NMC response to the Change NHS consultation on the 10-year plan for health in England

Introduction

1 In October 2024, the Department for Health and Social Care launched a consultation in advance of publishing a new 10-year plan for health in England in 2025. There are three 'shifts' planned:

- Shift 1: moving more care from hospitals to communities
- Shift 2: making better use of technology in health and care
- Shift 3: focussing on preventing sickness, not just treating it

2 For organisational responses, it asks what we would like to see included in the plan, the challenges and enablers of the three shifts, about how the health system can make better use of technology and general ideas for change.

About the NMC

3 We are the independent regulator of more than 826,000 nurses and midwives in the UK and nursing associates in England, who constitute the largest part of the NHS workforce. Our vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing, and we recognise our important role in making this vision a reality.

4 We're here to protect the public by upholding high professional nursing and midwifery standards, which the public has a right to expect. That's why we're improving the way we regulate, enhancing our support for colleagues, professionals and the public, and working with our partners to influence the future of health and social care.

5 Our core role is to **regulate**. We set and promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England and quality assure their education programmes. We maintain the integrity of the register of those eligible to practise. And we investigate concerns about professionals – something that affects very few people on our register every year.

6 To regulate well, we **support** nursing and midwifery professionals and the public. We create resources and guidance that are useful throughout professionals' careers, helping them to deliver our standards in practice and address challenges they face. We work collaboratively so everyone feels engaged and empowered to shape our work.

7 We work with our partners to address common concerns, share our data, insight and learning, to **influence** and inform decision-making and help drive improvement in health and social care for people and communities.

What does your organisation want to see included in the 10-Year Health Plan and why?

8 We want to see a 10 Year Health Plan for the NHS in England that is ambitious for people using health and care but also realistic and inclusive. We are encouraged by the programme's set up – including the existence of working groups focused on delivering a person-centred vision for the health service in England over the next decade. What is also critical are the work streams to ensure that the right enablers are in place and that the NHS workforce can succeed in delivering better care, support, and outcomes for people. As the health and social care systems are intertwined, we need similar attention to be given to social care, and for respective visions and plans to be mutually supportive over the next decade.

9 We are keen that the voices of the nursing and midwifery profession are heard across the workstreams and development of the Plan. They are the largest group in the NHS workforce, and most people's experiences of the NHS are substantially their experience of nurses and midwives. We are also keen to understand how the DHSC sees regulation as an enabler for the Plan.

10 To make the shifts that you have set out as required in the Darzi Review and in this consultation, it will be critical to plan for a period of transition, to support services and the workforce to change through careful and inclusive design and training.

11 In our response to this consultation, we plan to focus largely on a workforce lens that covers the professionals that we regulate, and what they would need to be able to deliver future ambitions successfully.

Tackle system-level pressures around workforce and staff shortages.

12 Our recent Spotlight report highlights findings from our research showing that both members of the public and professionals largely attribute poorer care to system-level factors such as staff shortages, lack of resources and inadequate support. Professionals and employers have highlighted that these system pressures are the biggest barriers to them delivering care in line with the NMC's standards for the professions.

13 We need to ensure that there is workforce sufficiency to deliver the revised ambitions for the health service. The existing NHSE Long Term Workforce Plan is already ambitious in its aims for expansion and training of the future workforce, including nurses and nursing associates. The Plan calls for an increase in graduate adult nursing training places by 92%, taking the total number to 38,000 by 2031/32 which means increasing training places to 28,000 by 28/29 and an overall increase of 44,000 by 2028/29, incorporating midwifery training too. There was also an ambition to encourage more education and training through an apprenticeship route.

