PREPARING TODAY FOR TOMORROW

Gillian Chapman

1. I was delighted and intrigued to be invited to speak at this conference on wider issues in nursing and to an audience focused on libraries for nursing. I suspect that I will leave having learnt as much from your thinking as you may from me. Clearly, all nurses, including the Chief Nursing Officer, value the work of the NHS librarians in providing full library and information services to the largest group in the NHS. Nurses need to keep abreast of wider issues in nursing which is why I am so happy to speak to you today. What of the wider issues in nursing? It is an exciting time for us all in the run up to what for most cultures and societies will be a significant date - the year 2000. I would like to concentrate on what nursing, midwifery and health visiting must consider today in preparing for tomorrow. I will speak for about 20 minutes, after which I would very much like to hear from you what you consider the implications of these changes are for you.

2. The nursing professions have, of course, been well ahead in considering what the future will hold and how they might respond to it. During the late 80s the UKCC undertook a radical review of pre-registration nurse education which became known as Project 2000. Between 1989 and 1993 a new programme of education and training has been introduced across the country. Now all colleges and faculties of health provide Project 2000 which provides the educational underpinning of the nurse of the future. PREP too will place considerable demands on the library and information services as nurses, midwives and health visitors seek out information to support continuing learning. In 1994 Yvonne Moores, together with the three other United Kingdom Chief Nursing Officers, led a debate on the challenges which face nurses, midwives and health visitors in the 21st Century called the "Heathrow Debate". A year long consultation resulted, as you know, in a letter sent out in August of this year in which the thoughts of the nursing professions were reported. I will speak about this later. First, I would like to use this golden opportunity to dwell on the factors that we as a society need to consider about the future.

Demography

3. The facts are well known, the population of England is ageing. Consider first the effect of the rising elderly population. Everybody

knows that the proportion of people aged 65 and over has increased sharply. In fact it increased by nearly 50% between 1950 and the mid-1970s although this upward trend has slowed in recent years. A population of 0.8 million in 1989 is projected to rise to 1.3 million in 2026.

What does it tell us? It is not easy to predict. The factors likely to influence the need for health care are complex. Research into health expectancy is still at an early stage. It depends whether the rising elderly population is the result of lifestyle factors which result in older people being more healthy and living longer before the onset of chronic illness, or whether it reflects medical advances postponing death by prolonging periods of chronic illness. The precise balance is not yet properly understood. What is clear, however, is that nurses should be making a significant contribution to thinking now about what the future shape of care for this group should be.

Culture

4. Not only changes in demography and disease patterns but changes in social values are evident. Public expectation of the National Health Service is rising. Modern mass media - TV, radio, newspapers and magazines - have all helped to popularise health and science issues bringing the benefit of greater understanding in health care consumers.

5. It's only right that the public should expect a high quality service from the public sector. The NHS has always provided the highest level of clinical care, now it is focusing on the way in which services are provided. Nursing has led the way in moving to a patient focused service which takes account of patients' wishes and gives choices. An example is provided by the Patient's Charter which introduced in 1992 a standard on named nurses. This has been good practice in many hospitals for a long time. The Patient's Charter did not invent the named nurse; but it did promote it in places where it was not being used. The responsibility of all is to ensure that the named nurse initiative is implemented in the spirit as well as the letter of the Charter. It is not just a question of having a name, it is a matter of ensuring one person is responsible for nursing care throughout the patient's stay in hospital.

6. Charters are dynamic things and are developing all the time. A draft booklet is now out for consultation on how the Patient's

Charter applies to services for children and young people. It includes a number of proposed new standards, such as providing information about pain relief and provision of play and education facilities. As Charters grow and develop they push into new areas and by informing the public about the standards of service they can expect, they drive those standards forward. This is a healthy sign and one which nurses support.

Patterns of Disease

7. As a nation the people of England have been getting healthier overall and that is excellent news. The *Health of the Nation* sets out very clear targets for the year 2000 which in alliance we will all help to achieve. The Chief Medical Officer's *Annual Report*, published last month, highlighted four key issues: health in the workplace, drug and solvent misuse, equity and equality and food poisoning; the report noted that the Health of the Nation strategy continues to focus attention on individuals' own lifestyle choices that can improve and maintain their health. Encouraging progress has been made.

