

Nursing: Towards 2015

Alternative Scenarios for Healthcare, Nursing and
Nurse Education in the UK in 2015

Summary

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Commissioned by the Nursing and Midwifery Council to inform the debate on the future of pre-registration nurse education. The contents do not necessarily represent the views of the Nursing and Midwifery Council

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INTRODUCTION

The team was commissioned by the Nursing and Midwifery Council in May 2007 to synthesise in a brief but authoritative form the evidence relating to relevant drivers of change to UK healthcare delivery and to the education of health professionals in the period to 2015. This was to include the development of appropriate scenarios to provide a degree of understanding of how these factors might inter-relate to form an evidence base on which options for change to the existing NMC frameworks for the pre-registration education of nurses, and in particular the nursing branch programmes, could be considered.

Based on the enormous literature about the future, this Summary presents a synopsis of the key issues, guided by three key questions:

- How is UK **healthcare and policy** likely to change over the next 8-or so years?
- How is **nursing** in the UK likely to change over the same period? And
- How is **nurse education** likely to change?

These questions are clearly inter-related. The most powerful influences on the future of nurse education will be what happens to nursing, and the most powerful influences on nursing will be what happens to healthcare. All three will also be affected by a variety of other influences, some more-or-less immutable over this timescale (size of population, range of illnesses), others more susceptible to policy choices. The extent and nature of many of the drivers of change – together with the policy responses and direction – also vary between the four countries of the UK.

The scenarios are our way of drawing together all the various threads which emerge from the literature. Each scenario is a *possible* future – it *could* happen. There are, of course, an almost unlimited number of possible scenarios – and readers can (and should) construct their own. They highlight how some of the key dimensions should develop over the course of the next few years. Our reference point for the future is 2015.

The scenarios on page 7 are not intended to be definitive versions of the future. Rather, they are tools to be used by those trying to make decisions – to shift our thinking from the here and now, to the future – to stop us ‘re-inventing the present’. Do different possible futures give us different opportunities and threats? Are our decisions robust, if different things happen? Are we really clear about what sort of future we want to create?

We conclude on page 8 with a brief summary of some of the core paradoxes, which will characterise healthcare of the future, as much as they have done the healthcare of the past.

HEALTHCARE AND HEALTH POLICY

There will be modest overall population growth in the UK in the period to 2015, with a rapidly changing dependency ratio in the decade from 2020. In terms of the *demand* for healthcare, the nature and main causes of the burden of disease will change, but as yet there is little reason to be sanguine about the effectiveness of attempts to reduce obesity levels or health inequalities. A high priority will continue to be given to supporting the self-care of the growing numbers of people with long-term conditions. Demand for 'complementary approaches' to meeting health needs will remain high, as will patient demand for choice – on sources of advice, care packages and treatment, and access arrangements. On the *supply* side, there will be a growing – and increasingly diverse – role for the Third Sector, and reliance on the commercial sector to provide substantial elements of secondary care provision in England. Substantial benefits from much improved information technology will be apparent by 2015 – information for patients, about patients, on effectiveness and healthcare performance – and there will be examples of 'personalised' medicine derived from an understanding of the genetic basis of some common diseases. There will be growing use of telecare to support care at home, and new applications for biotechnology, bioengineering and robotics. Healthcare *policy* will continue to focus on measuring effectiveness, reducing variations in performance, improving safety and quality, improving productivity, designing more effective incentive systems, and engaging clinicians in all of this. There will be continuing turbulence in NHS managerial structures. Regulation (of services and the professions) will probably focus on quality and safety, reflecting the implications of devolution, and a sharing of the regulatory role between statutory regulators and employers. Substantial changes in the pattern of hospital services are likely, with further concentration of specialist services, and provision closer to home for the more generalist services. Greater coordination of effort between the NHS and Social Services will consume much attention.

