

Transition to District Nursing Service

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Section A - Thinking about working in the community

Chapter 1 - What is community nursing?

The aim of this chapter is to:

- Provide you with a brief overview of the history of community nursing in the UK.
- Consider historical attitudes of community nursing and how these feelings may still resonate in community nursing today
- Outline the different roles and responsibilities of professionals in the community setting
- Consider what skills you may need to work in the community nursing setting

The term 'community' encompasses a whole range of different meanings and viewpoints. The essence of community is therefore difficult to capture within a single definition.

Historical Perspectives

District nursing as an organised movement began when William Rathbone (1819-1902), the Liverpool merchant and philanthropist, employed Mary Robinson to nurse his wife at home during her final illness. In May 1859, after his wife died, he decided to try to extend the service started with Mary Robinson, but soon found that there was a lack of trained nurses and that nurse training was disorganised and very variable in quality. In 1860 he wrote to Florence Nightingale, who advised him to start a nurse training school and home for nurses attached to the Royal Infirmary in Liverpool and with typical Victorian organisation and energy this was built by May 1863.

For district nursing purposes, the city was divided into 18 'districts', each being a group of parishes. Each district was under the charge of a Lady Superintendent drawn from wealthy families who were expected to underwrite the costs of the scheme and provide accommodation for nurses.

The public attitude towards district nurses has always been positive due to the nature of the care that they perform. They have always been trusted and welcomed into the home and have been referred to in the past as the "I'll see what I can do" or the "tea and sympathy" nurse. Community nurses have had to be creative in the way in which they practice and deliver care in the home setting. They are renowned for being able to 'think on their feet' to adapt to situations and be resourceful in unpredictable surrounding and situations. The QNI was established in 1887 to co-ordinate training nationally.

Definition of District Nurse

It is important here to define what is meant by a District Nurse. A District Nurse is a qualified and registered nurse that has undertaken further training and education to become a specialist community practitioner. This community specialist practitioner qualification (SPO)

'The QNI/QNI Scotland have together developed new standards to build and enhance the NMC Standards.'

can be taken at degree or Masters level and the current programmes comprise 50% theory and 50% practice and concentrate on four areas:

NMC (2001) Standards for Specialist Education and Practice (NMC London):

- clinical nursing practice
- care and programme management
- clinical practice development
- clinical practice leadership.

The QNI have has long advocated for the education of district District nurses Nurses to ensure that community nursing team leaders develop the specialist skills and knowledge to enable them to lead the service. The QNI/QNI Scotland have together developed new standards as a result of a long-standing project to build and enhance the NMC Standards, but not to replace them.

The QNI and QNIS recommend that the new standards are adopted by all education providers

currently offering the Specialist Practitioner – District Nurse programme in the UK, and the QNI have welcomed the positive response from universities regarding the incorporation of the standards into their programmes.

QNI/QNIS (2015) Voluntary Standards for District Nurse education and Practice

http://www.qni.org.uk/for_nurses/policy_and_practice/district_nurse_standards

The Queen's Nursing Institute (QNI) published the results of the 2020 Vision Five Years On Survey on the future of District Nursing in 2014, which presented evidence that the Specialist Practitioner Qualification (SPQ) in District Nursing was critical to effective team leadership and caseload management (QNI, 2014a).

A subsequent report to investigate the value of the SPQ in more depth has reinforced the message that this specialist programme is essential to support the nurse to develop the unique skills and knowledge required to lead and manage a team of multi-skilled