8. The report shows that there have been a number of important improvements in health. Infant mortality is at its lowest ever rate, under-age conceptions are falling and there has been a 71% drop in post-neonatal sudden infant deaths between 1988 and 1994. Yet as the most recent report from the Health of the Nation stable shows, there are still variations in the health of different social groups for example.

A subject close to the heart of all nurses and others will be improving health at work. The CMO's report notes that next year will see a number of initiatives to improve health at work. A special chapter of the report outlines the important effects of work on health, of health on work, and the value of health promotion in the workplace. In particular, it emphasises the burden of work related ill health and associated costs, not only to industry but to the country. We all have an interest in maintaining a healthy work place.

Medical Technology

9. More is being demanded from the Health Services as changes in health technology make a wide range of treatments possible. To mention just two examples, minimal access surgery which uses exciting developments such as virtual reality, other developments in

surgery, including the use of robotics, which will change the accuracy, speed and setting of many surgical interventions providing the opportunities for increasing use of day surgeries and high tech care in patients' homes. New treatments and procedures which have and will become more commonplace as we reach the year 2000, and in which nurses will have a contribution to make.

Organisation

10. In England, as in the rest of the world, the Department has focused on how to arrange a leaner and more effective management organisation, responsive to local needs and to the user of health care. The framework for the cost effective delivery of health care for the next century has been provided. As you know, in April 1996, when the *Health Authorities Act* is implemented, the final brick to the changes in the National Health Service will be put in place.

11. The new Health Authorities will be key to ensuring that local needs are identified and services commissioned which will meet those needs. Effective leadership will be essential not only from managers but from professional and clinical leaders in nursing and midwifery and health visiting if the challenging agenda for the next five years is to be met.

12. The framework is in place. During the passage of the *Health Authorities Act*, Lady Cumberlege stated quite firmly her belief that nurses, midwives, health visitors and others should have a strong input into Health Authority decision making. The Act lays a duty on the new Health Authorities to make arrangements to take advice from medical practitioners, registered nurses and registered midwives and others. We have issued guidelines, which are unusually directive in character, on the action Health Authorities will take and the standards the new Regional Offices of the NHS Executive will expect. It is now for nurses to build on that foundation, the foundation of the 670 nurses who work in Health Authorities, work with managerial and professional colleagues locally, to secure ways of working that give everyone, most especially patients, confidence that Health Authority work is fully informed by the necessary involvement of relevant professionals - it is for nurses individually and collectively to grasp the opportunities of 1996 to provide the firm framework for development into the year 2000.

13. The changes which were announced last autumn in "*Towards a Primary Care Led NHS*" envisage a significant shift in the way in which Health Authorities and primary health care teams work together in the commissioning of health care. What is it all about? It is about three things:

- where decisions are made
- the process of managing care
- strengthened relationships.

The idea is to shift decision-making about health and health care as close as possible to patients.

Next, it is about the process of delivering and managing care. The idea here is that the GP should be the co-ordinator, not just of the primary care team, but of the whole care system.

14. The Department wants to avoid the patient being "passed" from one part of the system to another. Of course, this does not preclude specific clinical responsibility being held by different professionals at different times, but it does provide a single point of reference for the patient, with an overall co-ordinating responsibility attached to one person on a continuing basis. The patient remains the focus of this co-ordination, not the institution or the service.

15. Finally, it's about strengthened relationships. The contention is that primary care is in fact the basis of the health care system, with secondary care in a supporting role.

This requires effective partnerships between primary care professionals and

- patients
- secondary care professionals
- health authorities
- social services and other agencies,

an emphasis I am sure we can all support.

Nursing Practice

16. Finally, we need to consider the development of new challenging and exciting nursing roles. As the consultation exercise for the "Heathrow Debate" demonstrated, the professions considered that the general shift to the community meant the roles of nurses would be very different in future. They will play a role in targeting health and social need and in community development. They may

work in a range of coalitions or partnerships with GPs, and others, as the nature of the work changes. Modern technology will be used where this is helpful to patients but this will not replace face to face contact and holistic care delivered by nurses in patients' homes, health care centres or hospitals.

17. Crucially, nurses need to examine their practice and ensure that it is founded on a firm evidence base. Of course, we don't have evidence for all areas of practice but if we are able to provide clinically effective services we need to answer some key questions:

- What is the intended purpose of practice?
- What is the thoretical basis for it?
- Are we able to link intervention and outcome?

