

Health Foundation submission: Health Select Committee inquiry on nursing workforce

October 2017

Thank you for the opportunity to respond to the Health Select Committee inquiry on nursing workforce. Our submission sets out an overview of the shortfall of nurses, the impact of nurse training funding reforms including the apprenticeship levy and a focus on nurse retention and staffing levels.

Key points

- Health Education England calculated that the NHS had almost 30,000 vacancies in 2016. Similarly, the Nursing and Midwifery Council report that one in nine nursing posts are vacant. And this is reflected in the experience of nurses, with almost half of nurses surveyed in the NHS Staff Survey saying that there are not sufficient staff for them to do their job properly, and working conditions being the most cited reason for nurses leaving the nursing register.
- This shortage is partly due to a long running cap on the number of available nurse training places, meaning courses are heavily oversubscribed. In 2016/17, for example, there were just over 43,800 applicants – who made a total of 188,000 applications – for the 20,741 funded places available.
- The government has moved away from a bursary system to the standard student loan system in an attempt to increase the supply of nurses. Early indications are that this has led to a 23% drop in the number of applications but that the actual number of placed applicants will stay broadly flat, with the number of placed applicants currently 4% below 2016 levels.
- The NHS is reliant on nurses from overseas – including many from the EU – choosing to practise in the UK. However, a combination of changes has impacted to reduce this inflow in the last year, including changes to the language testing requirements, our relationship with the European Union, and the value of the pound.

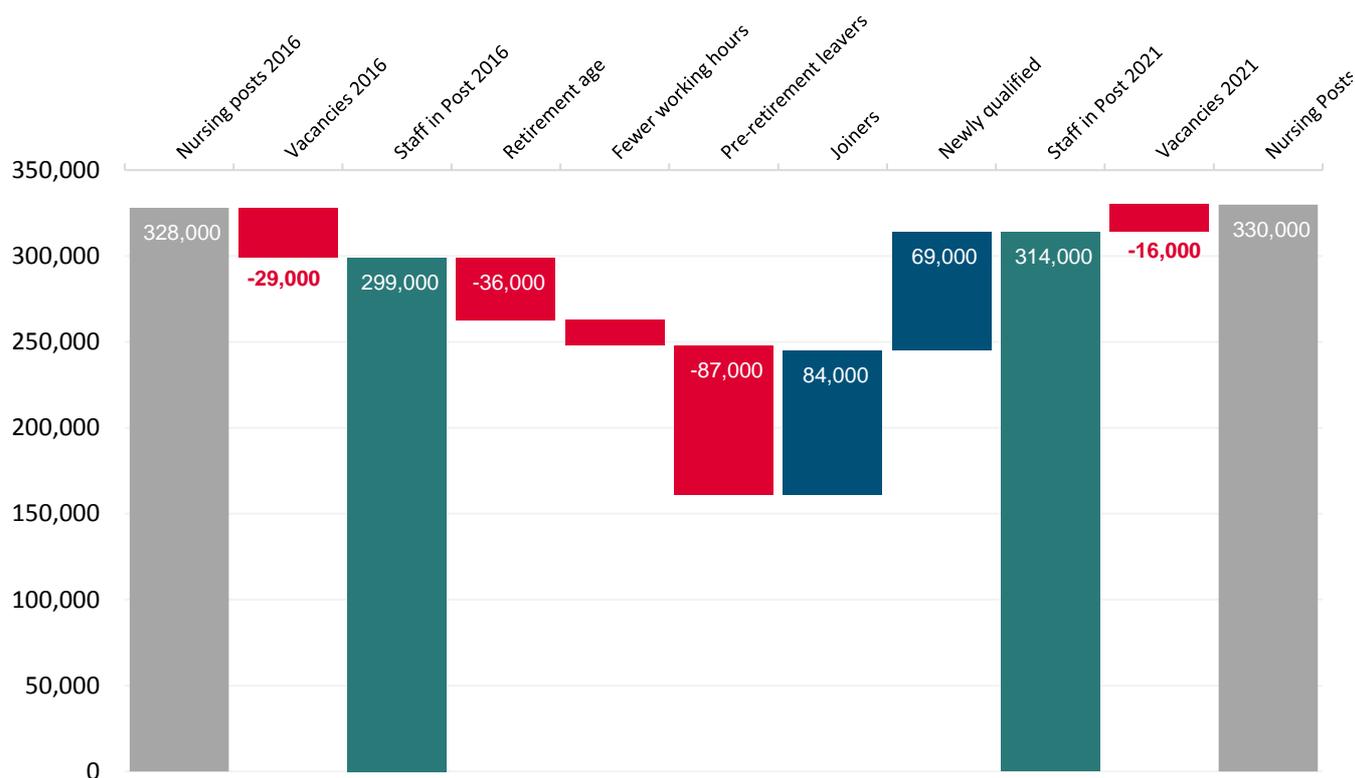
There was a 96% fall in applicants to the Nursing and Midwifery Council register between July 2016 and April 2017.