14 We are concerned about the feasibility of this ambition in the current context. We are aware that there has been a reduction in applications for nursing degree courses, potentially due to financial drivers, as well as the attractiveness of the profession. The 2,300 practice learning hours that nursing students are required to undertake as part of their 3-year degree makes working alongside studying very difficult. Nursing students aren't all 18-year-olds. Many students undertake nursing degrees as mature students where they have caring responsibilities of multiple types. Many students have to work to earn income that helps fund their studies, however we have heard from students that a lack of flexibility in the practice learning component can present a barrier to doing so. Education institutions and students have shared that there has been an increase in requests for hardship loans. Practice learning is something that we are looking at currently. In addition to financial strains, reports and inquiries in nursing and midwifery are also likely to be affecting our ability to train and recruit in the future.

15 Furthermore, the financial health of higher education institutions and universities is under severe scrutiny currently meaning that the viability of courses are at risk. Health and care courses are more expensive to run, and generally exceed the cost of student fees. Many of the universities that are speculated to be in less strong financial health are ones that traditionally offer nursing and midwifery degrees. This is a critical interdependency for the expansion of the nursing and midwifery workforce.

16 We need to successfully lever apprenticeships in order to expand the nursing and midwifery workforce, as set out in the Long-Term Workforce Plan. Apprenticeships help to create more affordable routes into the professions and support growing workforce in under-served geographies. There are also post-graduate routes into nursing and midwifery through apprenticeship degrees. Changes to the apprenticeship levy should continue to support all routes into these critical professions.

Tackle poor organisational cultures

17 A 10-year Plan for the health service needs to talk about the culture of the health service, not only for people using services, but also for those working in the health service. We need to make the NHS an attractive place to work, where people can develop, work flexibly and provide person-centred care in a supportive and inclusive environment. At present some flexibility, including the ability to return to the workplace is not equally encouraged or promoted across the health service and is discretely available.

18 There are well-evidenced cultural problems in health and care that can hold professionals back from being inquisitive, speaking up and collaborating. We see instances of where this leads to professionals not being able to uphold the guiding principles of their NMC Code and the standards for their professions that we set. It's vital that managers and leaders do more to foster cultures in which every professional feels able to work in line with the expectations for their role and professional standards, to feel supported,, and can confidently raise issues and concerns and work free from fear of discrimination and harassment. Where there

is better teamwork that supports more consistent communication with people and their families.

19 In our recent Spotlight Report professionals cited organisational factors such as defensive work cultures (where people are afraid or discouraged from asking for help) as affecting working lives and care delivery. Our previous research also shows that the public know that individual professionals alone cannot deliver a person-centred service, feeling that organisational culture and ethos, systems and processes, and staffing and resourcing levels, all have an impact on individuals' ability to provide person-centred care.

Key findings from the NMC's Leavers' Survey 2024:

20 Since 2017 we have conducted a survey of those who leave the NMC's Register to understand why people leave and how this may align to demographics. This research is published annually.

21 The 2024 NMC Register Leaver's Survey found that in 2023/24 the top three reasons why professionals left the register were due to: retirement, poor health and burnout. 62% of people leaving the register for health reasons are doing so due to their mental health and 4 in 5 who leave for this reason stat that their role is a contributory factor.

22 The reasons for leaving are similar for nurses and midwives, but for midwives concerns about staffing levels (22%) and quality of care (17%) ranked higher. Most people do not intend to return once they leave (8%) but 1 in 3 would consider working outside of the UK.

23 It's concerning that the likelihood of recommending a career as a nurse, midwife or nursing associate is low – with those under 55 years old, working in the NHS and UK educated giving the lowest endorsements.

24 Half of those who leave are leaving earlier than expected, on average 5 years early. The human and financial costs of early leaving are high. Professionals on our register invest time and money in pursuing their chosen careers; there are costs to the overseas recruitment of internationally educated professionals; and the sooner people leave the register after joining, the greater the loss in years of service they might have given. Staff shortages affect the quality and safety of the care that we all receive and have contributed to the lowest levels of satisfaction with the NHS since 1997. We are currently seeing a sustained loss of talent, expertise and workforce capacity that will be essential to deliver the 10 Year Plan. Staff retention needs to be a key focus of any future Plan delivery.

