

## "We will not become scapegoats for a cost cutting exercise" warns Community Nursing Union

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Said Anne Duffy, Director of the CDNA, "Although there are still some issues to clarify in the proposals, we see a number of benefits for community practitioners and our members. Particularly a chance to develop a closer relationship with PCTs and Local Authorities."

The CDNA see this as a structural as opposed to functional change with the main concern for community based nurses being that some of the higher grade positions may be 'swept away' in order to meet the required cost cutting. Forward thinking nursing managers must ensure that these changes are not detrimental to community practice and patient care.

Anne continued "the CDNA will not stand aside and watch if it is obvious that senior nurses are becoming a scapegoat for cost cutting exercises. We have been assured that the cuts involved in the restructure will come in the shape of management and administration costs and we expect this to be the case. However, our members are always at the sharp end whenever change in the NHS is mooted which always leads to periods of anxiety, and this new proposal is no different. We call upon the Minister and the Department to ensure that proper consultation is undertaken and important decisions are not rushed. We need to get this right as it could herald a new dawn in the way the NHS is delivered."

The CDNA also seeks clarification in respect of who will employ community based practitioners. At the moment there are a number of possibilities, will community services be Hospital, Surgery or independently provided? Whatever situation community nurses find themselves in will affect the way they will be professionally managed, which may in turn affect their grades agreed under Agenda for Change.

The CDNA and will wish to be involved in the discussions about the lower level structures to ensure that grades remain appropriate, said Anne "if the line management arrangements become looser, if members end up working in a more detached role, if they have to find their own professional supervision they will wish to ensure they are graded appropriately for the level of professional and clinical risk they carry. This would certainly be the case if there was any prospect of self employment"

Amongst the proposals set out in the paper were a number of initiatives that we fully support, in particular the possibility of our members taking on a more entrepreneurial role under these plans. Our members have the opportunity to create new ways and services to improve health care delivery, boosting their individual role and collective professional identity, which can only be a positive move for community based practitioners.

The new proposals will also increase the numbers of people treated in the community (linking to the Choosing Health White Paper) and bring about the shift much quicker. The CDNA can only welcome this opportunity to increase the Community sector profile and we look forward to new faces joining our ranks.

Furthermore some members will welcome a structural change that places them in a closer relationship with hospitals and GP's in that they would be in day to day working and management arrangements within a medical as opposed to an administrative context.

ENDS