What will 2017 bring for community nurses?

What a year 2016 turned out to be. Britain voted to leave the European Union; the US voted in a former host of The Apprentice to be its 45th president and there were a procession of notable deaths, including David Bowie, Muhammad Ali and George Michael, to name but a few. At times it felt as if 2017 couldn’t come quick enough.

And what about nursing? Last year saw legislation to end bursaries for student nurses and anxiety about what might happen to the nursing workforce post-Brexit, particularly with a large proportion of NHS staff being made up of workers from the EU. Throw in some ongoing NHS budget constraints and recruitment problems and at times it felt that nursing in the UK was at an all-time low. But as we move into a new year, what are the big issues that might affect community nurses in 2017?

Nurses’ pay
Always a contentious issue, nurses’ pay awards, like that of all other NHS staff, have been capped at 1% since 2010. According to the Royal College of Nursing, this has meant that nurses have endured a real term pay cut of 14% over that time (‘Parliament to debate nurses’ pay’ — www.rcn.org.uk). In the 2016 summer budget, the government announced public sector pay rises would be limited to 1% until 2020, later adding that future pay hikes would be ‘targeted’ and refusing to guarantee that every NHS employee would even receive the 1% rise (‘Petition calling for end to nurse pay rise cap gains 10,000 names in three days’ — www.nursingtimes.net).

As well as the financial implications, not receiving a pay rise for seven years can have an impact on morale and recruitment, but there is hope. An online petition, set up by community nurse Danielle Tiplady, makes the point that Agenda for Change staff have undergone a period of particularly harsh pay restraint, which has seen them experience a significant drop in their standard of living. Encouragingly the petition, which urges the government to scrap the 1% pay cap, has reached 100,000 signatures, which means it is eligible to be debated in parliament.

While the petition and subsequent debate is no guarantee that the pay restraint will end, it does mean that the issue of nurses’ pay will gain some much-needed publicity and will add to calls from health unions to boost nurses’ pay awards above the rate of inflation to counteract the current recruitment crisis.

Brexit
Whatever the pros and cons of the Brexit debate, one thing is certain — the NHS relies on EU workers for a significant percentage of its staff, with some trusts and hospitals (particularly in London and the South East) recruiting up to 20% of their nursing workforce from the European Economic Area (‘Brexit could make NHS shortage of nurses worse, says report’ — www.guardian.com).

While uncertainty swirls around what Brexit will actually look...
and feel like (hard; soft; a kind of mushy texture?), there is growing uncertainty among EU workers from countries such as Spain, Portugal and Ireland about their prospects. While there are no immediate plans to insist EU nurses currently working in the NHS leave, Brexit could lead to a reduced supply of labour, with some EU nurses returning home and others choosing not to come to Britain at all due to uncertainty about their employment and immigration status.

The Royal College of Nursing is certainly concerned, with Stephanie Aiken, the College’s deputy director of nursing, warning that Brexit, alongside an ageing population and a lack of nursing recruitment, may result in ‘a perfect storm engulfing the NHS in the future, when the current nursing recruitment crisis risks reaching catastrophic proportions’ (The RCN is concerned the effects on the future workforce will be exacerbated by Brexit and an ageing population’ — www.rcn.org.uk).

Nurse education
According to a recent report in The Times, applications for nursing degrees have fallen by 20% since the government withdrew funding for bursaries and brought in a system of student loans (‘Nursing degree applications fall by a fifth’ — www.thetimes.co.uk). In some institutions, applications for nursing degree courses are said to have halved and the situation is particularly bad, as is so often the case, in London and the South East. The Times report also states that numbers of applicants are particularly down in certain specialist courses such as learning disabilities, prompting fears that some courses will simply disappear due to the cost of running them with so few students.

The Royal College of Nursing has accused the government of gambling with the future of nursing, with Janet Davies, the College’s chief executive and general secretary, saying: ‘The drastic fall in nursing applications that we warned would happen has happened. We have consistently raised concerns to the government that their decision to charge fees to nursing students in England and replace NHS bursaries with student loans would result in this drop’ (‘Nursing applications for 2017 fall’ — www.rcn.org.uk).

Some bodies such as Universities UK and the Council of Deans of Health have welcomed the move to change from bursaries to student loans, however, claiming that the bursary system led to a cap on the amount of training places the government could afford to fund. Instead, the new system will allow more training places to be made available by institutions (‘Will scrapping nurse bursaries help or worsen NHS staffing crisis?’ — www.guardian.com).

Whatever 2017 brings, the chances are it will be a challenging year for community nurses, who, as well as facing the issues above, are being asked to bear the burden of an ageing population and growing integration with social care. No wonder community nurses can sometimes feel undervalued. But, if anyone can thrive in 2017 it will be the community nursing workforce, after all, as Donald Trump famously said ‘It’s always good to be underestimated.’

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2016 has been a difficult year for nursing in general. We are constantly subjected to changes that increase the demands on our services, however, our nursing teams are caring and compassionate and take pride in their work, continuing to provide excellent patient-centred care.

A major issue we will encounter is uncertainty relating to funding for community specialist practitioner courses, which will have a direct affect on the future of district nursing.

It is unsure what 2017 will bring, but we must remain positive and support our nursing teams. With our dedication and determination we will continue to provide our patients with the best care possible.

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