Address racism and discrimination in health and social care.

25 Our recently published registration data report demonstrated the increasing diversity of the nursing and midwifery professionals on our register, due to remarkable growth in new registrations from internationally educated professionals and increasing diversity in domestic entrants. In England 31.6% of those on our register come from Black and minority ethnic backgrounds compared to 22.9% in 2019.

26 And yet we know from the NHS Workforce Race Equality Standard in England, academic research, and our own insights, that racism and discrimination are common experiences for Black and minority ethnic professionals, and that the health and care sector is failing to provide a just, inclusive environment in which all Black and minority ethnic nurses, midwives and nursing associates can thrive and progress. This is detrimental both for professionals themselves and for the provision of care to people using services. Our research into the experiences of internationally educated professionals who have recently joined the register has revealed the impact of the abuse and discrimination that they receive from both colleagues and people for whom they care.

27 We also have data that shows the disparity in working experience for disabled professionals. They are much more likely to leave the NMC register due to their physical or mental health (73% compared to 26% for those without a disability), a lack of colleague support (24% compared to 17& for those without a disability) and bullying (19% compared to 8% for those without a disability).

28 The vast array of organisations that constitute the NHS are yet to create an environment in which the people who work in it can thrive. This is worse where people have a difference, or are part of a minority group, as illustrated above. The Plan needs to set out how an inclusive and enabling culture with be established for those working in health and care.

Better support for newly qualified/registered professionals.

29 It is imperative that we focus greater attention on supporting early career professionals and students who come into the workforce for the first time in the pressurised and high-stakes roles of nurses and midwives.

30 The NMC's 2023 Spotlight report looked into the experiences of newly registered nursing and midwifery professionals. It showed that where professionals lack the right support at the outset of their practice, consequences can be significant. It can affect their confidence, their sense of being able to practise safely and whether they intend to stay in their profession.

31 Making the transition from student or overseas nurse, midwife or nursing associate to registered professional can be challenging, and a good quality preceptorship (structured support for nurses, midwives and nursing associates in their first role) can help new professionals to feel more confident in their ability to provide good quality care.

32 In 2020, we published our Principles for Preceptorship. We are clear that the main aim of preceptorship is to welcome and integrate new professionals into their team and place of work, help them grow in confidence, and begin their lifelong journey as an accountable, independent, knowledgeable and skilled practitioner. As a professional regulator, we can advise employers on good practice, but we can't require compliance with it. We are looking at what else we can do with our partners to ensure that new entrants to our register are supported to thrive in their chosen careers.

33 As the NHS looks to expand its workforce considerably over the next decade, including to deliver this Plan, we need to ensure that the environment that people come in to is one that meets their expectations of work, and stops people leaving the NHS before their full careers have begun.

Nurturing our internationally educated workforce

34 Whilst the Long-Term Workforce Plan for England set an ambition to recruit more people domestically over the long term into the NHS workforce, at present we are still reliant on internationally educated professionals. In the last few years have constituted approximately half of those who join the NHS register every year, although there are indications that this trend is dropping.

35 In our engagement with internationally educated nurses and midwives, they have shared that they are re-considering their choices of working in the UK and in the NHS due to poorer experiences. Where people do come here, they may no longer intend to work in the NHS for their whole career. Internationally educated professionals feel unable to access the same development opportunities, this includes barriers to becoming advanced practitioners, in part due to the higher international student fees that some would face.

36 Between October 2023 to March 2024, we saw a slight drop in the percentage of internationally educated professionals who were new joiners to the NMC register.

Summary

37 There In the 10-year plan we need to see:

- Workforce sufficiency;
- The majority workforce of nurses and midwives reflected, listened to and nurtured; and
- Improvements in culture, with a specific focus on internationally educated, racism and discrimination and an environment which supports new people who join the NHS and health and social care.

What does your organisation see as the biggest challenges and enablers to move care from hospitals to communities?

