

# **Senedd Cross-Party Group on Nursing & Midwifery**

## **Topic: Consultant Nursing and Consultant Midwifery – Expert Patient Care**

Minutes of the in-person meeting held on 21 January 2025

### **Attendance**

Jenny Rathbone, MS (**Chair**); Mabon ap Gwynfor MS; Jane Dodds MS;  
Helen Whyley (**Secretary**), Executive Director, Royal College of Nursing (RCN) Wales  
**Nia Boughton (guest speaker)**, Consultant Nurse for Primary Care, Betsi Cadwaladr UHB  
**Victoria Owens, (guest speaker)** Consultant Midwife and Chair of Consultant Midwives Cymru  
Julie Richards, Director, Royal College of Midwives (RCM) Wales  
Nicky Hughes, Associate Director of Employment Relations, RCN Wales  
Sandy Harding, Associate Director of Nursing Professional Practice, RCN Wales  
Aysima Harper, Policy, Parliamentary and Public Affairs Assistant, RCN Wales  
Sion Trewyn, Policy, Parliamentary & Public Affairs Officer, RCN Wales  
Nicholas Unwin, Campaigns & Public Affairs Officer, RCN Wales  
Norman Young, Consultant Nurse & Clinical Service Lead for Early Intervention in Psychosis, Cardiff & Vale UHB  
Professor Neil James, Consultant Nurse for Learning Disability, Swansea Bay UHB  
Alex Sims, Head of Office for Jenny Rathbone MS

### **Apologies**

Lisa Turnbull, Policy, Parliamentary & Public Affairs Manager, RCN Wales

### **Meeting notes**

#### **Minutes of the previous meeting**

Minutes of the previous meeting were approved.

#### **Annual General Meeting**

A Cross-Party Group must include Members from at least three political parties represented within the Senedd. Mabon ap Gwynfor MS (Plaid Cymru), Jenny Rathbone MS (Welsh Labour), Jane Dodds (MS) are members of the CPG.

Mabon ap Gwynfor MS nominated Jenny Rathbone MS for Chair, Jane Dodds MS seconded. Passed unanimously.

RCN Wales Executive Director, Helen Whyley was nominated by members of the CPG for Secretary. Passed unanimously.

The Annual Financial Statement will now be submitted to the Table Office, along with the minutes of this meeting.

#### **Discussion on Consultant Nursing and Consultant Midwifery: Expert Patient Care**

**Jenny Rathbone MS** introduced guest speaker, Nia Boughton, Consultant Nurse for Primary Care, Betsi Cadwaladr UHB.

**Nia Boughton**, opened the discussion with the following points:

Consultant nurses make up less than 1% of the total number of registered nurses, which is far less than needed.

Consultant practice is an alternative route for career development rooted in direct care.

Consultant nurses drive policy, research, audit, governance, and quality assurance. The role provides an alternative route for nurses who want to stay in direct patient care. Traditionally moving into higher nurse grades means moving into management or education. As a consultant nurse, Nia can influence strategy and consult directly with patients, having one foot in strategy and the other foot in patient care.

There is a need to develop this career pathway. Currently, unless a registered nurse is specifically encouraged and supported by a consultant nurse to become a consultant nurse, it is difficult to find an opening into the role.

Consultant nursing as an approach to health prioritises relational care and prevention, as opposed to focussing on diseased/medicalised pathways only.

**Nia Boughton** said her work focus on prevention, early intervention and relational care. Nia established multidisciplinary competency framework now standardised for primary care practitioners across Wales. She leads on early intervention in physical and psycho-social issues post-pregnancy and care closer to home strategy. Other projects include:

- specialist CAHMS practices;
- the establishment of a young person's wellbeing setting;
- Nurse Connect (which allows GP nurses to link directly with hospital nurses to optimise diabetes and heart disease management,);
- community health work, cancer trials;
- The ELSA (**EarLy Surveillance for Autoimmune diabetes**) Study.

The role supports mental health and wellbeing and physical issues after birth, CAMHS specialists and heart failure recently moved into the community – avoiding hospital visits, better for patients and reduces pressure on secondary care.

Nia supports patient participation. Being a Consultant Nurse for Primary Care enables her to tackle health inequalities.

**Jane Dodds MS** said that the RCN Wales report, *Consultant Nurses: Expert Patient Care*, highlighted that the numbers consultant nurses employed in the NHS vary significantly between each health board, with Powys Teaching Health Board in her region of Mid and West Wales having among the lowest numbers of consultant nurses.

**Helen Whyley, Executive Director, RCN Wales**, provided the historical context for consultant nurse role in Wales. Previous pump priming and research money from Welsh Government has long run out. Health boards are expected to fund consultant nurses' roles from existing budgets, though there may be money in Transformation Fund for Regional Partnership Board. There is no ringfenced fund. Helen Whyley suggested health boards could approach RPBs to bid for these funds. There is no formula for recommended numbers of consultant nurses in specific areas e.g. A&E or frailty, unlike for consultant midwifery.