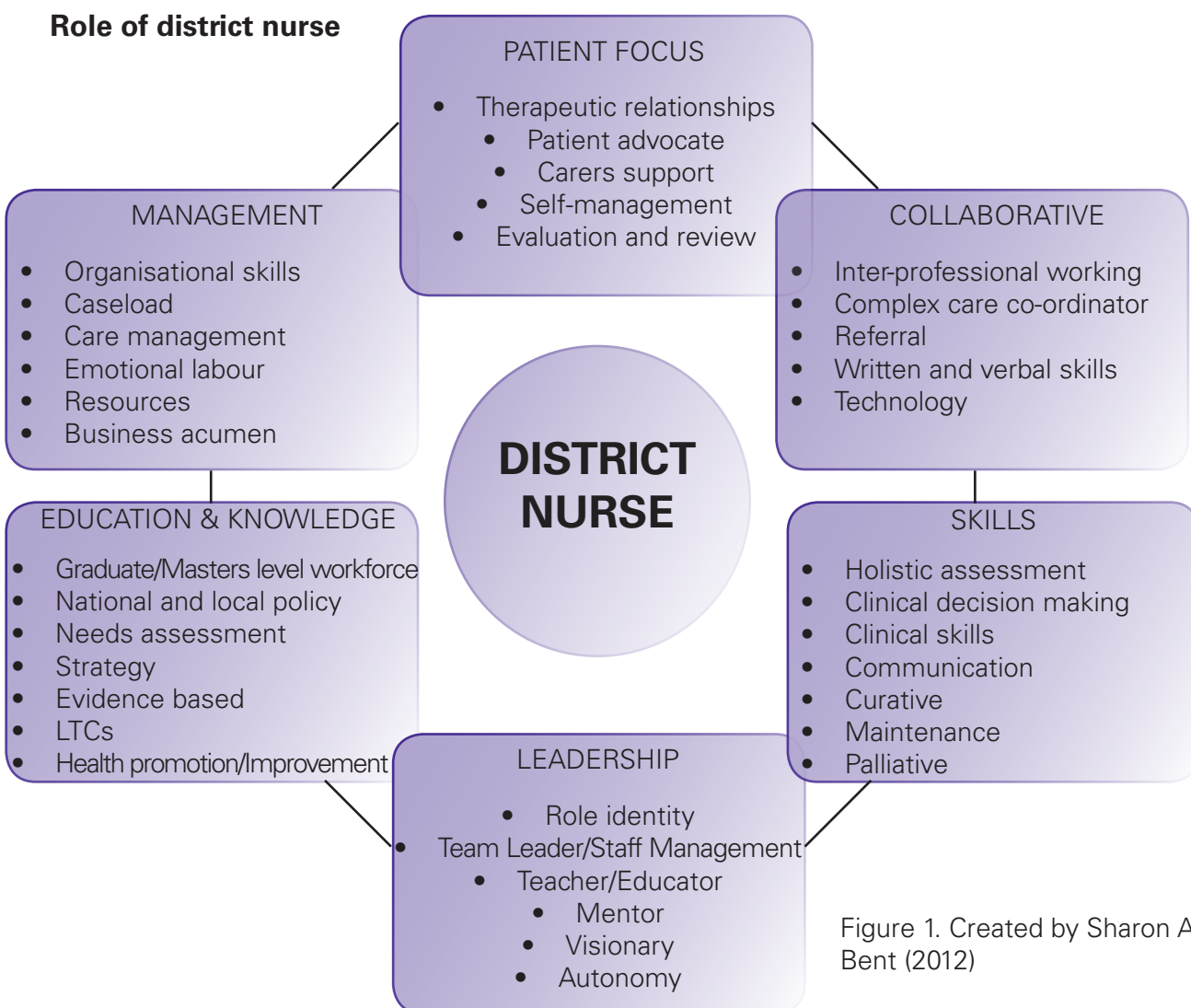


Figure 1. Created by Sharon Aldridge-Bent (2012)



professionals to deliver excellent nursing care to people in their homes and local communities (QNI, 2015). http://www.qni.org.uk/for_nurses/policy_and_practice/district_nursing_spq

The indisputable value of District Nursing is indisputable and this was also acknowledged by an RCN survey of district and community nurses published in 2014, which provided a unique view into the community nursing workforce.

RCN (2014) Survey of district and community nurses in 2013- Report to the RCN
www.rcn.org.uk/about-us/policy-briefings/pol-1414

Community staff nurses can be funded onto to undertake a District Nurse specialist practitioner programme via their employing trust. Applicants with the relevant registration and experience can also apply for sponsorship via their employing organisation. Although However, as funding support becomes harder to access, self funding occurs is likely to occur in some instances.