The research literature and its easy availability, the role of libraries and librarians in helping nurses to access and make use of research findings to support evidence based practice will be fundamental to the future of nursing practice. The public demand, quite rightly, the confidence of knowing that they will receive quality care whoever delivers it. We have to build in clinical effectiveness and quality in order to do this, and nurses will need the services of libraries and librarians to do so.

18. There are also an expanding range of career opportunities in a changing health and social care environment. The series of '*Creative Career Pathways*' reports - undertaken by IHSM for NHS Women's Unit, and the recent DH document on nursing, midwifery and health visiting career pathways, draw on trends such as:

- increasing career flexibility;
- changing patterns and shifts in care;
- the need to manage diversity in the workforce;
- the desirability of making links between personal and organisational development.

In our own NHS Management Bursary Scheme over 500 students have been sponsored to undertake management, public policy and public health degrees. 263 nurses, 19 midwives, 11 health visitors and 136 PAMs have received awards since January 1993. This brings the total investment to £3.75 million. Quite an achievement alongside the development of nursing, midwifery and health visiting education within Higher Education, we should always invest in and recognise the workplace as a rich source of learning, networking, mentorship and career development.

19. Flexibility will be needed to take on new care developments while retaining what is good and constant in nursing. We need to build on the excellent reputation of our nursing workforce, maximising the skills and expertise already present. As new patterns of care emerge, it will be important for mutual support between the medical and non-medical professional workforce to encourage further development and initiatives in sharing tasks. There is a place for multi-professional education and training and for ensuring that the new arrangements for workforce planning will better match supply and demand, for the benefit of the patient, the staff and value of money.

20. Most crucially members of the professions will need to be prepared to demonstrate the clinical effectiveness of their practice, the benefits to patients and its cost benefit. I know from the consultation exercise on the "Heathrow Debate" held last year that many nurses, midwives and health visitors stand ready to do this. The response was fairly conclusive. Some key messages were:

- The importance of maintaining a dialogue with the professions and between them as innovations and developments in health and social care take place.
- The importance of ensuring that education and research underpins practice innovation.
- The professions to jointly progress the clinical effectiveness of practice.
- The responsiveness of practice to users of health care.
- Finally, nurses, midwives and health visitors in every sphere of influence, NHS, independent sector, professional organisations and statutory bodies, as well as those professionals in Government Departments of Health, will need to play their part in steering nursing, midwifery and health visiting into the future and grasping the opportunities it provides.

21. Perhaps I could conclude by summarising the growing need for information to support:

- Pre-registration education, now that nurses receive a 'true education' as well as a training.
- Continuing or 'lifelong learning' stimulated by new standards for post registration education and practice (PREP).
- A changing health service and patterns of care as outlined in your presentation.

- The massive demand for information stimulated by clinical audit and evidence based care.
- The need for access to up-to-date information to support mid-stream career changes, shifts and re-training, etc.

and challenging the audience to consider how best these needs can be met.

ENGLISH NATIONAL BOARD - DEVELOPMENTS AND PROJECTS

Meryl Thomas

The English National Board is one of five statutory bodies in the UK established under the *Nurses, Midwives and Health Visitors Act 1979* and the amendments of 1992. The National Boards are the lead bodies in England, Wales, Scotland and Northern Ireland with statutory responsibility for the approval of institutions and programmes of education for Nursing, Midwifery and Health Visiting. The standards relating to that work are based on those of the United Kingdom Central Council.

The Board's responsibilities are met through a variety of activities:

- Facilitating the development of cost effective high quality education to meet health care needs and in some instances initiating such developments.
- Operating a robust validation/approval process.
- Implementing recommendations from key Government policy initiatives relevant to Nursing, Midwifery and Health Visiting education and to health gain. Also monitoring outcomes and reviewing progress at educational institutions and within practice areas.

Enabling institutions to develop an organisational culture where practitioners can become lifelong learners and therefore achieve local national health targets.

- Collaborating with purchasers and providers of education and with Government departments to input the Board's perspective on manpower predictions and education provision to meet workforce demand which are informed by the Board's knowledge of issues at educational institutions and practice areas.