**Jenny Rathbone MS** introduced Victoria Owens, Consultant Midwife and Chair of Consultant Midwives Cymru.

**Victoria Owens** made the following points:

Consultant nurses improve the safety of childbirth and play a crucial role in shaping future health behaviours of families. Population health is central to the role of the consultant midwife. There is currently one whole time equivalent consultant midwife for each health board, which equates to only nine midwives per 3041 births.

Victoria Owens highlighted the need to better consider workforce needs and to explore a commissioning model and development pathway. There is variation in pay across consultant midwifery roles but not in the roles themselves. She said there is a need for at least two consultant midwives in each health board.

Victoria Owens and other consultant midwives contributed towards the development of the perinatal framework and quality statements and developed a 3-year strategic plan on maternity neonatal support.

**Case study:** Alice, a 17-year-old with a chaotic home life, who was experiencing social and financial deprivation. Alice gave birth to baby at home, which was the first home birth in her family in 60 years. Thanks to pre and postnatal care provided to her by a consultant midwife, her and her baby's health behaviours and potential were positively altered. The continuity of care provided by the consultant midwife was crucial.

**Mabon ap Gwynfor MS** asked how the RCM influences the Welsh Government's Women's Health Plan.

**Julie Richards, RCM Wales Director** said that the RCM had contributed towards the following areas of the Welsh Government women's health plan: pre-conception care, population health, perinatal care from a mental health point of view, and access to post-natal contraception. Julie Richards added that there was more the RCM would wish to see from WG e.g. on the benefits of breastfeeding, reducing obesity, the workforce, the wellbeing of the mother and restorative work.

**Nia Boughton** explained that she, in her role as a consultant nurse, had been involved in the development of primary care Advanced Nurse Practitioners. Patients have longer appointments with a (consultant) nurse than with a GP. A consultant nurse ensures continuity of care, relational care

**Helen Whyley** explained that the GMS contract is open to GPs and pharmacists but not nurses, which means that nurses cannot set up independent practice. Nursing services in primary care depend for their development on GP practices or GP cluster decisions. Nia's role came about because her health board failed to attract GPs. What is needed for best services in primary care is for the consultant nurse role to be considered from the beginning.

**Norman Young**, Consultant Nurse & Clinical Service Lead for Early Intervention in Psychosis, Cardiff and Vale UHB

Norman Young co-developed a service in Cardiff and Vale UHB for young people with mental health and processed medical staff in an area difficult to recruit medical staff. He has had funds to improve patient care.

**Helen Whyley** pointed to the recommendations from the RCN Wales report, *Consultant Nurses: Expert Patient Care* and ways the Welsh Government could instruct HEIW to take action, e.g. through performance and productivity and through the Welsh Health Circular.

Recommendation 4 *"The Welsh Government should direct HEIW to work with health boards and trusts to develop a career pathway from nursing student to consultant nurse."* Helen Whyley said this was already in place for medicine and pharmacy and that it had started to be implemented for paramedicine, and therefore that it should be extended to include nursing and midwifery at consultant level.

Helen Whyley highlighted the importance of consultant nurse in promoting health prevention and in the optimisation of long-term conditions. Nurses already deliver up to 98% of diabetes care; and it is likely that NHS Wales needs four times as many General Practice Nurses than the amount currently employed, to better tackle long-term health issues.

**Prof. Neil James**, Consultant Nurse for Learning Disability, the only Consultant Nurse for Learning Disability in Wales, explained that there is a plethora of CNs in LD in Scotland and Northern Ireland. Neil wanted to develop a workforce model for Wales so that LD nurses have a career path. As a consultant nurse for learning disability, Prof. Neil James contributes towards strategic development, raising the profile of learning disability nursing, and, as the only CN for LD in Wales, provides a Welsh voice in UK-wide research.

There is an LD Advanced Nurse Practitioner in Hywel Dda UHB, but there are very few advanced LD roles in NHS Wales. There are 1.2m people with a learning disability in the UK, which amounts to roughly 150,000 across Wales. We know there are avoidable deaths. Annual health check (WG priority) has "shockingly low" rate among people with a learning

disability. England has a serious shortage of LD nurses with courses closing and difficulty recruiting.

The number of learning disability nurses in Wales have increased recently, however, a significant proportion do not work in NHS Wales. Lack of career and progression pathway.

**Jenny Rathbone MS** highlighted the importance of community health and population health and a number of potential research opportunities on this issue. She said the meeting had been very helpful in informing Members of the Senedd's understanding of the consultant nurse/ midwife role.

Jenny Rathbone MS suggested that Members present could look for opportunities to bring up the matters discussed during plenary and as part of the Senedd Health and Social Care Committee inquiry into primary care.

Jenny Rathbone MS thanked the guest speakers for their contribution and for everyone's contributions.