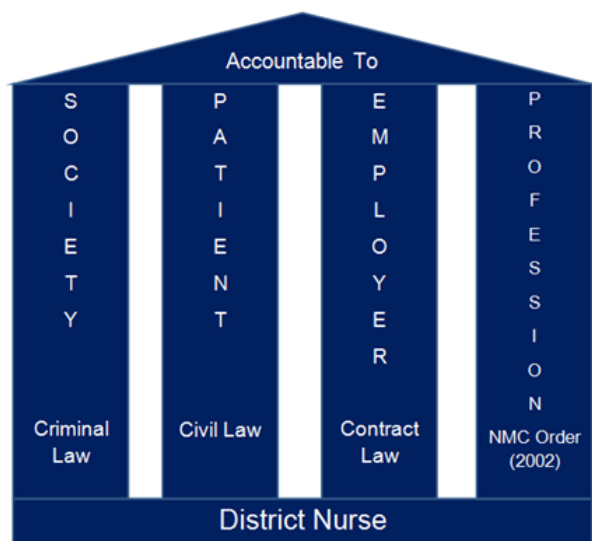
Today District Nurses play a crucial role in the primary health care team. They visit people in their own homes or in residential care homes, providing care for patients and supporting family members. As well as providing direct patient care, district District nurses Nurses also have a teaching role, working with patients to enable them to care for themselves or with family members teaching them how to give care to their relatives.

District nurses also play a vital role in keeping hospital admissions and readmissions to a minimum and ensuring that patients can return to their own homes as soon as possible. The complexity of district District nursing Nursing care is highlighted by the work of the QNI (2011), including examples of engagement with the assessment of complex needs, risk assessment, leadership and management, application of specialist knowledge and skills, with the ability to work collaboratively across organisations. The key skills required for the district District nurse Nurse are demonstrated in Figure 1

The role of the District Nurse

The qualified District Nurse is professionally responsible and accountable for the quality of care that they provide and is well also qualified to assess the needs of individuals and their carers. District Nurses also lead and manage a multi-skilled team of nurses and are skilled to work collaboratively with a multiplicity of agencies (statutory, voluntary and private) in order to deliver care to a defined population. The reality of the level of responsibility and accountability in the qualified nurse is depicted overleaf.

‘District nurses also play a vital role in keeping hospital admissions and readmissions to a minimum.’



RCN (2010) Pillars of Community

GPs responsible for the commissioning and delivery of health care. As a result many GP practices are working closely together to redesign primary care services and consider how the MDT might work in different ways.