38 One of the biggest challenges to making this shift towards community a reality is that the system is still geared primarily as an acute system in terms of money, infrastructure and often accountability of care. In our engagement with the nursing profession, some have told us that they can feel de-skilled when working in the community as the system is still geared up for oversight in the acute system. For example, they may not get to use prescribing skills. This points to a failure of true integration and devolution at a community level.

39 To support this transition, it's important that professionals working in the community have the right infrastructure including – skills mix, data sharing and information governance. It's critical that we support the growth, development and

retention of the community nursing workforce who will be essential to both shift care successfully to the community and to embed prevention across the system.

40 However, in recent years we have witnessed a decline in the community nursing workforce. The Darzi Review highlighted a shortage of health visitors and community mental health nurses. We have seen an ongoing drop over many years in the number of professionals on our register who have qualifications in key community roles such as health visitor, school nurse, district nurse, community mental health and general practice nurse. This needs to be reversed through investment in growth and promotion of community care and roles. We are particularly concerned about the decline in community mental health nurses, and learning disabilities nurses, where we saw reduction of 1.2% between March 2023 and March 2024.

41 We recognise that support and care of people of all ages is increasingly being delivered in the community, in people's homes and in settings close to their homes. Our Standards of proficiency for community nursing specialist practice qualifications (2022)[1] contains new outcome-focused specialist community nursing standards of proficiency for registered nurses (including a new specialist practitioner qualification (SPQ) for health and social care). These proficiencies reflect the specialist knowledge, skills and attributes required by nurses working in the community in any roles which involve more autonomous decision-making, in situations that require registered nurses to manage greater clinical complexity and risk, both in terms of the people they care for, the caseloads they manage and the services they work within, which in turn may be integrated with other agencies, professionals and disciplines. This is an enabler for greater high-quality care in community settings.

42 The NHS long term workforce plan for England modelled that by 2036-37 the shortfall in community nursing would be at least 37,000 FTE. The shortfall for learning disability and mental health nursing was projected to grow to 17,000 FTE during the same period.

43 Our data report for 2023-24 published earlier this year showed a continued downward trend in England of the specialist community public health nursing (SCPHN) workforce, with a 1.5% reduction. It is worth noting that Wales, Scotland and Northern Ireland saw slight increases in their SCPHN qualified workforce in the same period.

44 We are aware that the community nursing workforce is broader than those who qualify through a specialist public health nursing[2] (SCPHN) route, which includes programmes that are approved by the NMC. It also leads to an additional SCPHN NMC registration in a specific field of SCPHN practice across school nurses,

[1] Specialist Practice Qualifications: community children's nursing, community learning disabilities nursing, community mental health nursing, district nursing, general practice nursing and the new specialist community nursing

[2] Specialist community public health nurses: health visitors, school nurses, occupational health nurses and public health nurses

health visitors and occupational health nurses. There is also a broader SCPHN public health nurse qualification.

45 In 2022 we published new standards of proficiency for SCPHN and new programme standards for post registration education providers to ensure that people with these skills and registration can be more impactful, based on the best available evidence and insight that focuses on public health, health promotion and health equity throughout the lifespan.

46 The proficiency standards moved to six spheres of influence that SCPHN qualified nurses, working autonomously in the community should be competent at. All SCPHNs work in partnership with people to prevent ill health, protect health and promote wellbeing and can work across different sectors, settings and life course stages. They offer a flexible, confident and competent workforce for employers. This includes the ability to take a whole life course approach, cultural competence and data literacy to advance population health management and health equity.

47 These spheres are relevant to the future of a preventative, community, public health service and approach. They require strong system leadership, collaboration, insight sharing and support of place-based and neighbourhood intervention to be successful. Alongside a culture that support autonomy rather than blame, where people can safely raise issues and receive support from leadership.

