

The Value of the District Nurse Specialist Practitioner Qualification

A report by The Queen's Nursing Institute

2015





About the QNI

The QNI is a charity dedicated to improving patient care by supporting nurses who work in the community.

Every year, millions of people of all ages need professional nursing care at home. People today live longer, often with complicated health conditions, and are discharged earlier from hospital. Those patients can make a better recovery, stay independent and avoid unnecessary hospital re-admissions, if they have the support of skilled community nurses. Good nursing is something that can and should be available close to home.

Our aim is to ensure that patients receive high quality nursing care where and when they need it, from the right nurse, with the right skills.

How do we do this?

- Developing an ever-growing cohort of great nursing leaders - Queen's Nurses - who are committed to high standards of care in the community, and who can influence healthcare locally and nationally
- By funding nurses' own ideas to improve patient care and helping them develop their skills through workshops, conferences and resources
- By lobbying Government, policy makers, and health service planners, and campaigning for resources and investment in high quality community nursing services

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1. Introduction

This report provides a summary of the work undertaken by the QNI (Queen's Nursing Institute) to articulate the value of the Nursing and Midwifery Council (NMC) specialist practitioner recordable qualification of District Nursing (SPQDN) to patients, families, and carers served as well as to the district nursing service overall. The report includes the background to the report, findings from the literature review, a description of the methods used to collect the data, a summary of the main findings and the conclusions from the analysis of the data.

A clear picture emerges throughout the report of a highly skilled specialist practitioner who is appropriately prepared through the SPQDN to lead and manage a responsive district nursing service, supporting patients, families and carers to receive excellent nursing care in their homes and local communities.

2. Background

In 2014 the QNI undertook a survey on the challenges that were facing the District Nursing service. The results of the survey were published in the document "2020 Vision 5 years on: Reassessing the Future of District Nursing" (QNI, 2014). The report was based on the views of more than one thousand District Nurses and one of three key themes identified was 'workforce' – alongside 'mobile working' and 'discharge planning'.

Concerns were raised about sufficient numbers of suitably qualified District Nurse team leaders to meet the needs of patients, families and carers with increasingly acute and complex health care needs. The message from the survey was clear that the Specialist Practitioner Qualification in District Nursing (SPQDN) was paramount to the effective leadership and management of the caseload and the community nursing team. However, respondents to the survey expressed some concern that commissioners and employers did not always understand the impact and value of the SPQDN in the same way as professionals and patients.

Alison Leary, Professor of Healthcare and Workforce Modelling at London South Bank University, recognised the complexity of district nursing when speaking about her research at a meeting of the Association of District Nurse Educators in May 2015. Professor Leary has observed nursing work in a wide variety of hospital based environments as part of her research and she said, of the work she had seen in people's homes: *'District Nursing work is easily the most complex nursing work I have ever observed.'*

The NMC (2001) define Specialist Practice in the following way:

There is a clear difference between practising within a speciality and holding the NMC recordable qualification of specialist practitioner. Specialist practice is the exercising of higher levels of judgement, discretion and decision making in clinical care. Such practice will demonstrate higher levels of clinical decision making and so enable the monitoring and improving of standards of care through: supervision of practice; clinical audit; development of practice through research; teaching and the support of professional colleagues and the provision of skilled professional leadership (NMC, 2001:1).

People are living longer, often with several comorbidities, and the care required to enable them to live at home or die in their place of choice is increasingly complex. However there is still a view that district nursing is task-driven and the skills required for excellent leadership, enabling a high quality service for safe patient-focussed outcomes continues to be poorly understood (Bennett and Nicholson 2013). The SPQDN provides an opportunity for clinical leadership and specialist skills development and this was clearly articulated in 2013 in the recent Department of Health (DH) definition of the DN role (DH, 2013):

'District nurses are qualified nurses with a graduate level education and specialist practitioner qualification recordable with the Nursing and Midwifery Council.' (DH, 2013)

The DH model reinforces the role and contribution of the DN and comprises three core elements:

- Population and caseload management.
- Support and care for patients who are unwell, recovering at home or near the end of their lives.
- Support and care for independence.