Demand for healthcare

- Modest overall population growth, mainly in England
- Shifting dependency ratio after 2020
- Shifting burden of disease
- Continuing downward pressure on smoking, but little sign of progress on obesity
- High priority on supporting self-care in long-term conditions
- Continuing demand for complementary approaches
- Persistent health inequalities
- Growing demand for patient choice e.g. on sources of advice, care package and treatment, and appointment time

Supply of healthcare

- Numbers of health professionals will vary in the short term, but will remain high
- Growing role for the Third Sector
- Continued reliance on the commercial sector for aspects of acute provision in England
- Early benefits of 'personalised' medicines, and growing demand for information on the implications of genetics

- Substantial investment in information technology for patients, about patients' care, on effectiveness and on healthcare performance
- Growing applications for telecare, especially in supporting people at home
- New applications for biotechnology, bioengineering and robotics

Health policy

- Common thrusts in policy: focus on measuring effectiveness; reducing variations in performance; improving productivity; designing effective incentive systems; engaging clinicians
- Continuing turbulence in NHS structures
- High profile for improving quality of care and safety
- Regulation: focus on quality and safety; reflecting devolution; sharing responsibilities with employers; aim for proportionality
- Continuing effort to improve evidence-based decisions on future provision of services
- Revision of pattern of hospital services: concentration of specialisms, and more care closer to home
- Continued effort to coordinate working between the NHS and Social Services
- New ethical challenges

NURSING

Within nursing itself, there are future potential workforce difficulties as a result of an ageing workforce, increased competition for nursing expertise from other countries, and financial difficulties that may affect commissioning of nurse education. To maintain nursing numbers, it is important that recruitment and retention continues to have a high profile. Recent policy initiatives and emerging roles for nurses in response to healthcare demands dictate flexibility in the future nursing workforce. There will be an increase in specialist and advanced roles and a blurring of professional and sector boundaries. Care will follow the patient pathway, with an emphasis on community care and multidisciplinary team working. Nurses will have the opportunity to direct and lead care both within and outside the NHS and will be encouraged to take a more entrepreneurial stance. However, there is a lack of definition of roles and titles and a lack of clarity concerning career pathways and educational preparation for advanced and specialist roles. Recent developments related to the Knowledge and Skills Framework and a new White Paper *Trust, Assurance and Safety- The Regulation of Health Professionals in the 21st Century*. (Department of Health 2007) is attempting to address some of the issues surrounding the setting and maintenance of standards in the healthcare workforce.

Workforce

- The nursing workforce is aging. By 2015 more nurses will be leaving the profession. This will affect community nursing first.
- There may be more nurses entering the country from the EU, but there will be competition for experienced UK nurses from USA, Canada, Australia and New Zealand.
- Financial difficulties in some parts of the NHS have resulted in vacancy freezes, redundancies, and reductions in nurse training places in the affected areas. Newly trained nurses are hardest hit.
- Policies have sought to improve recruitment and retention and these must be maintained to avoid potential nurse shortages in the future.
- Nursing roles have developed partly as a result of medical workforce issues such as the European Working Time Directive, which is reducing junior doctors hours.
- Health Care Assistants are becoming an increasingly important part of the workforce

The Future Nurse

- Flexibility of the nursing workforce is a key element for the future.
- There will be an increase in specialist and advanced roles.
- There will be blurring of professional and sector boundaries and titles based on descriptors of role.
- Care will be responsive to patient needs, following patient pathways and dependent on multidisciplinary team working and education
- Nurses will have the opportunity to direct and lead care both within and outside the NHS, with greater entrepreneurial opportunities.
- There will be a greater emphasis on public health and preventive medicine with nurses at the forefront of this initiative
- Care will be focused in the community with the suggestion that this should be the focus for nursing career pathways (Modernising Nursing Careers, DH 2006).⁽¹⁾
- Nurses will be required to have a high level of knowledge, critical thinking, and autonomy at registration

Specialist and Advanced practice

- Regulation of health professions is being revised which has commenced with the White paper *Trust, Assurance and Safety- The Regulation of Health Professionals in the 21st Century*. White Paper. (Department of Health 2007).⁽²⁾
- The NMC currently remains responsible for setting educational standards for pre and post registration programmes.
- Drivers to change are similar across the four countries, but with some variation in demographic demands and emphases of different aspects of policy
- There is variation in strategic planning of nursing role development with greater emphasis on consistency, planning, and evaluation in some quarters.
- Within Agenda for Change⁽³⁾ and the Knowledge and Skills Framework (KSF)⁽⁴⁾ continuing professional development is an important requisite.
- There is agreed emphasis on community nursing and multidisciplinary care.

