **c) Think about the good examples of care and compassion that you have seen, heard about, or demonstrated recently. What should 'care and compassion' look like in the context of a future nursing workforce?**

Care and compassion depends on a context which recognises the importance and centrality of relationships. Meaningful relationships are at the heart of care; meaningful to patients and staff alike. This is only possible when we organise our services in ways that enable continuity of care and manageable caseloads.

A great deal has been learned through a number of initiatives in Scotland in recent years, notably the Leadership in Compassionate Care Programme<sup>i</sup>. Relationship centred care is at the heart of nursing and requires shared decision making. Within this model, patients are equal partners, moving from passive recipients to active participants in managing their own care. Nurses need to be able to help individuals and families recognise their own abilities and enable them to manage their healthcare where possible.

## **2. Staff experience**

### **a) How can we position nursing as a really attractive career choice for new entrants?**

Interviews with retired Queen's Nurses show that many came into nursing because they knew a remarkable nurse and wanted to be like them. If our current workforce is demoralised and keen to retire, the messages within the communities of Scotland about nursing as a career are not positive. Positioning nursing for the future requires reenergising our current nursing workforce by building on the Quality Strategy and creating the context that enable practitioners to deliver care in ways that makes a real difference to people's lives.

### **b) What do we do well and what needs to change to make all nurses feel valued and want to remain in the profession?**

Patients readily recognise those areas where nurses are able to deliver high quality care; where nurses have time, support, role modelling from clinical leaders, resources and the environment to be compassionate and enabling.

In the words of one respondent: *"Nursing is a fantastic profession; there is a need to remind people why they became nurses in the first place – to recover that spark."* Practitioners are clear that the joy and fulfilment in nursing is in direct patient care. It is vital that the balance of face to face time with indirect care allows nurses to spend more time with patients. Indirect care is important, but it is vital to streamline and improve the systems which support patient care to ensure more time is spent face to face with individuals and families. There is a need for significant investment in digital technology to enable communication across and within sectors, agencies, health boards and General Practice, allowing nurses to concentrate on direct nursing care.

As discussed further in the section below, ongoing investment in professional post registration education, training and development is a powerful way to demonstrate the value of staff. At times of economic pressure, education budgets are cut, which leaves staff feeling under pressure and undervalued. It is vital to continue to invest in staff development in order to provide high quality care.

Nursing does not begin and end within the NHS. There are many nurses working in non-traditional roles within the third and independent sectors, some of whom feel undervalued next to their NHS colleagues<sup>ii</sup>. It is important to ensure that these nurses retain their professional identity and feel linked to the wider nursing profession. In order to facilitate high quality care across sectors, it has been suggested that career pathways could be created which allow rotation away from direct NHS employment whilst retaining NHS terms and conditions.

## **3. Preparing nurses for future needs and roles**

### **a) How should pre-registration training change to reflect the population needs as we move towards 2030?**

Whilst there is clearly an emphasis on the community in undergraduate preparation since Project 2000, the reality is that the quality of community experience remains variable. We need to continue to work creatively with service providers (NHS, local authorities, third and independent sectors) to ensure that all nursing students experience the broad range of the ways in which nurses engage effectively with individuals, families and communities to improve the

health and wellbeing of the people of Scotland. The focus for development of all student nurses needs to have a majority of time dedicated to the community if the Scottish Government is serious about shifting the balance of care.

The NMC Standards for undergraduate education are about to come out for consultation, and it is central to nursing's future role to ensure that undergraduates develop a high level of skill in communication. Conversations that empower individuals and families to support and manage their health and wellbeing needs are at the heart of future nursing and therefore must be taught to a very high standard at undergraduate level and built on through post-graduate pathways.

In addition, there is a culture shift required to ensure that every registered practitioner sees teaching as an integral part of their role to be continually nurturing the next generation. Whilst the role of practice educators is vital, every registered practitioner is a teacher and seeing mentorship as integral to any registered nursing role must become embedded. This will enable a greater quality of learning experience in community placements.

**b) How should post-registration training reflect these changes?**

The Vision should develop the work within *Setting the Direction*<sup>iii</sup> and the post-registration pathways with flexible modular education which builds as nurses progress through their career. We need a Scotland wide approach so that individuals can continue their post-registration education journey at HEIs around the country as they progress. Most importantly, these education pathways need to be fully funded to match required workforce projections. We must not disadvantage those who have dependents or other financial commitments which do not allow them to invest large amounts of their own resources in their professional development.

The 2030 Vision will necessarily be focussed on most care being provided in community settings and we need to develop the workforce accordingly. Whilst we recognise that contemporary nursing graduates are ready to work in a community setting at the point of registration, there remains a need to support others who have worked in secondary care for many years, with transitioning to a community role. This was highlighted by the RCN in its 2010 vision for community nursing.<sup>iv</sup>

**c) What is needed from the clinical skills aspects of (pre and post-registration) nurse training and how could this be enhanced?**

Clinical skills are best taught in practice and we need a significant investment in practice educators. Many models of clinical academic career have been developed in recent times, and a strategic commitment to link practice, education and research is required to underpin high quality clinical skills teaching.