The DH report proposes that DNs are the professionals who should lead teams who provide the care and support for patients in the community and it clarifies that specialist education is required for the role. Following the QNI report (QNI, 2014) the DH funded a project to determine the impact and benefit of the SPQDN on care delivery in relation to patients, carers, families and the nursing teams they lead. This report describes the work undertaken by the QNI and the findings of the investigation.

3. Approach

The QNI consulted key stakeholders to obtain their views, perceptions and experience of working with, or managing community nurses who hold the SPQDN or who have been prepared for the role using an alternative programme.

The key activities included:

- A literature search and review to provide a summary of the existing research on the value of SPQDN role in the community.
- A comprehensive consultation with stakeholders through an online survey and focus groups.
- Data analysis resulting in conclusions and recommendations.

Key stakeholders sent details of the focus groups and on-line survey to their membership to request participation and feedback. These include:

- The Association of District Nurse Educators (ADNE)
- National District Nurses Network (NDNN) (A presentation on the project work was given to members and feedback received)
- The Queen's Nurse Network at the QNI
- Higher Education providers

4. Literature Review

An in-depth literature search was undertaken to identify the research, from the last ten years, on the value of the SPQDN. This resulted in minimal results of which five most relevant papers, published between the years of 2007-2013 were selected for review. There was a disappointing lack of published research that examined the value of the SPQDN.

The key papers reviewed include Chambers et al (2007) whose paper discussed an evaluation of the NMC Community Specialist Practitioner (CSP) programme (not specifically SPQDN) over a period of four years. The purpose of the paper was to ascertain if the programme developed practitioners who were fit for purpose and fit for practice in addition to evaluating whether they were supported in their new roles after qualification.

The authors conclude that the specialist course provided the students with the ability to be reflective, critical thinkers with the skills to challenge, act as change agents and communicate their knowledge to colleagues and students. However, it was also recognised that preceptorship and support were required in the first few months post qualification to enable effectiveness in challenging practice and dealing with team dynamics.

Barrett et al (2007a, b and c) published a series of articles that looked at specific case histories where the unique role of the District Nurse (DN) was highlighted. The purpose was to demonstrate the role of the trained DN and to evidence the knowledge, skills and qualities needed to deliver the increasing need for specialised expertise whilst supporting the community nursing teams.

The first article in the series discussed the DN qualification and the role that DNs have in caseload management, assessment of complex care needs, prevention of hospital admissions, crisis management and wound care (Barrett et al 2007a). Five illustrated case scenarios were used to present the findings. The key points included the importance of both practitioners and policy makers understanding the unique role of the DN and the challenge of quantifying the value of district nursing. The authors describe the unique and distinct role of the DNs in the prevention of hospital admissions, the management of patients with long-term conditions and the expert clinical and managerial leadership within community nursing teams.

The second article in the series (Barrett et al, 2007b) presented case scenarios to demonstrate the unique role of the DN by demonstrating the quality of care when undertaking specific procedures such as catheterisation, prescribing and medication reviews, intravenous therapies, risk assessments, patient advocacy and referral to other services. The evidence demonstrated that DNs have a wealth of technical skills alongside the extensive knowledge required to support patients to be nursed at home. The final article in the series by Barrett et al (2007c) looked at further examples of the diverse role of the DN. The case scenarios illustrated this in the delivery of palliative care and bereavement support, complex care management and the teaching, mentoring and preceptorship support given to the community nursing team, in addition to quality audit and data collection and in the leadership skills required for the role.

The series of articles concluded that the value of the specialist district nurse practitioners is evident in the scenarios explored and further suggests that the leadership role for the community nursing team must be recognised. Although the series of articles defined the unique role of the SPQDN by presenting clinical scenarios through "tasks" it demonstrated that the District Nurse is a specialist practitioner role which provides a holistic approach, enabling patients to be cared for in their own homes and communities and using advanced skills and clinical expertise.

Longstaff (2013) explored the role of the DN and looked at the qualifications needed to lead a community nursing team to deliver the high standards of care required for evidence-based, complex nursing care. Longstaff (2013) proposed that there was a need for educational commissioners and workforce planners to agree to continued investment in the DN profession. There is evidence of the value of the SPQDN for the leaders of the DN teams, although Longstaff (2013) states that there is a lack of up-to-date primary research, which may be due to the significant underinvestment in the SPQDN in recent years.