- Other reforms such as apprenticeships and nursing associate roles may provide attractive alternative routes into nursing but these models are still fledgling. While there have been high ambitions for the apprenticeship scheme, it has been reported recently that only two higher education training providers have nurses starting training via the apprenticeship route in 2017, with a combined total of fewer than 50 students.
- Improving retention will be critical to ensure that the NHS is adequately staffed to provide safe and effective care, as the impact of any increase in nursing students will not be felt for a number of years. With significant variation in retention rates across the NHS, more effort should go into reducing variation and supporting those with the highest turnover rates.
- Given the shortage of new nurses and increases in the number leaving, there needs to be a focus on the productivity of nurses and the role of nurses in the productivity of the wider workforce. Health Foundation research shows that hospitals with a higher proportion of nurses and support staff within their total workforce had higher consultant productivity – increasing the proportion of nurses by 4% increased consultant productivity by 1%. With the nurse to consultant ratio decreasing by a fifth since 2009, it is vital to understand the implications of this for workforce productivity.
- What these issues highlight is the need for a workforce strategy that addresses training, pay, career structures, recruitment and retention together. Undersupplying nurse training places, overreliance on foreign-trained staff, and poor planning for policy changes has all led to predictable issues. It is important that more consideration is given to the long-term impact of policy changes, to adequately funding the implementation of these changes, and the impact on other staff groups – across health and social care – of policies seeking to redress issues identified within a staff group.
- While there have been recent announcements about additional funding or intentions to expand available places, too often these announcements are too late in the planning cycle or not properly resourced. If NHS providers, universities, and national bodies are to be able to plan long-term then there needs to be a long-term, sustainable commitment to nursing policy.

Shortfall of nurses

In 2015, Health Education England calculated that the NHS had a shortfall of 30,000 full-time equivalent nurses. In 2016, HEE report 29,000 vacancies. HEE anticipates that 87,000 (non-retiring) nurses will leave the NHS between 2016 and 2021, resulting in the NHS requiring 84,000 joiners (over and above newly qualified staff) in order to limit vacancies to 16,000.

Figure A: Nursing supply and demand, 2016–21



Source: Health Education England presentation, NHS Confederation Conference 2017
 The Royal College of Nurses calculated that one in nine (11.1%) nursing posts are unfilled and that this number has doubled since 2013.

There are major problems with staffing numbers in non-acute services, between 2009 and 2016, the numbers of full-time equivalent mental health nurses and community nurses employed by the NHS both fell by 13%. In the year to April 2017, the numbers have fallen again, by 0.5% and 2.9% respectively.

Immediate nurse shortages in the NHS will potentially worsen in the near future because many people working in nursing are approaching retirement. One in three qualified nurses, midwives and health visitors are aged 50 or older, therefore there will be significant growth in the proportion of staff who are likely to retire over the next 5–10 years¹. Left unaddressed these trends will exacerbate current shortages, which are already critical.

While the number of nurses has changed little year by year, some staff groups – such as consultants – have grown considerably. The result is that the ratio of nurses to consultants

¹ Buchan J, Seccombe I, Charlesworth A. (2016) Staffing matters; funding counts. Supplement: Workforce profile and trends The workforce of the NHS in England: current profile and recent trends. Health Foundation, 2016. Available at: <http://www.health.org.uk/sites/health/files/SMFCProfileTrends.pdf>

has fallen by a fifth (to six nurses per consultant). Evidence suggests that hospitals with a higher proportion of nurses and support staff within their total workforce had higher consultant productivity. The proportion of nurses had one of the largest impacts on consultant productivity: increasing the share of nurses by 4% increased consultant productivity by 1%. A shortage of nurses makes focusing on workforce productivity even more important – and understanding the relationship between the numbers of different staff groups is key to this.