48 Another contributor to a buoyant community workforce, is the ability for students in their pre-registration education and training to be exposed to community settings practice learning placements. We have amended our education standards in recent years to enable greater flexibility in placements for nursing and midwifery students and emphasise the learning opportunities that are available in the community and beyond traditional hospital settings. This should help to encourage more people to work in this setting post registration, not just as SCPHN professionals and community nursing professionals. However, we know that setting up such placements can be difficult for education institutions as other sectors lack the infrastructure and capacity of the NHS. The current tariff may also not be attractive for new placement providers and those offering fewer and shorter placements.

49 Moving forward, given the critical role of primary care and GP surgeries at the heart of inter-connected community care, we would like to see more nursing students having the opportunity for placements in these settings. We know that this is challenging as at present there is no specific funding available for GPs to offer placements. Supervisory capacity would also need to be thought through. Wales have been piloting specific funding for general practice to host placements.

50 There is still a belief among some people that you need to practice in hospital first and then move into the community. This is an outdated view that needs to be challenged. There could also be a risk that where professionals are not exposed to community settings early in their careers, they fail to equate community settings to what it is to be a ‘nurse.’ There is a mindset shift that is required to make a fundamental shift to the community, as well as proactive selling of these roles. Our education and training standards require that interprofessional education takes

place. In the medium term we need to make this a reality for students and for people in practice, as set out in the Fuller Review.

51 The vision for the people function of Integrated Care Systems, set out by NHSE in August 2021, makes clear that Systems should undertake integrated workforce planning, including rotation of their workforce and greater flexibility. A key benefit of this, in terms of supporting a move to greater community provision, is that it supports the workforce to make a transition and to maintain skills that are key in the community.

52 It is worth noting that nursing associates (NAs) are already a flexible workforce as they can work across all settings and undertake diverse placements as part of their training. The Long-Term Workforce Plan for the NHS in England recommended that NA training places increased to 10,500 by 2031/32.? It has been 5 years since the introduction of regulated nursing associates into the health and care workforce in England so there should be a developing evidence base in their role in driving better care.

Summary

53 To shift more care to the community in the 10-year plan we need to:

- Re-engineer planning, funding and system architecture away from acute to be more fundamentally community focused and for community to hold equal, if not greater weight and status

- Address the decline in the community nursing workforce, including through equivalency in pathways, impact and status

- Make use of the updated standards of proficiency for community nursing and public health which promote professionals that are competently autonomous, collaborative across agencies and sectors and advancing population as well as individual health Focus upstream on education, including placement opportunities for practice learning for students

- Foster collaborative and learning cultures inter-professionally

- Advance workforce planning that is integrated in a system and across sectors, including social care and third sector, which is particularly critical for mental health and learning disability.

What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

54 There are number of critical challenges in rolling out the use of technology in healthcare, including artificial intelligence (AI). At present, the nursing and midwifery workforce are not generally prioritised in terms of digital, including AI investment. The largest workforce in the NHS should be involved in the design, procurement, implementation and testing of these technologies so that they can benefit from their gains and mitigate any adverse impacts. This includes being involved in collecting real-time quality data for testing and evaluation of

technologies. This will ensure that there is greater success in the embedding of these technologies in care pathways and workflows. To ensure that working in this way becomes the norm in the future, rather than a nice to have, technology, and its use, needs to be incorporated into policies and operating procedures.

55 Digital literacy is something that the NMC now more overtly requires in pre-registration education programmes. However, there will be a generation gap, of those who have trained using these technologies, including simulation in training and those who have not. Employers and systems need to invest in upskilling the whole workforce so that no one is left behind.

56 There is already a disparity in the use of technology across the NHS with some areas using technology in advanced ways to augment decision making and to automate routine tasks, freeing time to care. Whilst in other areas even basic record keeping is still not fully digitised and shareable. This inequity will affect who is attracted to work where, who gets to maintain skills and to work productively – this has a wider impact on health inequalities and disparities. Often the poorest areas with greatest demand will lack the funds and support to invest in roll out of technologies.