5. Consultation with clinicians

5.1 Survey

A comprehensive online survey was developed with the aim of gathering views from a wider group of community nurses, students currently undertaking the SPQDN course and university lecturers, mentors and practice teachers. The survey was piloted by educators and Queen's Nurses prior to its release and minor amendments were made in accordance with feedback.

The online survey was open for responses from 17th April to 10th July 2015 and a total of 407 responses were recorded. The survey was advertised using social media, the QNI website, QNI e-newsletter and through articles and editorials in the nursing press.

The respondents were asked a selection of questions in order to explore their views on the value of the SPQDN. The following section includes a summary of the responses to each of the questions, illustrated with direct quotes from respondents.

5.2 Summary of the Findings

Main Benefits of the Qualification: Patient Care

Respondents were asked what they felt were the top three benefits of the nurse holding the SPQDN to patients, carers and families and these were:

- Confident and safe practitioner
- Expertise in assessment skills
- Excellent care co-ordination and decision-making

'The qualification produces innovative DNs who have a vision for community nursing and are flexible but also realistic in aiming to provide the best care for their patients. The ability to utilise resources creatively to provide safe and effective evidenced-based care and have the appreciation of how important it is to work collaboratively with other agencies, organisations, commissioning bodies, voluntary sector etc.... in achieving this.'

'The case management approach (SPQDN) will ensure a quality approach to patient care, ensuring that essential care is carried out in a timely manner with the cost effective approach to service. Maintaining the care within a coordinated approach with other providers and ensuring that the minimum amount of information is gathered to reduce the amount of duplicated work. Good liaison and communication with partners in care either social or therapy to ensure that the management and monitoring is well documented and reviewed to manage the short falls very quickly to ensure that hospital admission is avoided where possible and the care is able to be achieved at home and the staff are able to provide this. Training and development and ongoing updates are essential to maintain a well-developed team, all staff are supported by the team lead to ensure that they are confident and competent in practice.'

Respondents were asked if there were any aspects of patient care that they felt may be compromised without the SPQDN. 62.3% felt that aspects of patient care may be compromised without the qualification and overwhelmingly the respondents felt that without the SPQDN there is poor decision making around patients' needs and a lack of proactive development in case management, particularly around holistic assessments, health promotion and education and medicines management.

Feedback included concerns that over-visiting the patient was problematic in the community team when nurses lack confidence in deciding when to discharge patients from the caseload following completion of an episode of care. Less co-ordination and more task orientated visits were also given as examples from respondents:

'In our local area the SPQDN training was discontinued and the staff promoted according to ability. However, the care tends to be task orientated and the ability to do a holistic assessment which includes socio-economic need of families is no longer there.'

'The level of care provided in the community would diminish if the SPQDN training was to stop, the level of assessments and delivery of nursing care would decrease leading to poorer patient outcomes, patients staying on the caseload for longer and increase hospital admissions.'

Respondents were asked to identify any areas of benefit of holding the SPQDN that directly relate to quality enhancement and overwhelmingly respondents felt that standards of care developed and applied during the SPQ programme correlated to the quality of care given to patients, with many examples given around innovative practice, nurse prescribing and caseload management:

'Quality in the holistic care of a patient in their own home, using a wide range of skills learnt during the programme to prioritise the care needs of individuals with confidence/competence and working in partnership and "Making Every Contact Count" is routine. Ensuring the task I carry out is administered within the paradigm of the holistic picture, the social picture; recognising the individuals' response to advice, their illness and their likely direction of progress during that visit i.e. quality assessments continually informing my practice. Also the confidence to support colleagues and liaise with other professionals involved in caring for that patient.'

Key Professional Benefits and Skills

When asked what they believed were the three key professional benefits of completing the SPQDN, 86.1% felt that they had developed higher levels of judgement and decision-making skills since completing the SPQDN. Respondents commented on their advanced level of practice assessment skills which included the patient, family and the wider community and which enabled higher levels of judgment across the whole care pathway. Confidence in the leadership role and autonomous practice were broadly cited too:

'The SPQDN is an expert nurse who understands care delivery in the community, who can signpost effectively to ensure that needs are met and has the understanding of the wider, complex issues in the health and wellbeing of people living in the community.'

