

## What the nurses had to say about the commission:

- I have mixed feelings about the commission. Morale is so low in the NHS it's hard to trust Governments who say they are going to improve matters.
- I hope that it will address funding and have education at the heart of change.
- Level of responsibility should be reflected in wage scales nationally. NHS terms & conditions should not be adversely affected.
- If nursing is continued to be done at the limit of resourcing, then the opportunity for the professional development required to create more leaders will be very limited.
- Modernising nursing careers has come a long way to provide a structure for the nursing career pathway, but there is still lack of understanding of some nursing roles amongst, doctors, nurses, patients and employers.
- If there were to be a more robust structure or regulation of titles such as that of the Nurse Practitioner, then this career pathway and an understanding of nursing roles may help to provide others with a clearer understanding of nursing roles and expectations of nursing roles.
- I welcome an overhaul of the system however whatever changes made will be a long time coming, change in the NHS is always difficult with the resistance to change.
- Whilst I am a nurse, I am no longer working at the 'coalface' I think it is important that the commission seeks the views of nurses at all levels and in all areas of the profession.
- It's been too long coming.
- I would hope that ward based nurses will be involved and not nurses who haven't worked in wards for years.
- It's fulfilling yet another government whim and not addressing the basic issues. Another time/money wasting exercise designed to offer political spin
- Seeing is believing the current government is full of promises which it never delivers
- Nurses are politically naive and Nurse leaders such as ward managers need to have training in this area to ensure nursing is represented.
- District nursing profile needs to be raised often people are unsure of our role, or the services we provide. Public perception of district nursing is also low. Although Government policy are focusing on community services and investing in our service as nurses we need to be recognised for what we do! We are in a position to drive community services forward and improve health care – give us the tools and training!
- This review is a positive step towards empowering nurses to improve patient services and care, but must have input from appropriately qualified and experienced nurses who have a direct input.
- I hope that the commission is really about patient experience and how do we put patients at the core of health care service provision. I am rather disillusioned that there is lip service to patients' experience (positive and negative) and that service providers often have a knee jerk response which is defensive and therefore an opportunity to learn and shape services is lost.
- Despite the assurances that staff will not be scapegoats if they raise concerns there is still a lack of trust between many clinicians and managers. The tiers of management also appear to be mushrooming, and yet staffing establishments remain static, despite ward sisters repeated request for more nursing staff. Many ward nurses have become despondent and have adopted a fire fighting strategy to surviving the shift, rather than focussing on the quality of service provided.

- Ward Sister's in my opinion are exhausted and often demoralised, as they expected to be leaders and gate keepers of quality, but the stark reality is that they often given the responsibility, but no authority to address clinical issues. Modern Matrons are often expected to take on bed manager, site manager roles, instead of focussing on complex patient caseload management.
- There are many dedicated and innovative practitioners in working in hospital settings, but the relentless bed pressures have affected team dynamics, peer support and quality. Dignity is about being an individual, not an 'episode of care' I do appreciate that the NHS has to be more cost effective, but employing more and more tiers of non- clinical managers does not equate with fiscal efficiency.
- My main concerns are the nurses working in nursing homes. There is a two tier system where nurses have poor contracts and training. Less salary and no benefits. I would welcome nursing home nurses to be brought back in to NHS system and the employers of such nurses be billed for services. This in my opinion would in some way put and end to the tier system and to the nurses working in the homes who are seen as less skilled and less valued particularly by NHS nurses and doctors. The nurses would then also have the same ongoing training.
- Nursing needs to move on and develop in order to meet the needs of the public and their requirements in health. However, there have been so many reviews and changes recently that I think that nursing and the NHS could do with a time out to reflect on what has already changed.
- This will just be another political PR stunt with lots of spin, long phrased discussions and big words. What we need are more nurses on each ward not more scope, more responsibilities and more stress.
- It is very simple, if you put more nurses on the wards there are more hands to deliver the care that's needed. We don't need more policies, procedures, guidelines etc... This will be just the same a huge spend of money for little gain - listen to the front line staff for a change
- Nurses work in a variety of settings and disciplines, so don't forget all disciplines especially learning disability nursing
- HAI initiatives have to be backed up with sufficient finances, and control, not just sounding good to the public.
- It would be useful for the government to listen to all levels of nurses , and to try and take on board what they say
- Nursing research does not appear to be within the remit of the commission.
- Given the present financial situation I am cautious about the political reasons for this review, and wonder if it will be used to look as though it will enhance nursing roles and offer new career opportunities, whilst actually it will use these nurses to undermine the community services provided by GP - for in the new contract GP have become very expensive. I am sure nurses will be encouraged to do similar roles (but possibly without the same skill development opportunities) yet they will not get the same financial rewards. Am I being cynical? maybe. or perhaps just historically accurate
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- Nursing is becoming regarded as a second rate profession. We need to gain more control.