Shortages of nurses can cause serious and systemic problems at NHS providers. It can lead to overreliance on agency staff, which can in turn lead to financial problems for providers.² Shortages can also impact patient experience, as they are left alone or are unable to speak to staff.³ It also impacts the staff themselves, with 44% of those surveyed who left the NMC register for reasons other than retirement citing working conditions (for example staffing levels and workload) as a reason for leaving⁴. Most importantly, shortages of staff can lead to major lapses in the quality of care provided, with the Francis Inquiry finding ‘A chronic shortage of staff, particularly nursing staff, was largely responsible for the substandard care’.

These shortages are also exacerbated by a consistent undersupply of nurse training places, insufficient planning around new routes into nursing, a drop off in nurses from the EU joining, and worsening retention rates. These will be discussed in the following sections.

Impact of nurse training funding reforms

Nursing courses are heavily oversubscribed. In 2015, 57,000 people applied for the 20,000 nurse training places available; nearly two-thirds of applicants were unsuccessful despite the need for more nurses.

Given the financial pressure in the NHS, rather than increasing the bursary funding for nursing, the bursary system has been removed to align funding for nursing degrees with other subjects. In theory, universities can offer more places and make sure that more of the people applying are successful.

However, this has led to a 23% drop in the number of UK applicants to English universities.

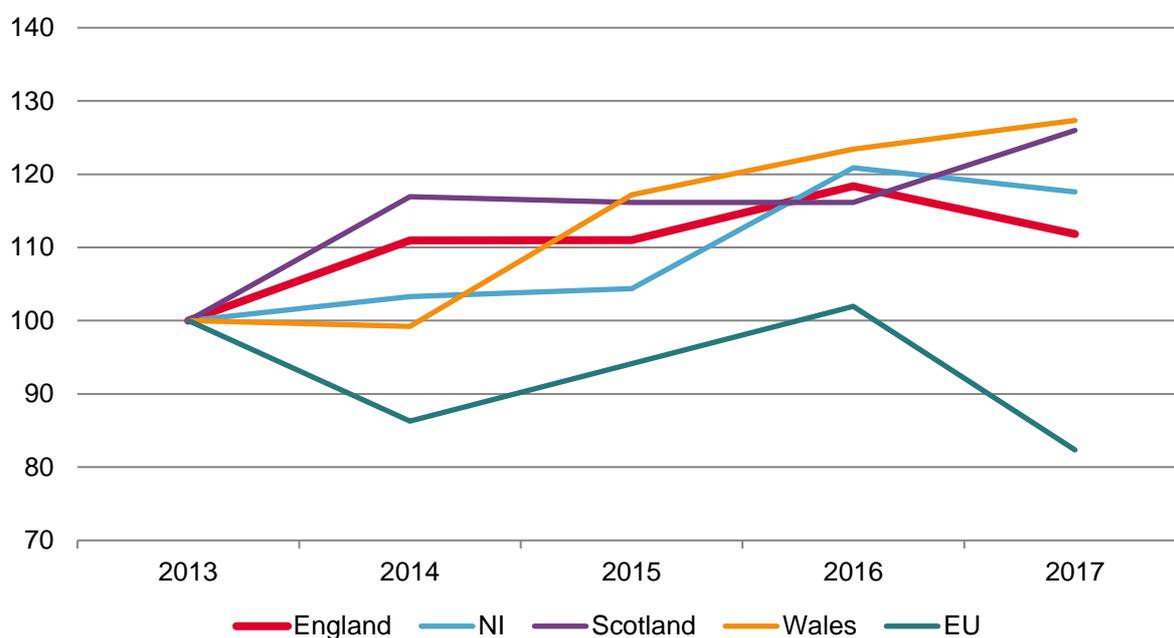
While the number of applicants still exceeds the places on offer, the initial indications are that in 2017 the number of nurses starting training will fall – the number of placed students in England is 3.7% lower on 1 September than the year before, while numbers starting training for Scotland and Wales are increasing. In England 1,200 fewer nurses are starting training in autumn 2017 than the year before, and are back to 2015 levels.

