

1A Henrietta Place London W1G 0LZ 020 7549 1400 mail@qni.org.uk www.qni.org.uk

Rt Hon Sajid Javid MP Secretary of State for Health and Social Care The Department for Health and Social Care 39 Victoria Street London SW1H 0EU

<u>By email</u>

8th June 2022

Dear Mr Javid

Fuel Costs and the Effect on Community Nursing Services

I am writing to you to express my serious concerns – and also propose some solutions – about the impact of rising fuel costs on nurses in the community, many of whom drive to see patients in the home.

Recently the Queen's Nursing Institute (QNI), responding to the growing worries being voiced by nurses on social media and in QNI network meetings, opened a new single grant programme for nurses in financial difficulty due to paying for fuel to enable them to work. The levels of reimbursement can be as high as £800 per month in a rural area and fuel is bought by each individual nurse and then reimbursed through monthly expenses claims submitted to their employer.

After less than 48 hours we had received almost 1000 applications for help and had to close our scheme as the available funds and our capacity to deal with applications had been exceeded.

One of the key issues is that nurses must wait a period of several weeks for reimbursement of fuel costs, and for the majority, the HMRC advised mileage rates offered by employers do not cover the costs involved. Some nurses have now contacted us to say that their employing organisation has raised the reimbursement rate. This is good news, but this is a locally agreed solution rather than being supported at a national level.

We have growing anecdotal evidence that the costs involved with reaching patients in their own homes is acting as a deterrent to nurses wanting to take up positions in community nursing – which already has significant shortages – and also that others are more likely to leave if they feel they are subsidising an essential service cost.

It is a serious concern that the capacity of community nursing, already under pressure from other factors such as gaps in staffing and a growing demand for services, is being put under even greater pressure by the rising cost of fuel.

If the demand to deliver more care to people at home cannot be met, this becomes a patient safety issue and inevitably leads to greater demands on Ambulance services and Emergency Departments. This is because the majority of people who are supported to live at home by community nurses have multiple and complex long-term conditions that require regular assessment and safety-critical interventions by expert nurses working in a nurse-led service. End of life care also forms a core element of the District Nursing service and if not available at home, the default will be to access paramedic and emergency hospital services.

I have written to the Chief Nursing Officers of England, Wales and Northern Ireland (the three countries where our charity operates) to express my concerns to them and to invite discussion about how we can work collaboratively to find solutions. I have also offered for the QNI to collect, collate and share solutions and good practice, such as employers paying fuel costs forward.

I would also welcome the opportunity to discuss how we might work with the DHSC at a system level to find longer term, sustainable solutions to these challenges, which would be of a benefit to health and social care services and to people who rely upon the essential care provided.

I look forward to hearing from you.

Yours sincerely

1707alua

Dr Crystal Oldman CBE Chief Executive