

Are you drowning in a sea of paperwork?



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It seems hardly a day goes by without nurses being castigated for one thing or another in the news. But is this criticism justified? Has nursing changed so much? As far as I can see, nursing *has* changed. One contributing factor is the huge amount of paperwork involved in the job. I can touch type; that doesn't make me a good secretary yet I, in common with most of you I imagine, do my own paperwork, note keeping and updating computer records, as well as keeping on top of emails and texts too. The Royal College of Nursing (RCN) says nurses are being prevented from caring for their patients properly because they are drowning in a sea of paperwork. In a recent RCN survey of nurses working in a variety of settings, 81% reported that having to complete non-essential paperwork prevented them from providing direct patient care (RCN, 2013a). I can echo that.

Whilst working in Surrey, where I and my colleagues provided an intermediate diabetes specialist service, I completed patient records on one computer system for my specialist colleagues to share and I completed my own paper patient records, which provided more detailed information. I also completed the computer system, which was shared with only the community trust staff. None of these records could be seen by the GP or the practice nurse and I could not see theirs. How can a district nurse be expected to provide high-quality care when they often cannot see a full history, nor the up-to-date blood test results, without taking the time to go and look for them? This is not joined-up thinking. The number of district nurses in England fell by 39% between 2002 and 2012, while preventable emergency admissions rose by 40% over the same period (RCN, 2013b). Is this a coincidence?

I understand that accurate, up-to-date records need to be kept, but in triplicate? And I know I'm not alone. The RCN found that 69% of nurses think the use of IT had increased the amount of time they spend on paperwork and administration and 25% said that IT used was not appropriate for the job they needed to

do. The vast majority (81%) felt administrative help would allow them more time with patients. But it's not just help with paperwork that nurses in primary care need; they also need support from specialists to take on their increasingly complex role. People are living longer and more complex therapeutic options, including injectables, are to be discussed with people with diabetes. DSNs play a vital role in preventing expensive complications, in supporting people with complex needs and, critically, in providing primary care teams with specialist expertise that reduces emergency hospital appointments. So says Diabetes UK, but they report on the findings of a 2010 survey, that 43% of vacant DSN posts are unfilled due to cost-saving initiatives in trusts. Furthermore, one in five DSNs will retire by 2016, with massive spikes in retirement of staff every 5 years (Diabetes UK, 2011).

I know we should not constantly look backwards and that we simply cannot afford the ways we used to work. I know, also, that community teams are being stretched. But I am regularly hearing about "nurses", unqualified and on very low grades, being asked to perform duties traditionally reserved for qualified or specialist staff. They are taking on great responsibility and, no doubt, have their own admin issues. Recently, I heard that senior nurses in England are concerned about staffing levels in hospitals. The Safe Staffing Alliance (SSA) says there is a worry that the poor ratio of qualified nurses to patients could be regarded as the minimum acceptable when this ratio, in fact, puts patients at risk (SSA, 2013). Has nursing changed?... or has the environment we are working in become more challenging? ■

Diabetes UK (2011). *2010 Diabetes Specialist Nursing Work Force Survey Report*. Diabetes UK, London. Available at: <http://bit.ly/naBDLq> (accessed 22.05.13)

Royal College of Nursing (2013a) *Nurses spend 2.5 million hours a week on paperwork - RCN survey*. RCN, London. Available at: <http://bit.ly/12VbBJO> (accessed 22.05.13)

Royal College of Nursing (2013b) *Frontline First: Nursing on red alert*. RCN, London. Available at: <http://bit.ly/Y3eNMy> (accessed 22.05.13)

Safe staffing alliance (2013) *Safe staffing allowance statement*. SSA. Available at: <http://bit.ly/Zbo2Zo> (accessed 28.05.13)