² <http://www.health.org.uk/sites/health/files/APerfectStorm.pdf>

³ <https://www.nursingtimes.net/opinion/patient-blogs/how-do-staffing-issues-affect-patient-experience/7010965.article>

⁴ <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/nmc-register-2013-2017.pdf>

Figure B: Change in placed applicants on UK university nursing courses by country of residence (index 100=2013), 2013–2017



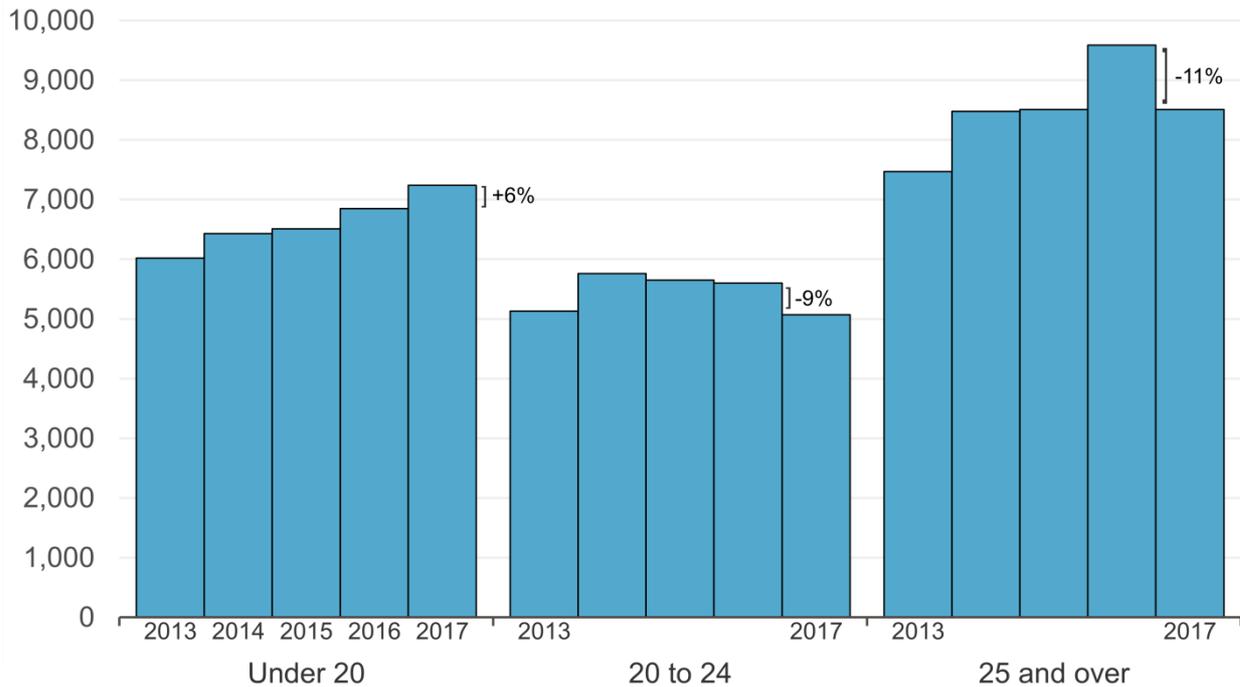
This is the result of a complex set of trends and changes – and this decline should not be attributed to the changes in the bursary alone.

The NHS bursary has been retained in Northern Ireland, Wales and Scotland and yet all three countries have also seen a decline in the number of nursing applicants, even if they ended up placing more students. In Wales, the number of nurse applicants is down by 10% compared with 2016, with reductions of 6% in Northern Ireland and 2% in Scotland. These reductions cannot be explained by the removal of the NHS bursary. One reason for this is that the NHS bursary was not the only constraint on the numbers of nurses that could be trained. There is also the question of the capacity of the NHS to provide clinical placements to match university intakes, and the ability of universities to improve student attrition rates.

The motivation for shifting to student loans was to allow the number of student nurses and allied health professionals to expand – by up to 10,000 by 2020. One critical element in the fall in the number of students placed in nursing courses for the start of the academic year has been poor implementation of the reforms to student funding, and poor communication from government departments.