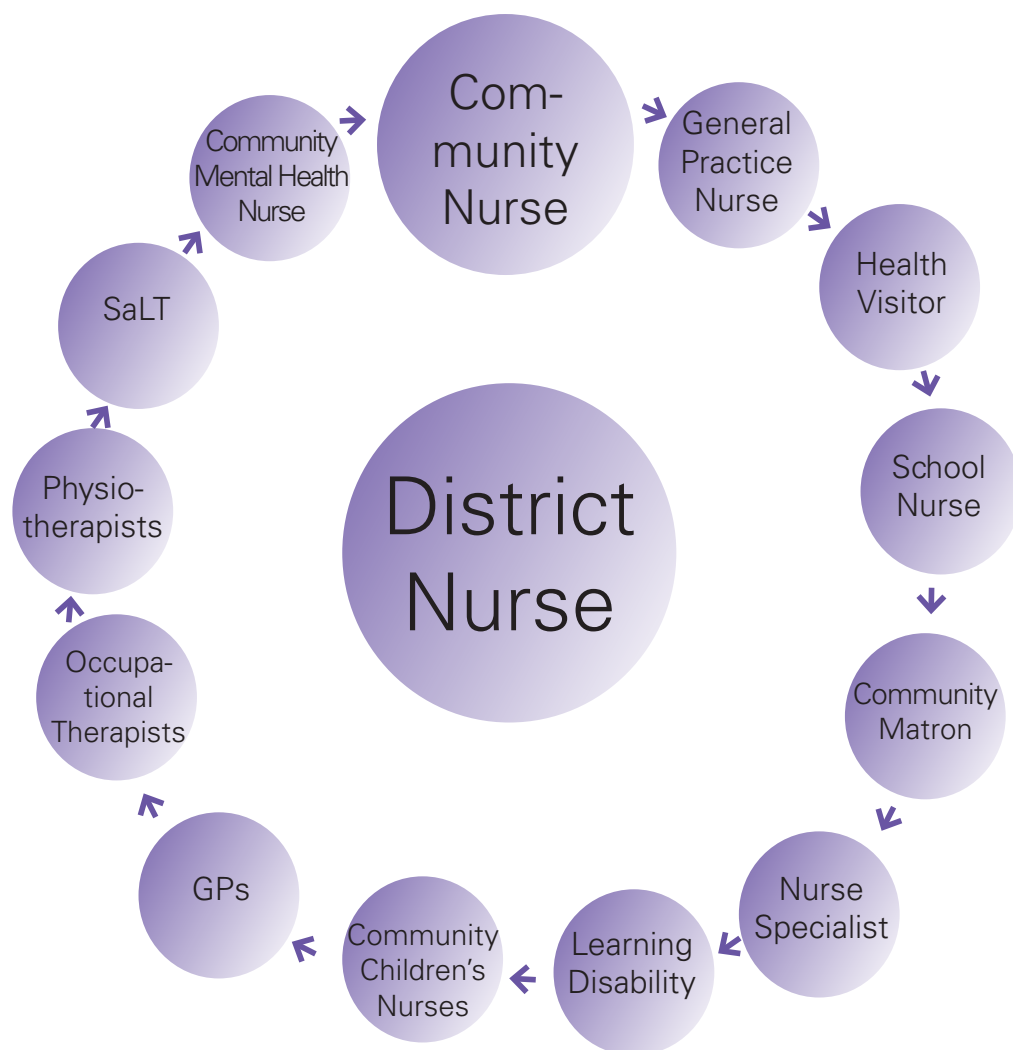
Different roles in the community

District Nurses work with a wide range of health and social care professionals to delivery care across the lifespan. Trying to identify and establish all the different roles will may seem quite daunting to begin with. Here is a brief overview of the roles to get you started.

Practice Nurses - work within GP surgeries and assess, screen and treat patients from across the lifespan. They run clinics for patients with Long Term Conditions such as asthma, heart disease and diabetes. They also offer health promotion advice in areas such as contraception, weight loss, smoking cessation and travel immunisations.

The Future

The Health and Social Care Act (2012) saw the introduction of Clinical Commissioning Groups led by



They can be known as case managers or caseload managers and are highly experienced senior nurses that work with patients with complex health problems (DH 2004). They provide a single point of care to support provide care for patient and prevent hospital admissions.

Health Visitors - also known as a specialist community public health nurse (SCPHN) Health visitors work with families with children under the age of 5 years of age. They support families and children in issues such as growth and development, post- natal depression, breastfeeding and weaning, domestic violence and bereavement. They also play a role in safeguarding and protecting children from harm.

Figure 1 Created by Sharon Aldridge-Bent (2012)



Community Children's Nurses - provide holistic care to sick children by providing nursing care in the community setting, empowering and enabling the child, family/carers' to become more competent in the management of the child's condition, thereby reducing the need for hospital admissions or enabling early discharge. The Community Children's Nurses provide nursing care to children and young people with a life limiting, life threatening condition, complex disability, long term conditions such as asthma, eczema or allergies as well as palliative and end of life care.

Community Matrons

Community matrons are usually deemed to be working as advanced nurse practitioners. These highly-skilled nurses have a variety of tasks and responsibilities, including: carrying out treatment, prescribing medicines, or refer patients to an appropriate specialist. Plan and provide skilled and competent care that meets patients' health and social care needs, involving other members of the healthcare team as appropriate.

Community Mental Health Nurses

A community mental health nurse (CMHN), also sometimes known as a community psychiatric nurse, is a registered nurse with specialist training in mental health. Some CMHNs are attached to GP surgeries, or community mental health centers, while others work in psychiatric units. CMHNs have a wide range of expertise and offer advice and support to people with long-term mental health conditions, and administer medication. Some CMHNs specialise in treating certain people, such as children, older people, or people with a drug or alcohol addiction.

General Practitioners (GPs) - provide a complete spectrum of care within the local community: dealing with problems that often combine physical, psychological and social components. Most GPs are independent contractors to the NHS. This independence means that in most cases, they are responsible for providing adequate premises from which to practice and for employing their own staff.

General Practice Nurses or Practice Nurses

General Practice nurses work in GP surgeries as part of a primary care team that is likely to include doctors, nurses, dietitians and pharmacists. Practice nurses assess, screen, treat and educate all sections of the community, from babies to older people. In smaller practices, they may be the sole nurse, whereas in larger surgeries, they may share duties with practice nurse colleagues.

