Promised nursing placements fail to materialise despite loss of bursaries

In the Chancellor’s Autumn 2015 statement, the Government confirmed plans to end bursaries for student nurses and midwives from 2017, sparking anger across the health sector. According to the Department of Health, replacing bursaries with loans would free up about £800 million a year to create additional nursing roles by 2020 and help more students enter the profession (Sims, 2015). This view was not supported by UK nursing bodies. The Royal College of Nursing (RCN) said that the changes were unfair and risky (RCN, 2016), while the Royal College of Midwives argued that the move threatened the future of maternity services in England (Royal College of Midwives, 2016).

Universities flag their concerns

Universities are now warning that the Government is quietly going back on its promise to provide 10,000 new nursing degree places, which were intended to relieve pressure on the NHS. To date, according to universities, no extra degree places have been allocated or paid for (Fazackerley, 2017; Forster, 2017).

Student nurses are required to spend half of their degree working under supervision, usually in a hospital. But universities have told the press that not a single extra nursing training place has been funded to allocate for the future. The cost of funding 10,000 training placements for new nurses has been estimated at £15 million, according to the Council of Deans of Health (2017), the body that represents university faculties of nursing.

A slump in applicants

Following the abolition of bursaries, there has been a 23% slump in applications to study nursing in the 2017–18 academic year compared with last year (Adams, 2017). Academics are warning that the Government must train more nurses as there is no longer a reliable recruitment pipeline from the European Union (EU) after the Brexit vote. The number of EU nurses registering to practise in the UK has fallen by 96% in less than a year (The Health Foundation, 2017). Only 46 EU nurses came to work in the UK in April compared with 1304 last July, according to new statistics from the Nursing & Midwifery Council (2017).

A problem compounded in diabetes nursing

This makes for worrying times ahead. Without a ready supply of student nurse places, how can we hope to fill vacant posts throughout the NHS?

Within diabetes care the challenge is no different. The prevalence of diabetes is increasing on a daily basis despite attempts to stem the flow, such as NHS England’s Diabetes Prevention Programme (www.england.nhs.uk/diabetes/diabetes-prevention). Notwithstanding the increased prevalence, it seems we have fewer nurses wishing to specialise in diabetes care.

Over the past few years it has been incredibly difficult to recruit to vacant diabetes specialist nursing posts, especially in the London region. This situation has brought about its own problems as, in order to recruit, the banding has been increased to attract interest. This means that a new diabetes specialist nurse (DSN) with very little experience could expect a Band 7 salary, whereas in other parts of the country the same post would only warrant a Band 6 salary. Unfortunately, this has a knock-on effect on the quality of patient care, as patients who are referred to a DSN expect a degree of expertise that may not be present.

We are increasingly coming across situations where practice nurses who specialise in diabetes care have a much wider knowledge and skills base than their newer DSN colleagues. Many practice nurses working with people with diabetes not only explore issues relating to glucose control but also commonly address hypertension and lipid problems, plus weight management and dietary issues –
unlike many of their DSN colleagues who still only concentrate on glucose control.

How can we attempt to improve this situation if there are not enough people coming into the nursing profession? The problem is multifactorial, as:

- There are not enough students wishing to train as nurses due to the cost of tuition fees.
- The high cost of living in London puts people off wanting to work in the London area.
- Higher bands are advertised to attract potential employees but new recruits have less experience and skill in patient management.
- Access to continuing professional development is being reduced.
- Qualified DSNs are having to work unpaid overtime to provide care for those who need it.

I do not know of any nurses who are currently working to their contracted hours. Do you? I am paid for 22.5 hours a week over 3 days but I regularly work at least 3 or 4 hours extra a week that I do not get paid for.