In addition to the fall in student numbers, there has been a predictable shift in the age profile of those entering nursing degree courses in England. The proportion of 18 year olds has risen from 19.5% to 22.7%, while those aged 20 and over has declined. Whether this change is planned, or what consequences it might have, is unclear.

Figure C: Age profile of placed applicants on nursing courses in England, 2013 to 2017



There has been insufficient focus on the specific issues facing mature students and most critically the arrangements for funding the clinical placements so that higher education institutions could expand places. Universities were only notified that additional funding would be available on 9 August 2017, less than a week before A-level results and long after the initial application process. The government needs to examine how the new approach can be improved – particularly the issues faced by mature students but also very critically the arrangements for clinical placements.

There also needs to be a serious focus on what can be done to address the high rate of attrition from nursing courses. A recent survey by Nursing Standard suggests that an estimated 1 in 4 of all student nurses do not complete their training within the scheduled three years.

Initially then it appears that the change in funding arrangements in England has led to a slight fall in student numbers (it will not be possible to have a conclusive assessment until the end of the year), although that decline has not been as steep as some commentators anticipated on the basis of applicant numbers.

Apprenticeship levy

Other reforms such as apprenticeships may provide alternative attractive routes for applicants. This approach exists elsewhere in the NHS with apprenticeships already used as routes into qualification for pharmacy assistants and technicians and dental nurses. The government wants an additional 28,000 apprenticeships in the NHS once the levy is in place. The NHS levy will amount to around £200m per year so there is considerable

pressure for employers to recover their contributions.⁵ There has since been the announcement that a further 5,000 nursing associates will be trained through the apprenticeship route in 2018 and an additional 7,500 in 2019.

However, *The Nursing Times* report that only two higher education training providers have been approved to start nurse apprentice route training in 2017 with a total of 46 students. More places at more institutions will become available in 2018 but the programme is significantly delayed.

Ensuring that apprenticeship options are available in sufficient number and spread across the country will be vital. The introduction of apprenticeship routes into the professions and the nursing associate role may also have acted to reduce the numbers of applicants wanting to pursue the degree route.

Joiners

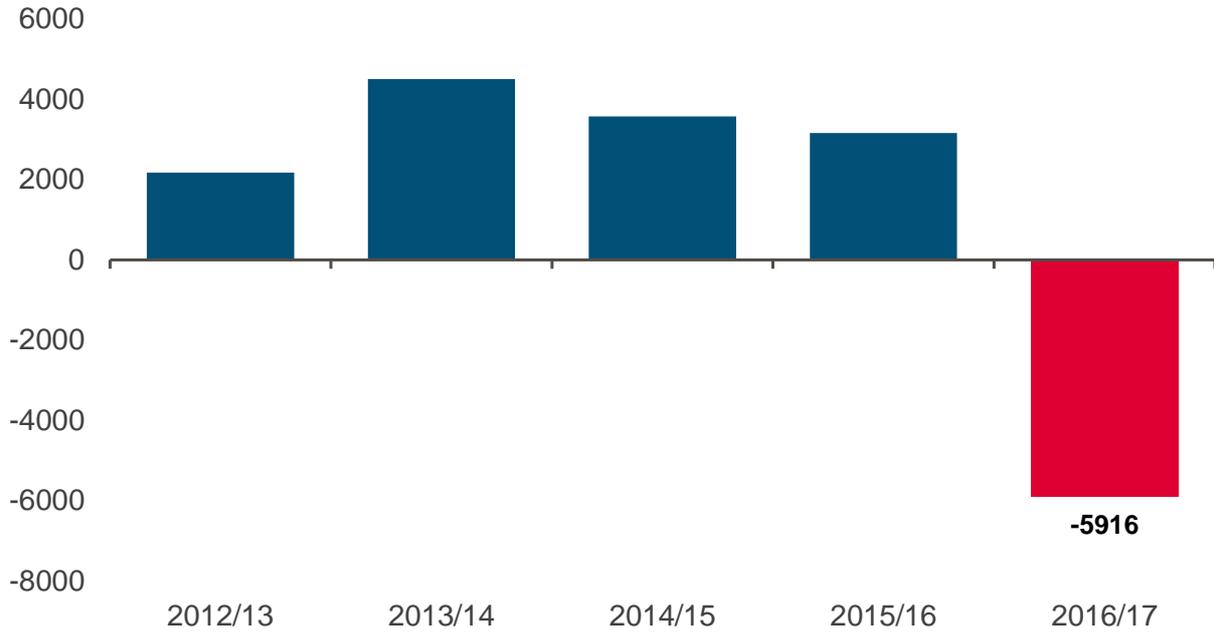
In 2016/17 the number of registrants on the NMC register fell by almost 2,000 nurses. This is due to fewer initial joiners (which does not include people re-joining, being readmitted, or returning to practice) and more leavers than previous years. In total, there were almost 6,000 fewer initial joiners than leavers (Figure D).