'Being a highly experienced Band 5 community nurse, I was like a jigsaw puzzle – lots of individual pieces with lots of different clinical experience. Now I have the SPQDN I feel that the jigsaw has come together to complete the full picture – I now understand the role and responsibilities of what the qualification means.'

'The value of my qualification has given me the opportunity to study leadership and management which has given me the tools and skills to line manage and inspire my DN team to provide high quality patient-centred care and skills to influence and enhance partnership working with other agencies.'

Respondents were asked what were the top three skills they had learned from undertaking the SPQDN and the following emerged from the analysis of the responses:

- Leadership and management skills
- Clinical assessment skills
- Autonomous decision-making

These skills were cited as impacting directly on the quality of care that is delivered to patients in their homes and community:

'SPQDN is fundamental to Community Nursing services. Having the SPQDN enables professional recognition. District Nurses are the co-ordinators of care within primary care. We have a wealth of knowledge about our communities. We have robust networks and a great knowledge about available services within the NHS, social care, voluntary and charity sectors, which enables us to coordinate and signpost appropriately and efficiently. SPQDN enables higher thinking and decision making.'

'Having completed a history taking and physical assessment module as part of my SPQDN, I am more

competent and confident in carrying out these skills and making a differential diagnosis which keeps the patient out of hospital. I have the confidence to effectively plan end of life care and effectively support and reduce the number of patients who may end up in crisis and being inappropriately admitted to the acute setting.'

Prescribing

Questions specific to nurse prescribing qualifications showed that 83.4% of respondents said that they held the V100 community nurse prescribing qualification whilst 23.4% reported that they held the V300 Independent Prescribing Qualification. Those holding the V300 reported that they could offer timely access to prescribing and faster access to medicines particularly at weekends when services were often difficult to access:

'Patients with complex, multiple long term conditions need a keyworker – the SPQDN is the best person for this role as they have the knowledge of caseload management, long term conditions management as well as specialised clinical skills including diagnosing, prescribing and evaluating the care given to the patient, keeping them in the place of their choice and avoiding inappropriate hospital admissions.'

Employers' Support

91.2% of respondents reported that their organisation currently seconds nurses to undertake the District Nurse (SPQ) course. This investment into the nurses' development gives a very positive message that the SPQDN is valued by the employers. However 15.6% of respondents reported that they were prevented from undertaking the SPQDN because only a modular approach was supported by employers, requiring a lengthy time to complete the programme.

Modules are often specific to the education provider and may not always be transferable to another university should the nurse change employer and be required to complete the programme elsewhere.

Several respondents said that undertaking the course over two years instead of one year was problematic and this seems to discourage staff for applying for a place, whilst 29% said that potential applicants were discouraged as they were unable to accept a lower salary for the duration of the course.

Over 15% responded that backfill was an issue within their community nursing team and this limited the number of SPQDN places which could be supported each year.

'Funding [is] available from [the] organisation, but [there is] no backfill for staff already undertaking the SPQDN course.'

'We are only just beginning to send our nurses for the SPQDN training – as an organisation the qualification has not been valued. However, those of us with the qualification have now been able to evidence its value.'

Benefits to Employers

The survey asked what respondents felt were the top three benefits to their provider organisation of staff holding the SPQDN and the most frequently listed were:

- Clinical expertise in community health
- Specialist knowledge and skills
- Leadership and management skills responsive to service need

Several respondents felt that in order for their organisation to recognise the value of the SPQDN it was important that a number of DNs with the qualification applied to become Queen's Nurses. This would demonstrate their commitment to high standards of nursing care for patients living in their own homes

and in the community:

'As our organisation began to devalue the SPQDN five years ago, a number of us sought to raise our profile by applying to become Queen's Nurses. This ... has succeeded in raising the value of community nursing and those of us with the SPQDN have had the skills and value that we bring to the organisation recognised.'

'Highly qualified staff with underpinning knowledge and experience that enables them to give the best possible care [SPQDN]. It demonstrates that the individual is valued by the organisation thus increasing job satisfaction and, hopefully, retention. It provides a strong leadership platform. In our local area the SPQDN training was discontinued and staff promoted according to ability. The care tends to be task orientated and the ability to do a holistic assessment which includes socio-economic recognition of families is no longer there.'

