Managing healthcare without a government:
‘Our chance to step up’

When Charlotte McArdle was appointed chief nursing officer for Northern Ireland she never imagined she would have to do the job without a health minister. Now she wants nurses to help to transform health and care services

By Jennifer Trueland

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But, much as she obviously still loves nursing, there are challenges. Not least of these is the political situation in Northern Ireland.

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Making a difference
It was a very different picture back in 2013 when Professor McArdle decided to apply for her current role. At the time she was director of nursing at South Eastern Trust, one of Northern Ireland’s five health and social care trusts.

‘It was a difficult decision, because I absolutely loved being director of nursing at the South Eastern Trust, and we were doing some really innovative things,’ she says. ‘Leaving was a big step. But the chief nursing post doesn’t come up very often and it was an opportunity to show leadership to the profession at a difficult time.’

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‘Everything was being cut, not just nursing,’ recalls Professor McArdle. ‘At this stage we had a well-functioning devolved assembly,’ she says. ‘The health minister would come out to my trust and he knew me by name. I thought to myself, where else in the world would the minister know people in my position by their first name?’

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She felt that in order to work with politicians it was important to ‘get into their world a bit’. ‘I’d had a 20-year clinical career at this stage, but very little understanding of politics.’.

It was an unfamiliar work environment for her, she says. ‘Civil servants have a very different skill set and operate differently; their perspective is always about serving the minister. And the minister can take advice from lots of different places.

‘So, I’m the professional adviser to the minister in nursing and midwifery but they have different priorities and perspectives and party manifestos that have to be considered. When you understand that, it’s easier. But most times, to be honest, ministers do take your professional advice.’

She has worked with four ministers – although none in the past two-and-a-half years. This is a high turnover by any reckoning, and it has not always been easy.

‘Every minister has their own personality, and their own way of doing things,’ she says. ‘Some like a lot of detail, or want to be involved in every decision, others don’t. It takes a while to work all that out and build a relationship.

So, when it happens in quick succession, it’s challenging.

‘What I’ve learned is everyone wants the same thing. The political system and the civil service and the public health system – we all want better outcomes for the population. We just have different ways of getting there.’

**Difficult times**

Nobody could deny there are deep and serious challenges in Northern Ireland. Waiting times are consistently the worst in the UK, with around a quarter of patients waiting more than a year for treatment.

There is a lack of nurses, with the RCN saying in April there were 2,500 vacancies across the system – around 12% of the workforce. It is estimated there is a similar number of vacancies in the care home sector.

Nurse pay lags behind that in England, Scotland and Wales.

RCN Northern Ireland director Janice Smyth has said nursing services are at crisis point.

In the absence of government, plans to transform the health and social care service promised following a review led by international health services expert Rafael Bengoa have stalled.

Professor Bengoa recommended radical change, including acute services rationalisation and a shift to the community.

**Not standing still**

Professor McArdle does not shy away from the issues, but she insists progress is being made.

‘Things are hard, which is why we need a transformation plan,’ she says. ‘Thankfully, the last minister Michelle O’Neill left us with her transformation plan for ten years in 2016, called Delivering Together, so we’ve been working at that; putting the infrastructure in place to make it a reality.

‘A lot of the population maybe haven’t seen the change, and there may be times, when the waiting lists come out and they’re no better than at the last quarter, when they get a bit frustrated, but healthcare’s a big organisation and turning that ship, even a little bit, takes a lot of time.’

Professor McArdle says what Northern Ireland needs now is a new, forward-looking model of care. ‘Nursing and midwifery is integral because we’ve got 33% of the overall healthcare workforce.’

‘Nursing and midwifery are the
professions that stretch out to all four corners of the health and social care system because they work in communities, with people and at that level. My message to nurses is we need to show that nursing can lead this – that we have the skills to do it."

One priority is reorganising primary care into multidisciplinary teams (MDTs). ‘Multidisciplinary teams have the GP and district nurse as the core, supported by the wider team with more input from, say, physiotherapy. You can potentially cut 30% of the GP workload through musculoskeletal work, for example.’

**Legacy of history**
Northern Ireland’s history – the Troubles followed by a peace process culminating in the signing of the 1998 Good Friday Agreement, has left its mark on health services, including primary care. ‘We particularly need mental health workers because we are a society coming out of conflict,’ Professor McArdle says.

‘One in five people here will have mental ill health at some point in their life and mental health carries a socioeconomic burden because people can’t work. Getting people back to work is a huge boost for them in terms of improving their mental health but it also means they can look after their family and contribute to society. So mental health is key, allied health professionals are key – GPs and nursing need to be strengthened.’

There is work going on to look at how the relationship between the district nurse, health visitor and GP can be made stronger and there are two pilot sites, one in the west and one in the south east, developing MDTs. ‘As part of that we are investing in additional district nursing support,’ she adds.

She also points to work on safe staffing. ‘There are a number of phases to that, and we have done work on what safe care in district nursing looks like.

All this is happening despite a lack of functioning government in Northern Ireland, she says, adding that the money for transformation was agreed as part of the confidence and supply deal between the DUP and the Westminster government. The deal, which kept the Conservatives in power after they lost their majority in 2017, was controversial but it certainly provided a boost for health budgets.

‘This gave us £200 million transformation money. We’ve been drawing that down to make some of these changes a reality and to test new models,’ says Professor McArdle.

It’s a fantastic opportunity to make a difference, she says. ‘If we can get that multidisciplinary team working well, it will change the lives of people who need to use our services, and of staff.’

The team includes health visitors, she emphasises, adding there has been investment to increase the ratio of health visitors to patients. ‘We’re also looking at a prototype for neighbourhood nursing, using an adaptation of the Buurtzorg approach.’

These initiatives are all very well, but where will the nurses come?

**Nursing shortage**
‘There are huge challenges with vacancies,’ the chief nurse says. ‘Our student numbers were cut during the really difficult financial years, and it takes time for the outcome of that to wash through. We’re experiencing the problems with that now. Also, there have been changes to the pension scheme and some people have decided to take early retirement.

‘Young people tend to want to go and work somewhere else, but then they come back to Northern Ireland. We have to be more flexible about how we allow that to happen,’ she says.

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‘I know it is very challenging for staff at the moment but there is light ahead. This year we will have the first increase in nursing students coming out of university and there will be a steady increase from this year on. I hope we will have no vacancies through growing our own nurses over the next five years.’

Professor McArdle’s enthusiasm remains undimmed. ‘Nursing is a fantastic career,’ she says. ‘It is what you make of it. It’s very rewarding, very challenging, and different every day. I’ve loved it and I’ve given of myself to nursing and I think it has paid me back tenfold.’

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*Jennifer Trueland is a health journalist*