- Blurring of professional boundaries questions whether nurses will be able to maintain their professional identity.
- There needs to be clear definitions of advanced and specialist practice to facilitate planning, educational preparation and regulation.
- A developing role for nurses with more advanced and specialist practice.
- Continued increase in specialist and advanced practice roles.
- There is a lack of clarity concerning the career pathway to advanced and specialist roles, but frameworks have been developed for Health Care Professionals (Agenda for Change and KSF) which provide an overarching framework for career development processes.
- There is debate concerning the appropriate level of education for advanced level practice and this is linked to pre-registration educational requirements.
- Nurses in advanced practice may have difficulty accessing supervision and support for continuing professional development. Assessing competencies may also be problematic.
- The NMC is seeking to open a sub part of the nurses part of the register for advanced nursing practice.

NURSE EDUCATION

In nurse education, there is concern throughout the UK over the future recruitment and retention of nurses. Applications to pre-registration nurse education continue to increase, yet the rate of increase varies according to country, region and branch. The appropriateness of the four nursing branches which focus on collective groups rather than specialties has been questioned. Future health services may seek a more generic worker, which is attractive in terms of meeting general health needs and offers a cost-effective approach. In contrast, there are strong concerns that generalist nursing would result in a deskilling of the workforce. Degree-level programmes could enhance the status of nursing in comparison to other health professions and provide nurses with skills needed that go beyond diploma level. Degree preparation may result in less diversity of applicants and difficulties of workforce retention. Policy recognises the importance of shared learning for health care professionals to develop integrated care services. Education will respond to the advances in global communication by providing a curriculum that acknowledges interdependent relations between countries, especially in Europe.

Background

- *Project 2000* introduced the Branch structure to nursing education
- Fitness for Practice (1999) ⁽⁵⁾ (FfP) aimed for education based on health care need
- UKCC Post Commission Development Group (2001) ⁽⁶⁾ focused on inter-professional education and the need to review the branch structure
- First FfP students completed pre-registration programmes in 2004
- National evaluations of FfP reveal evidence of partnership working
- Further evaluative work needed on whether FfP registrants are fit for practice
- Future services may see more generic health workers consistent with training in other parts of the world

- Advanced and specialist practice may be provided through a balance of generalist and specialist nurses from pre-registration nursing programmes?

Access, recruitment and retention

- Overall, steady increase in pre-registration student nurses, yet recent commissioning numbers have been cut
- Recruitment and retention strategies aim to provide increasing diversity
- Applications to pre-registration nursing continue to rise
- 14-19 reform are introducing radical changes in secondary education in the UK
- Routes to further/higher education and employment are expanding
- Need to update image of nursing so that it can compete with attractive careers

Pre-registration

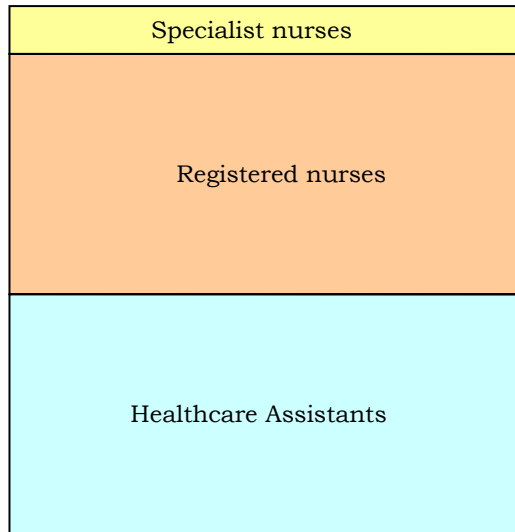
- Debate over the structure of pre-registration nursing is ongoing
- Current 4 branch structure focusing on collective groups has been questioned
- Various options proposed for future structure of pre-registration education
- Pre-registration education must address the shift to community based care
- Currently, diploma and degree level programmes of pre-registration education
- Arguments to support degree level to enhance nursing practice.
- Arguments against degree level suggest detrimental to more practical skills
- Growing support for pre-registration degree level programmes

Responsive education

- Nurse educators need to keep up to date with clinical practice
- Service and education must engage in collaborative working
- The structure of additional training for HCAs is unclear
- Policy supports the importance of shared learning
- Some evidence of inter-professional learning
- Nursing subjected to European Directive ⁽⁷⁾
- Variation in structure of nurse education across Europe
- Bologna ⁽⁸⁾ aims to offer comparable education in Europe
- TUNING Project ⁽⁹⁾ aims to harmonise nurse education and improve nurses' mobility