Learning Disability Nurses - provide specialist healthcare to those with a range of learning disabilities. They also offer support to their families. Learning disability nursing is provided in settings such as adult education, residential and community centers, as well as in patients' homes, workplaces and schools.

Occupational Therapists - work with people of all ages to help them overcome the effects of disability caused by physical or psychological illness, ageing or accident. The profession offers enormous opportunities for career development and endless variety.

Physiotherapists - A physiotherapist's core skills include manual therapy, therapeutic exercise and the application of electro-physical modalities. They also have an appreciation of psychological, cultural and social factors influencing their clients. More physiotherapists work in

'The relationship between the public and health professionals is also changing.'

the community and a growing number are employed by GPs. Treatment and advice for patients and carers take place in their own homes, nursing homes, day centres, schools and health centres.

Rapid Response or Integrated Care Teams – are multidisciplinary health and social care teams made up of physiotherapists, occupational therapists, support workers and nurses. The service aims to prevent unnecessary patient admission to hospital. These teams provide short-term support and rehabilitation in the home.

Pharmacists - are experts in medicines and work to ensure the safe supply and use of medicines by the public. Pharmacists register with the General Pharmaceutical Council (GPhC) following completion of a four-year Master of Pharmacy degree from a UK school of pharmacy. They then work for at least a year under the supervision of an experienced and qualified pharmacist, either in a hospital or community pharmacy such as a supermarket or high street pharmacy. Around 70% of pharmacists work in the community preparing and dispensing prescription and non-prescription medicines in premises on local high streets.

School Nurse

School nurses work closely with pupils, parents, carers and teachers, offering support and advice on a range of issues from obesity to sexual health. They play a vital role in children's development, carrying out immunisation and screening programmes, managing medical conditions and acting as a point of contact on child protection issues.

Specialist Nurses

There are many specialist nurse working in the community setting and they play a key role in the management of patient care. Working closely with doctors and other members of the multidisciplinary team, they educate and support patients, relatives and carers from a variety of specialties eg Tissue Viability, Palliative Care, Diabetes, Parkinson's, Continence Advisors and Coronary Heart Disease.

Speech and Language Therapists (SaLT)

They assess and treat speech, language and communication problems in people of all ages to help them better communicate. They'll also work with people who have eating and swallowing problems.

New and developing roles in Primary Care

The primary and community care services now face major challenges; with an increasing workload, an ageing population, and increasingly complex medical problems being diagnosed and managed in the community. The relationship between the public and health professionals is also changing – with an increasing focus on giving people information and involving them in decisions about their care.

Whilst it is recognised that there is considerable potential in developing these new roles, the governance of these new staff members will be of critical importance in ensuring the quality and safety of their work. This is a particular issue where the GP practice is the employer, when GPs need clarification of the training and governance of these new staff members. Federations of GP practices have a particular role in supporting general practices in this area.

To read more about workforce development in the community read:

Primary Care Workforce Commission – The Future of Primary Care creating dreams for tomorrow
www.hee.nhs.uk/sites/default/files/documents/WES_The-future-of-primary-care.pdf

Physicians Associates

New clinical and support staff roles in general practice Physician Associates (previously called physician assistants) provide generalist clinical care in general practice, typically seeing people with acute minor illness. They have two years training, most after a basic science degree. This training follows the model of a medical qualification (for example, taking histories, performing examinations, making diagnoses, interpreting tests).

Health Care Assistants (HCAs)

Increasing use is being made of healthcare assistants in carrying out health assessments, performing routine tests, helping people monitor their conditions and carrying out administrative tasks in the community setting.

The Shape of Caring review (2015) chaired by Lord Willis outlines its intention to improve the capabilities of Health and Social Care Assistants and for Health Education England (HEE) to promote structured career development for these increasingly important members of the workforce. The introduction of the Care Certificate to be completed by all new HCAs



during their induction is the first step. The Care Certificate is a first level introduction to the fundamentals of care and consists of 15 standards that are assessed 'in house' during the first 12 weeks of employment.