'The qualification gives the confidence to make leadership decisions – without this the nurses seem to find a lot more complexities where perhaps there are none because they do not have the underpinning knowledge of the inequalities in health. This is touched on in pre-registration training but not given the same depth as the SPQDN provided.'

Cost Savings

Respondents were asked what they felt were the top three areas of return on investment/financial benefit of having the SPQDN. There was a strong response from respondents who felt that there was a direct correlation between having the SPQDN and financial benefit which included the cost savings on preventing inappropriate hospital admissions and fewer hospital readmissions, timely interventions, the quality of patient care and a skilled workforce who can deliver autonomous specialist practice to patients in the community:

'The SPQDN has critically analysed [the] knowledge base to assess and provide the most appropriate and current care, [using] problem solving skills to provide truly holistic person-centred care and the ability to reflect and improve the standard of care delivered by the team.'

'Ability to swiftly address complaints or incidents appropriately – due to SPQDNs as managers/team leaders with a clinical role, they can pre-empt inappropriate complaints or address legitimate concerns very efficiently. They have been educated to needs assess their population, inform the commissioning of appropriate services and advocate for people who are difficult to engage; undertake clinical audit, caseload and workload assess to ensure efficiency and risk manage to identify and address risks within their area of practice.'

Mentoring

Respondents were asked if they personally supported pre-registration students in their nursing teams, and 84.6% reported that they mentored students. This is a very positive response as DNs with the SPQ recognise their role in supporting pre-registration students to have a positive experience whilst on placement with the community team and to inspire them to work as community nurses when they qualify. Some representative examples are given below.

'It's imperative that we support pre-registration nurses while they are with us in placement and to encourage them to be DNs in the future. The SPQDN qualification produces innovative DNs who have a vision for community nursing and are flexible but also realistic in aiming to provide the best care for their patients. The ability to utilise resources creatively to provide safe and effective evidenced-based care and have the appreciation of how important it is to work collaboratively with other agencies, organisations, commissioning bodies, voluntary sector etc....in achieving this.'

'I strongly believe that the SPQDN is the foundation of best practice for a District Nurse and there has been a reduction in training for far too long now which needs to be addressed quickly to enable the workforce to continue to deliver a high quality service - it is vital that we support pre-registration nursing students and show them the passion we have for working in the community and let them see what a brilliant career they can have when caring for people in their homes and the communities in which they live.'

Strategic Role

The respondents were also asked whether they considered that, following completion of the SPQ, they felt confident to contribute at a strategic level within their employing organisation. Almost three quarters responded positively to this question (71.8%) but several nurses stated that they felt that there was no opportunity for their thoughts and ideas for the development of the service to be discussed. The reasons for this included excessive bureaucracy which prevented any individual nurse putting forward new ideas and a limited opportunity to be involved in discussions on innovation due to low staffing levels.

'The SPQDN is an expert nurse who understands care delivery in the community, who can signpost effectively to ensure that needs are met and has the understanding of the wider, complex issues in the health and wellbeing of people living in the community.'

'I have been involved in strategic level groups and service development decisions – I confidently speak at the meetings having gained the knowledge about strategic matters whilst doing the SPQDN course.'

'I have gained the confidence I needed following the SPQDN to challenge poor practice and I am now involved in areas such as local policy writing and innovative practice.'

Professional Development

When asked about undertaking appropriate professional development within their role as a SPQDN over 72% of respondents gave positive comments that they were supported in undertaking professional development, with over 86% saying they had an annual appraisal. However, 28% of respondents felt they had limited or no support for their professional development, with comments referring to lack of backfill, low staffing levels and financial constraints which prevented them undertaking additional training:

'Sometimes we are expected and told to do training in our own time which I take issue with, especially when it is a new service development and time consuming. When I requested to undertake the health assessment module and V300 prescribing course, I was advised I would need to financially contribute.'