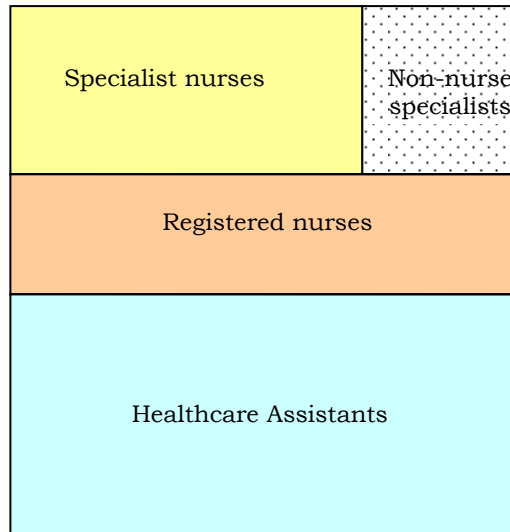
SCENARIOS FOR UK NURSING IN 2015

A. Steady as she goes



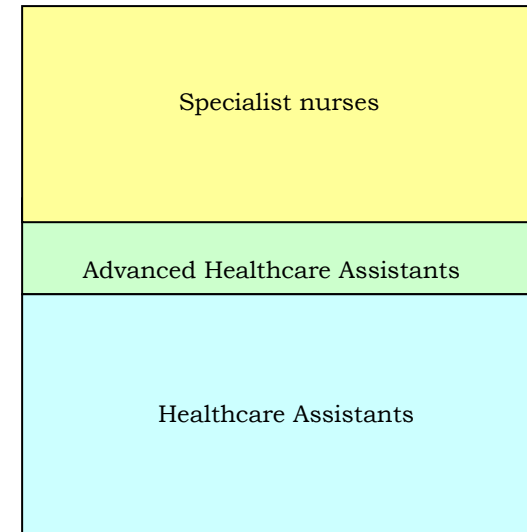
Scenario A represents minimal change from the present state in which there are currently relatively few specialist nurses working at an advanced level, in a small number of specialist areas. The majority of nurses are working in more generalist roles supported by health care assistants. There is a fairly clear and generally understood distinction between nurses' roles and those of other healthcare professionals.

B. More specialisms for all



In **Scenario B** there is increased demand for specialist staff in a wide variety of roles. Many of these are filled by nurses but an increasing number are now carried out by other healthcare professionals. There are also fewer generalist nurse posts. As a result, there are fewer trained nurses overall than in option A. The demand for health care assistants remains fairly constant.

C. No more generalists



In **Scenario C** nursing has responded to the increasing demands for specialisation by all registered nurses becoming specialists at a more advanced level. There are many more areas of specialisation (including advanced generalist nurses) and health care assistants bridge the gap in basic nursing care. However, the growth in the number of HCAs, and the loss of generalist nurse roles, has led to a differentiation in the levels of working of health care assistants.

The text of the scenarios is contained in the full document, available on the NMC website www.nmc-uk.org

CONCLUSIONS

In our original report for the UKCC in 1998, *Healthcare Futures 2010* ⁽¹⁰⁾, we concluded with a set of paradoxes for the future, as a way of capturing this complexity and uncertainty. This attracted a lot of interest at the time, and seems to have currency still today. So we finish with a new set of paradoxes, which summarise many of the issues raised in this paper, and which interestingly are quite similar to those set out nine years ago...

Healthcare in the future, therefore, will be characterised by a series of enduring paradoxes:

More money	...AND...	Gap between supply and demand
Diversity between UK nations	...AND...	Commonality of constraints
Emphasis on prevention	...AND...	Big demand for cure and palliation
Continued dominance of the hospital	...AND...	Policy drive for care closer to home
Big demand for high-tech medicine	...AND...	Interest in complementary approaches
Public reliance on professionals	...AND...	Greater lay assertiveness
More well-educated, well-informed and confident patients	...AND...	Many patients lacking information and confidence
Demand for high technical competence and 'scientific rationality' in nurses	...AND...	Continuing need for 'human' qualities and the time to express them
Blurring of professional boundaries	...AND...	Separate professional traditions, organisations and public expectations
More disease of old age	...AND...	Demands by younger tax-payers
Continuation of old moral certainties	...AND...	Moral uncertainty in new environments
The public will expect nurses not to change	...AND...	Nurses will demand new roles and responsibilities

The authors accept full responsibility for the content of this report, which does not necessarily represent the views of the Nursing and Midwifery Council.

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