

Senedd Health and Social Care Committee inquiry into supporting people with chronic conditions: RCN Wales supplementary written evidence

March 2024

RCN Wales is grateful for the opportunity to give evidence to this important inquiry on chronic conditions.

As requested during the oral evidence session of 8 February 2024, this supplementary evidence provides further information on the present situation in Wales with respect to specialist nurses. It also expands on a point made about supporting people of the global majority with, or at risk of developing, chronic illness.

Key points:

- A national strategy for commissioning post-registration nurse education is critical to patients having access to the care they need.
- Wales needs more specialist and consultant nurses to support the population with chronic conditions.

1. Information on specialist nurses

Whether sudden or gradual, the onset of a chronic condition is a life-changing event. With advanced skills and knowledge, specialist nurses are a vital support for patients with chronic conditions. The support of a specialist nurse ranges from practical advice on managing the condition itself, to mental health support and emotional advice on adapting to and even flourishing in life with a chronic condition.

In this context, “advanced” means “requiring a postgraduate education equivalent to at least a Master’s degree”. In nursing, postgraduate education is often called “post-registration” education. The terms are equivalent since nursing is an all-graduate profession.

Specialist nurses with these advanced qualifications are so consequential, yet so few in number, that the retirement of just a few specialist nurses can result in the closure of an entire much-needed service.

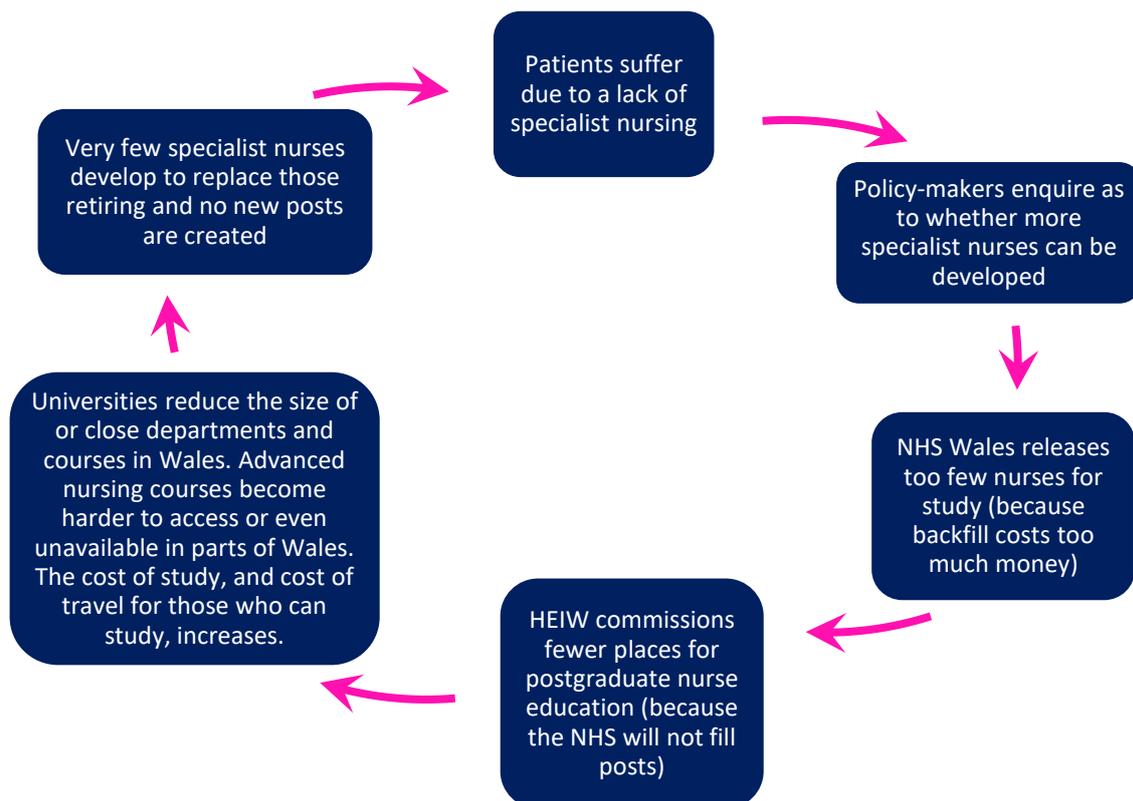
The Welsh government, through Health Education and Improvement Wales (HEIW), is responsible for commissioning the post-registration nursing education that can prevent this happening. This is why RCN Wales is concerned that **the number of specialist nurses in Wales is unknown at the national level**. The current unplanned approach means that geographical areas with the greatest need may not have a specialist nurse.

2. The cycle of specialist nurse shortages

Complicating this, even where post-registration nursing education exists, the cost of backfilling the post of a nurse released for study leads health boards to refuse to invest in nurse education. The lack of uptake leads the Welsh government to commission fewer places on these courses, a cycle which leads eventually to the closure of university departments and even fewer opportunities to take advanced nursing courses in the future.

To break the cycle, two steps are especially important. First, HEIW should develop a national strategy for commissioning post-registration nurse education based on population need. The numbers commissioned each year should be driven by this strategy. Only if HEIW commissions from universities the post-registration nursing education that is needed, in the numbers that are needed, is there the *possibility* of a sustainable approach that is conducive to patients having access to the care they need. With the certainty that comes from this commissioning, universities must re-establish specialist advanced nursing courses.

Secondly, and crucially, NHS Wales and employers then need to *habitually* release nurses to study. Employers' resistance to granting study leave comes from the need to pay to backfill the nurse's post. A culture shift is needed among employers to recognise that refusing or cancelling study leave is not a low-consequence response to staffing pressures. It is extremely damaging for patients in the long term. As nurses with specialist skills become rarer, services in a given region become harder for patients to access, or simply close.



3. Equitable support for people of the global majority

Population groups have different sets of clinical risks. Some of these differences are intrinsic to different *ethnic* communities and may relate to genetic differences between groups. Examples include:

- Sickle cell anaemia
- The increased vulnerability to COVID-19 among certain Asian communities, particularly people of Bangladeshi descent.

At the same time, some communities experience greater economic deprivation than others, and economic deprivation is associated with increased risk of poor health and chronic illness. Therefore some communities experience greater clinical risks for reasons which may have little or nothing to do with factors that are intrinsic to their ethnicity.

Thirdly, because people often reside in geographic areas where they have established cultural, social and family connections, particular ethnic communities often come to be strongly represented in certain places. Where these communities are *also* economically deprived and have poor access to transport, jobs, shops, and healthcare, the population experiences all the increased health risks associated with those factors *in addition to* the risks associated with ethnic background.

Equitable support for people with chronic illness therefore means addressing the particular and varied vulnerabilities of different ethnic groups, economic deprivation, *and* the indirect effect of communities lacking the right infrastructure to support the health of their population.

If the Health and Social Care Committee wishes to specifically explore the issue of ensuring equitable chronic illness support for people of the global majority in Wales, RCN Wales recommends the committee:

- Facilitate at least one focus group or roundtable discussion with individuals in Wales from global majority backgrounds who have lived experience with chronic conditions.
- Consult with nurses and other healthcare professionals serving communities in Wales in which different ethnic communities are strongly represented, who can offer insights into the unique challenges faced by people with chronic conditions in these areas.