Below are links to the Shape of Caring Review and to further information on the Care Certificate:

- <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/03/2348-Shape-of-caring-reviewFINAL.pdf>
- www.skillsforcare.org.uk/Standards/Carewww.skillsforcare.org.uk/Standards/CareCertificate/Care-Certificate.asp x

Health and Social Care Co-ordinator and Primary Care Navigator (PCN) roles

The purpose of both of these the roles is to work as part of a multi-disciplinary health care professional team in GP surgeries, taking referrals for patients that have social issues that may be affecting their overall health and wellbeing. The purpose of the PCN is to refer or signpost the patients to relevant services/agencies that are available in the community, with the aim of reducing GP attendances and visits to A & E. Whilst the Health and Social Care co-ordinator role will perform similar duties but may establish and carry a caseload with longer input with patients.



Exercise

What personal skills are required to work in the community? In some instances a SWOT analysis is a good way to establish insight into your own abilities. Take a sheet of paper and divide it into four cells and label them 'strengths' 'weaknesses', 'opportunities' and 'threats'. Under each heading within each cell write down as many things that you can think of that relate to your role as a nurse. You can then ask yourself 'What are the threats that the weaknesses expose us to?' and 'What opportunities arise because of your strengths?'. By doing a swot SWOT analysis it allows you to become critical of and to reflect upon your own behaviour. This can sometimes be a step towards changing and developing as a result both personally and professionally.

Diagnostic self-assessed identification of leaning needs for community based practice:

STRENGTHS	WEAKNESSES
OPPORTUNITIES	THREATS

'It feels more like a partnership of decision-making between patient and the nurse.'

Example of a completed SWOT:

STRENGTHS	WEAKNESSES
Excellent clinical skills Good communication skills Enthusiastic Like being able to make decisions	Have not worked in the community before Lack confidence Worried about additional skills needed Not confident to teach others Lack of knowledge of a wide range of Long Term Conditions Lack of clinical skills
OPPORTUNITIES	THREATS
Working in a team Change in career pathway Support from my mentor Opportunity to do the course	Not sure if community nursing is for me Working on my own Safety Making the right decisions

Having completed your SWOT it should be clear that you possess many transferable skills from your present position that can be used in a different setting. It may also allow you to realise that working in the community is not for you, or perhaps there are areas you need to develop before deciding upon a move.

In a recent QNI (2013) community survey, 58% of all nurses identified lack of clinical skills as one of their main concerns when starting a career in the community.

'When I first moved to the community I wasn't aware that I would have so much to learn. I thought that the skills I had as a qualified nurse would be all I needed- Oh how wrong I was!'

Now consider what additional clinical skills do I need to work in the community? Make a list of them here:

Additional clinical skills needed may include:

Examples:

- Medicines management in the community setting- e.g. use of controlled drugs

- Intravenous therapy and central venous access devices – including peripherally inserted central catheter (PICCs)
- Nutritional Support – including Percutaneous Endoscopic Gastrostomy (PEG) feeding
- Wound and leg ulcer assessment and management including: use of Doppler, wound products, compression bandaging. Vacuum Assisted Closure (VAC) Urinary catheterisation and management e.g. suprapubic, intermittent and male catheterisation
- Bowel management
- Ear irrigation
- Venepuncture

This list is not exhaustive.

Quotes

'...Seeing patients in their own environment and getting to know them and enabling patients to remain in their own home. I am able to make clinical decisions independently and the work is varied...'

'..It feels much more like a partnership of decision making between patient and the nurse. I feel able to work more autonomously than when I worked in hospital. It is much easier to holistically assess a patient in their own home and try to find strategies for care that will work for the patient in the home setting based on their individual needs and home set up...'

'Always remember you are a guest in someone's home, pick up on prompts such as photos, pets etc. to strike up a conversation and put the person at ease and you will soon build a rapport and the patient will gain confidence in your ability.'



Chapter Summary

This Chapter has looked at the history of District Nursing in the UK and some of the public attitudes towards community nurses. It has identified the distinct role of the qualified District Nurse and the importance of developing a clear understanding of all the other health care professionals that provide care to people in the home.

It has challenged you to consider if community nursing is for you and also to think about your own clinical skills and what additional skills you may need to work in the community.



Web Resources

www.adne.co.uk – Association of District Nurse Educators

www.qni.org.uk – The Queen's Nursing Institute

www.nhscareers.nhs.uk NHS Careers

www.bupa.co.uk/buildingthecase BUPA Resource

Nice – transition from a patient's perspective

<https://www.nice.org.uk/guidance/ng27/resources/transition-between-inpatient-hospital-settings-and-community-or-care-home-settings-for-adults-with-social-care-needs-1837336935877>