Figure D: Net number of nurses joining the NMC register

⁵ <http://www.councilofdeans.org.uk/wp-content/uploads/2016/08/01092016-Apprenticeships-paper-September-2016.pdf>

Net joiners to NMC register

(difference between initial joiners and leavers)

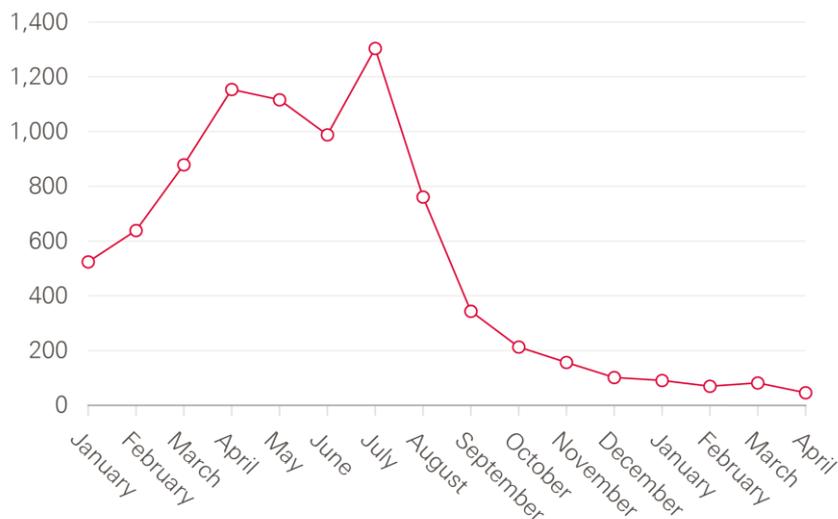


This was partly driven by a decrease in the number of joiners from the European Union. A Freedom of Information request to the Nursing and Midwifery Council showed a sharp decline of EU nurse registrants of 96% – from 1,304 in July 2016 to 344 in September 2016 to just 46 in April 2017.

Figure E: Monthly total number of new EU registrants on the UK register

New nurse registrants from the EU

Total number of EU nurse registrants in the UK, January 2016–April 2017



This decline was caused by a combination of new language testing requirements and the vote to leave the European Union.

In July, new language testing requirements were introduced for international nurses applying to practice nursing in the UK. There have been a number of reports⁶ of a severe bottleneck caused in part by potential nurses being unable to pass this test at an appropriate level. In response, the NMC have announced they will also accept the Occupational English Test. This test is also accepted by other countries including Australia, Canada, and New Zealand.

While it is important to ease this bottleneck to reduce further nurse shortages, it is just as important that patient safety is protected by ensuring staff coming to work in the UK are adequately prepared and are able to communicate effectively.

The recruitment and retention process must be fair and effective while also ensuring patient safety is paramount. There are clearly some limitations to the initial system of only accepting IELTS, and so it makes sense to review the potential for also accepting an alternative. If a new system is a better predictor of a nurse's ability to work effectively then this will be a sensible move.

These issues have been compounded by the weakening of sterling as a currency – reducing the financial incentive for nurses from overseas to practice in the UK.

The NHS is heavily reliant on staff from Europe, employing over 60,000 staff from the EU, equivalent to more than 1 in 20 NHS staff. 1 in 3 new nurses entering the UK register for the first time in 2015/16 had been previously registered in another EU country. In the NHS in England, 7% of nurses and health visitors are from other EU countries.