57 We recently held a meeting to understand how AI is affecting the nursing and midwifery professions. What was clear is that we are on the cusp of big future change. We therefore now have an opportunity to ensure that these technologies are rolled out safely and in a way in which professionals and patients have confidence in their use. There needs to be a greater acceptability on the use of technology in healthcare. As a regulator, we will need to make sure that professionals maintain professional accountability in decision-making whilst using technology. As technology becomes more complex and widespread this will be an important balance and factor to maintain.

58 In our conversations with professionals, as early as 2019, we know that they remain concerned about biases in data and systems and who is responsible for failure. As well as what may be legitimate grounds for regulatory action. This is still an area that requires greater focus in the future. We need to ensure that the foundations of technology, including design and datasets are understandable by professionals and free from bias, in order to achieve a shift in the use of technologies.

59 We also need to take a realistic approach across the three horizons. Given the pressures on the workforce, we are likely to need to provide additional support for people to engage in the use of technologies in the nearer terms, including the use of clinical scientists and data analysts to interpret data, before we can be confident that the workforce is fully data literate and digitally competent. This will also be a journey of constant upskilling as technology and related risks evolve. We therefore need to invest in easy to access upskilling alongside work.

60 As well as investment in infrastructure and training for the roll out of technology in healthcare settings, we also need to ensure that there is sufficient funding available to train the future workforce. During Covid-19 the NMC Council approved that up to 600 hours of simulated practice learning could be provided out of 2300 hours required by the pre-registration nursing curricula. In 2023 the NMC Council

then agreed to these changes permanently, through changes to our programme standards.

61 Simulation spans using actors to create scenarios to using innovative technologies, such as virtual reality. We recently evaluated the impact of simulation among 19 approved education providers. The results were positive in providing the future workforce with opportunities to experience experiences equitably that may not occur naturally in placements. Also to learn in a supported and safe environment, sometimes focusing on difficult, complex and sensitive situations.

62 A key benefit was that simulation supported students in their digital and technological skills, in addition to supporting them to meet their standards of proficiency. However, most institutions that offer NMC approved nursing courses have been unable to offer simulation in this way, largely due to the upfront investment cost required and the skills and expertise required to roll it out. This remains a concern also amongst those who have trialled the use of these technologies. There is also a need for expertise in the academic workforce to deliver these benefits. Given the age profile of the nursing academic workforce, the financial health of the sector and redundancies, there is a risk that we fail to capitalise in embedding technology in the education of future nurses and midwives and the wider health and care workforce. More generally, educators who support practice learning need to better valued by the system, they are a key component of keeping a workforce pipeline and for embedding change and quality improvement.

63 For professionals to work safely in a technologically enhanced environment there needs to be investment in corporate governance and procurement that support safe decision-making and roll-out. This includes the ongoing monitoring of technologies and AI algorithms to ensure that they remain fit for purpose and free of biases.

64 One of the technological shifts that you emphasise is a greater use of video consultations. Here, it is worth noting that the NMC is considering stopping remote prescribing, which may include video consultations, for cosmetic purposes. This would bring us in line with other health professional regulators. This does not reflect a position that is against the use of video consultations in other settings, where the evidence shows that they are affective and that professionals can deliver good care and treatment in line with their professional standards and legal duties. As with other innovations in healthcare delivery, professionals need to be supported and equipped to make this shift. Many did during the Covid pandemic, but not all.

65 We support the computer systems and architecture that support continuity of care and record sharing across a system. Again, it is important that professionals understand the implications of such systems and are confident that they still uphold their professional duties on confidentiality. These duties and expectations from the public, which underpin trust with their professionals, need to be built into system designs.

Summary

66 To make a technological shift the 10 year plan needs to:

- Prioritise investment in digital and AI for nursing and midwifery, including training;
- Promote safe and ethical use of technologies and data, that supports trust in the workforce and patients; and
- Think about governance and safety, as with any other innovation.

What does your organisation see as the biggest challenges and enablers to spotting illness earlier and tackling the causes of ill health?