- Do not wish this to be another lip service exercise but one that heralds true change
- There has been no mention as usual of financial compensation. Nurses are as always a cheap workforce.
- Can only be a good thing for the future of our nurses
- Modern nursing is in a dreadful place. Government targets mean certain areas have good staff, high budgets and people driving them. Other areas then suffer under the resultant pressure put on them from these high through-put areas and are expected to cope.
- Nurse Managers need more specific management training. One cannot expect nurses to manage effectively by experience alone.
- Modern nurses are completely overwhelmed with paperwork. We are increasingly moving away from what we all want to do. We are supposed to be becoming specialist nurses in our areas by allowing basics to be covered by others, however, this is attracting wrong types of people in to the job who are seemingly uninterested in the basis of nursing - from strong foundations etc etc.. This is leading to a population of nurses who do not care. We are way too concerned with being a profession instead of being damn good at providing excellent care for our patients. This incessant need to over-analyse, dissect and then put things back together in nursing actually makes us sound unintelligent, parochial and embarrassing.
- I hope it's not just another paper exercise. I would welcome the Health minister or better still, the PM, joining our team for the day without senior management present to get a clear honest picture of current practices and the problems that are rife in today's current NHS. In the past they are only allowed to see, what the Trusts want them to see. Speak to the clinicians, not the suits.
- Support the nurses we are the future
- There needs to be consideration of infrastructure and levels of support. Nurses can be pivotal in generating change, but they need corporate, central support to maintain vision. We also need to ensure that we do not lose sight of the nurse patient interface. Patients must remain central to any change, increasingly we are losing nurses where it matters - at the patients bedside
- Please look at the effect targets set by the government have on nursing practice and the QUALITY of the care that patients receive.
- Something needs to change within the profession. Academia and caring often don't go hand in hand. Two tier system of nurses should return. The hands on approach seems like old hat to many new nurses. Many of my profession are lazy, rude, uncaring, slapdash, slip shod and unprofessional. I fear there is no going back.
- While a review should be welcomed I have real concerns that our present nursing 'leaders' have not the necessary skills, knowledge or 'bottle' to stand up for the profession and for patients
- I think this is a timely review given the changing face of the NHS in the near future with Quality for all & the move to care in the community. I think this should be an opportunity to redesign patient pathways so that care is provided in the best place by the most appropriate person but this may not necessarily be in primary care as skill mix and critical mass must be maintained. However I believe that a shift in medical mentality may be required before nursing can truly lead change in the NHS.
- The public health skills of SCPHNs are crucial to future planning, commissioning and evaluation, but this group is withering away, nationally.
- I do not feel that nurses have had their options listened to in this process already. I have over 30 years experience and have seen our professional status deteriorate as managers have taken over the running of services.

- Nurse training is not well constructed and these are the leaders of tomorrow so we are running at a serious lack of experience as older nurses retire. We do not have the calibre of leaders we need even to take this matter forward. Sadly, nursing has allowed this to happen over the past 25 years.
- A review is urgently needed, one which substantially improves the patient experience.
- I do not feel that nurses are listened too enough about issues that affect them directly
- More mouth music from time servers who can't see the wood for the trough.
- One would hope for positive changes please don't let this be another exercise in futility. The nursing profession is 'ready' may they be given the authority, knowledge and autonomy to embrace new roles.
- I think the commission would be a good idea if it is considering how nursing and midwifery could be advanced to improve services and not just as a poorly thought out cost cutting exercise. By this I mean giving nurses extended roles without adequate training, support and recognition just because they are cheaper than doctors.
- I don't think a review will tell us anymore than we already know. Stop spending money on unnecessary things and let us get on with our job. All we do is chase targets instead of chasing better care.
- My only worry is that most changes to health care, produce cumbersome and hard to implement changes.
- I myself do not understand how these things work which make it difficult to compete in tendering to run services. I am half NHS half independent and would love to be shown how to do this, how i make the next move, but there is no help or support. The general business support out there does not understand nursing.
- Sadly, I feel that we have missed the boat on this one. Most of the really experienced nurses have left the profession and many of those left are more interested in earning more money, with less compassion and less skill. They will only see this as another way to earn money rather than improve the service.
- I hope they will seek out nurses views at all levels
- The scope of the Commission seems vast; for instance any one who has worked on pulling together skills or competencies knows it is a huge task.
- Does the Commission really believe they can do this in a year?  
No, I am sorry. What the NHS needs is not another review; it needs to be scrutinised, rigorously, by an outside and independent agency.
- The Government need to decide how the NHS continues. Either we remain a public funded, 'nationalised company', or we go private. You can not continue to treat a nationalised publicly funded conglomerate as a series of private companies; it is ripping us apart!
- Nurses need to be more proactive and to see themselves as developing practitioners.
- Most nurses want to deliver the best service but are frustrated with admin, targets, budget restraints and volume of work. Whilst we agree with target aims, some targets are achieved at the expense of others. "if everything is a priority, then nothing is a priority"
- Only any good if it is acted upon. Reduce targets or increase beds...
- Are we being used because we are cheaper than doctors or because we get intimidated by managers too easy, I wonder!!!

- I am unsure to its goals. However I know that the structure of nursing does not equal nurses on the wards who are able to fulfil their role to a high standard.
- Qualified nurses need more opportunity (time and resources) to develop a wider range of skills to take on roles and responsibilities they should take on. If they take on this without time/education any change will fail
- The review is of nursing, not nurses and midwives and so should accept the wider range of staff including HCSW and others. Nursing is also one aspect of the MDT and any changes should be clearly designed to work within that role. The focus should clearly be on what the nursing team perceive and not what patients perceive, as this rarely encompasses the ridiculous amount of paperwork that is now involved in the role
- Biggest problems to me appear to be the appointment of too many managers that have no nursing experience - money should be spent on the nurses and improving their skills and potential rather than 'business' people
- We as nurses need to move forward and shape healthcare
- An in-depth Questionnaire should be sent to all nurses in all fields of nursing to ascertain the frustrations; the lack of career pathways; the creativity/ideas that nurses have.