Any reduction in EU staff willing to work in the could have major implications for the quality and availability of services. By January 2017, the number of applications for nursing degrees from people from other EU countries was 25% lower than in January 2016 – the biggest decrease in any national group.

In March, the *Health Service Journal* reported on modelling by the Department of Health that suggested a possible scenario for Brexit – that is, no inflow of nurses from the European Economic Area – could cause a further shortage of over 20,000 nurses on top of expected supply by 2025/26.

The overall shortage of 30,000 nurses is not a shortage caused by the new language testing requirements or the Brexit vote. The chronic shortage of nurses is the result of years of short-term planning and cuts to training places. This has led to an overreliance on foreign-trained staff which has been surfaced by these changes.

⁶ <https://www.nursingtimes.net/news/professional-regulation/alternative-language-test-for-overseas-nurses-set-to-be-brought-in-within-weeks/7021502.article> <https://www.theguardian.com/society/2017/sep/23/nurses-language-tests-immigration-nhs>

Retention

Annual nursing turnover is as high as one in three nurses moving jobs in some NHS trusts, with working conditions including staffing levels and workload being flagged as the “number one reason” for nurses moving.⁷

This is a problem across staff groups and the potential impact of improving retention by reducing the leaver rate from NHS trusts is significant. Estimates by the Health Foundation suggest that if actions to address retention could lead to a 10% reduction in the leaving rate, this would equate to 15,000 fewer leavers in the NHS in one year. If more focused action in the NHS in the trusts in the top quartile of the highest leaver rates in 2016/17 could reduce their rate to the bottom quartile’s average rate of 13%, then this would equate to 29,000 fewer staff leavers from NHS trusts in just one year.

Health Foundation analysis also highlights that NHS staff retention rates have been getting worse across the NHS since 2010/11. While increasing the number of nursing students and apprentices may increase the number of nurses in the medium term, tackling retention is vital to having adequate staff to provide safe care in the short term.

Determining nurse staffing levels

Part of the overall approach to nursing numbers in the NHS in England must be effective methods of determining local staffing levels. Earlier this year the Health Foundation reviewed the current guideline based approaches in the NHS in England⁸, and compared with the other UK countries and internationally. The report concluded that the current approach to safe nurse staffing guideline development in England is relatively slow, risks uneven and incomplete coverage, and is compromised by the lack of a comprehensive evidence base. The report also identified areas where there is scope for improvement, these included: harnessing technology and data analytics more effectively to support local decisions and allow a much improved ‘line of sight’ for NHS trust boards; investment in training lead staff in the use of staffing tools, analysis and data interpretation; systematically linking safe staffing methods with staff rostering and planning; and engaging in cross-UK collaboration and networking on the use of nurse staffing.

Conclusion

Since the turn of the decade the shortage of nurses in the NHS in England has become more pronounced, as shown by indicators such as vacancy rates, use of agency staff, and results of staffing projections, and level of reliance on foreign-trained nurses. Turnover rates of NHS nurses in England have increased while relative pay has fallen behind overall

⁷ <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/nmc-register-2013-2017.pdf>

⁸ http://www.health.org.uk/sites/health/files/Workforce%20pressure%20points%202017_nurse%20supplement%20FINAL_0.pdf

earning growth. The shift from bursary to loan based financing of student nurse education was inadequately managed in the first year of change; while it is too early to have a complete picture, there has been a marked decline in student nurse applicants, and little evidence that the growth target stated by government is on track.

Even if the current inadequacies of the new loan based system can be addressed, it will be several years before there is any consequent growth in the number of new nurses coming into the labour market from UK universities. In the meantime, the fragility of the overall system has been exposed by the crash in the number of new international nurses. The changes to language testing requirements for new nurses from the EU and the UK's decision to leave the EU exposed our lack of sufficient domestically-trained nurses.

While some of the issues are a result of funding pressures, they all are the result of a short-term, piecemeal approach to workforce planning. The NHS still has no overarching strategy for its workforce. The NHS will not be able to move forward to deliver sustained efficiency improvements and transform services without a serious examination of its approach to pay and the way it plans and uses its nursing workforce across the system.

For further information:

Emily Eldridge

External Affairs Officer

020 7257 8068

ExternalAffairs@health.org.uk

www.health.org.uk