67 The NHS will not be able to tackle the causes of ill health alone. This requires a cross-Whitehall and multi-agency response that focuses on the social determinants of health. It has been heartening to see this 'health in all policies' approach from the Government. Prevention needs to focus on physical and mental health and across children and adults.

68 Some of our response to this question is also covered in our response to question 2 - moving care to the community.

69 Our standards of proficiency for registered nurses and nursing associates in England include 'promoting health and preventing ill health.' We consider this fundamental to the role of both professional groups. Prevention and escalation of issues is also essential to the role of midwives who work as autonomous and accountable professionals, providing the key care for most women and birthing people during pregnancy and childbirth.

70 What is key to prevention is the ability to work effectively alongside other professions and disciplines to escalate concerns and to receive timely advice and input. In addition to specific education and training, such as that undertaken by the SCPHN qualified professionals that we register and regulate.

71 It takes time to care well and to establish joint goals with people who use healthcare services. Taking time to listen and getting to know people's concerns and preferences, make a profound difference. We know that system-wide pressures can make this difficult and so, where possible, we need to allow professionals the space to have meaningful communication with those in their care. However, having spoken to professionals, we know that this culture of curiosity and person-centred holistic care is not always supported in multi-disciplinary teams with specific remits and pressures. We need to enable the NHS workforce to see prevention as core to their role and everyone's business, supported by leadership and wider team and service cultures.

72 Evidence on effective prevention and causation of illness is constantly evolving, so nurses, midwives and nursing associates need to be supported to keep their knowledge up to date as part of their continuous development. Our standards

emphasise the need for promotion of self-care, health promotion and prevention – these are ongoing areas of CPD need and protected learning time.

73 NMC revalidation could also be a tool for promoting competence in this area. However, we know that not all professionals on our register get the support to develop and to revalidate. We know that registrants in agencies struggle. Here the NHS has a collective responsibility to ensure that the workforce that they deploy are equally capable, and that they can also learn and reflect.

74 Our 2023 Spotlight report, several high-profile inquiries and wider research have shown the influence of organisational culture on individual behaviour. A recent review looking at compassion in healthcare found that poor organisational culture exacerbated by excessive workloads and inadequate staffing, unsupportive management and a lack of unity within teams, are some of the most common barriers to professionals providing compassionate care. With workforce pressures the nursing workforce is increasingly pushed into task-driven care rather than holistic, whole person care. A technological shift that focuses on administrative tasks that take nurses away from care, may enable a greater focus on prevention.

75 To turn the dial on prevention we need to invest in the education, skills and proficiency that our workforce would need to analyse population health data, spot signs of illness earlier and to tailor responses to people's circumstances. The workforce needs to be supported to understand the suite of interventions that may be possible within a health service, as well as outside of. As mentioned in response in question 2, this includes expansion of the specialist community public health nursing (SCPHN) workforce. They are critical to confident care situated in communities and that is culturally competent.

76 As prevention is a partnership between professionals and those receiving care it is essential that there is trust and confidence in all staff groups and mutual respect, which engenders a more productive relationships with communities and individuals. Without this there will be continued workforce and ethnic and other health inequalities.

Summary

77 Recommendations for the 10-year plan are:

- Promote more compassionate care cultures across professions;
- Invest in education and proficiency for prevention;
- Support workforce development and revalidation; and
- Adopt a multi-agency approach where prevention is central to all.

Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would

expect to see this delivered in – quick (next year), medium term (2-5 years), long term (more than 5 years)

78 The following priorities are not new, but we need to focus on them with renewed energy in addition to the key shifts that are identified in this consultation for the 10 Year Plan:

- Embed sustainability initiatives (knowledge, behaviours, investment, planning) as part of wider workforce development and systems planning. We also need to consider the environmental impact of rolling out technologies that are energy intensive

- Embed work on EDI and health inequalities – this needs to be a lens across all the key shifts that the Government is aiming for in the next 10 years in the NHS.