There is a requirement for more advanced nurse practitioners; highly skilled nurses in every community who have skills in clinical examination, diagnosis and prescribing. This need to develop more advanced practice roles requires a significant investment in clinical supervision which may be from medical or other professional colleagues. Whilst this may not form part of the Vision per se, the cost of this essential supervision and mentorship should not be underestimated.

**d) How should the role of nursing evolve to reflect the population needs as we move towards 2030?**

The integration of health and social care is central to a strategic approach to meeting population needs. This is not just at the level of service delivery but in public health and anticipatory care. A huge amount of excellent work is in place across Scottish Government, the special health boards and the Integrated Joint Boards and nursing needs to be more fully engaged. Nurses have a central role in keeping more people well for longer by ensuring that health promotion and anticipatory care are at the heart of every conversation. Too often, health services focus on illness and we need to shift the conversation to promoting health, which may require something of a culture shift in some areas of nursing.

It was clear from the engagement exercise that there is an appetite for increased professional independence, autonomy and leadership opportunities for nurses. With Scotland's ageing population living with increasing numbers of long term conditions, and a clear shift to more care provided in the community, the time is right to radically and rapidly develop expert generalist community nursing roles. There is an opportunity to change the way we manage both teams and performance, for example, in self-organising neighbourhood nursing teams<sup>v</sup>. In this way, there is an increased emphasis on continuity of care and nurses with a clear identity within a local community who have opportunities to engage meaningfully in the public health and wellbeing agenda within each neighbourhood. This is dependent on a robust national mechanism for ensuring that workforce is matched to caseloads in every area of nursing.

**4. Working in health and social care teams**

**a) What role should nurses play in the context of more care being provided in the community (integrated health and social care)?**

Huge strides have been taken to join up services at the level of care delivery, but there is still a way to go. The original vision behind the legislation is yet to be realised in the experience of many Scottish citizens. There are still too many teams going in and out of people's houses; a separate care package for husband and wife, specialist nurses who have not spoken to the DN and visits from the General Practice team with no knowledge of the community services involved. Nurses need to play a wide range of roles whether that is as the lead person with the central relationship with an individual or family, or perhaps supporting a nursing colleague who has that role. Nurses are well placed to be the coordinators of care, to assess need and review plans, and to enable individuals and families towards supported self-care where possible.

**5. Nursing practice and health promotion/public health**

**a) What role should nursing play in health promotion and public health?**

Health promotion and public health is a pivotal part of health and social care. It should be a core component of all nursing, something that runs through everything nurses do, and part of training from the outset. The pressures of workloads have meant that the emphasis on health (which we had) has been eroded; time for conversations that are anticipatory can be hard to find and yet we know that behaviour change and self-management are at the heart of enabling people to stay well for longer. These are advanced skills and need to be recognised as such.

In addition nurses have a vital role to play alongside other community activists in making a real difference to the health and wellbeing of Scotland's communities. We need to support and develop career pathways in public health recognising the breadth and depth of the skills required.

In our commitment to relationships with '*people*' not '*patients*' nurses consider all factors which have an effect on someone's quality of life and have a role in social prescribing. In addition, nurses need to advocate on behalf of those they support, for example someone self-managing their diabetes will struggle if they are sanctioned, have their benefits withdrawn and have no food. Nurses have a role in championing issues of health and social justice.

As a nursing profession, we also need to realistically debate the issues around role modelling of health and wellbeing.

**b) Identify 3 things that need to change to make this possible?**

The Alliance document [Five Provocations for the Future of Health and Social Care](#) (ALLIANCE, 2016) provides a very useful framework for thinking about key areas where radical change can make a difference to the wellbeing of Scottish people. If required to choose three principles which would make a difference, these would be:

- Nurturing transformation
- Emphasising humanity, and
- Ceding power

For further information, or to discuss any of the points raised, please contact either Rob Mackie or Clare Cable on 0131 229 2333 via email [rob.mackie@qnis.org.uk](mailto:rob.mackie@qnis.org.uk) and [clare.cable@qnis.org.uk](mailto:clare.cable@qnis.org.uk).

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<sup>i</sup> [Leadership in Compassionate Care](#), Edinburgh Napier University and NHS Lothian (2012)

<sup>ii</sup> Voices from the Nursing Front Line, Scottish Care (2016)

<sup>iii</sup> [Setting the Direction](#), NES (2013)

<sup>iv</sup> [Pillars of the Community](#), RCN (2010)

<sup>v</sup> [Reinventing Organisations](#), Frederic Laloux (2014)