Personal Benefit

Respondents were asked what they considered were the personal benefits of achieving the SPQDN with many respondents stating that they had developed confidence and competence to manage the caseload and to lead the community nursing teams. With the SPQDN they reported that they could understand the differing needs of the wider determinants of health within populations. The key themes of response were:

- Confidence with professional development
- Job satisfaction with career development
- Pride with sense of achievement

Examples of feedback include:

'If you imagine an iceberg, a nurse who does not obtain the SPQDN will only ever practice within that top one tenth of the iceberg that they can see, whereas, a nurse who holds the SPQDN has that depth of practice to see the whole picture, and this analogy can be applied to a patient. So all aspects of care would be unknowingly compromised without the SPQDN.'

'Achievement of a qualification that required hard work and proof of ability. The skill to undertake a holistic assessment which looks at a patient's social/economic status and family/personal situations in which to underpin the care plan. Confidence and competence to be able to deal with all social groups in the community and manage the caseload. Having the skills to know when to discharge and when patients can take responsibility back for themselves.'

6. Focus groups

Six focus groups were held between May and September 2015 in London, Birmingham and three other centres and all were oversubscribed. The groups were mainly limited to 20 participants each to enable a more focussed discussion. Individuals were very vocal, keen to contribute and provided a wealth of data and evidence for the project.

Participants in the two London groups and the Birmingham group comprised clinicians and university lecturers. The university groups around the regions were larger in number and included SPQDN students, health lecturers, Practice Educators and Mentors.

All focus groups were conducted in the following way:

- General group discussion and feedback on the experiences of the value of the SPQDN in practice.
- Group working to identify the value of the SPQDN from the viewpoints of commissioners, providers, clinicians, patients, families and carers.
- Group working to ascertain the perceptions of SPQDN students prior to starting the course.
- Group working to identify the training experiences as the SPQDN course progresses.
- Feedback following group exercises to the wider audience.
- Open discussion around the topic.

6.1 Summary of the findings

All the groups were cohesive and dynamic with SPQDN students describing the realisation of new knowledge gained whilst undertaking the course as 'lightbulb moments.'

Feedback from one delegate included *'The workshop was really valuable and the ideas in the room were inspiring – I want to share this energy with my colleagues and students...'*

The overwhelming message from the focus group discussions was that the SPQDN was vital to both to the safe delivery of patient care and in managing the teams in the district nursing service and reflected all the data collated and the themes identified in the analysis of the online survey.

In summary, the focus groups confirmed the view from the surveys that the SPQDN offers commissioners a highly skilled practitioner who can confidently lead the community team in delivering an excellent standard of safe and effective care to patients with complex needs living in their homes and communities.

Several participants referred to safe staffing and patient caseloads with a view that the appropriate preparation of the team leader through the qualification of SPQDN was a critical element to be considered for safe staffing in the District Nursing service.

A small number of participants raised questions about the currency of the SPQDN in relation to a changed landscape of care and service models in the community. With regard to this, the QNI and QNI Scotland have recently published the Voluntary Standards for District Nurse Education and Practice (QNI, 2015) to enhance the NMC (2001) standards for the district nurse Specialist Qualification and to reflect the specialism of the District Nurse as the expert clinician to lead care delivery into the future.

Conclusion

With the increase in complex care requirements in the community, there is an even greater emphasis on having an appropriately qualified leader of the local district nursing service.

The SPQDN is viewed as being essential preparation for the challenging role of leading a team to deliver the district nursing service in the community and to contribute to future policy decisions within the context of interprofessional working.

The SPQDN provides the opportunity for the development of a highly skilled nurse leader who has unique clinical skills and knowledge which enable them to work confidently and competently with their practice population and to manage and lead a team of multi-skilled professionals, ensuring that unplanned hospital admissions are avoided and early discharges facilitated.

There can be no doubt that the work of the District Nurse is complex, bringing together specialist clinical, management and leadership skills to the benefit of the patients and the communities served. This conclusion is supported by Sir Muir Gray, MD, CBE and Director of Better Value Health Care limited who has worked with District Nurses throughout his career:

'In my work on value based healthcare I often say that a district nurse visit is always and unequivocally high value.' (Personal correspondence to QNI Chief Executive, October 2015)

The findings presented in this report demonstrate that the SPQDN is viewed as a highly skilled clinician who has the expertise in delivering and co-ordinating care to people in the community with complex health care needs. They lead and manage a skill-mixed team to ensure that individuals, families and carers are supported to be cared for in their own homes, through illness and disability, including palliative and end of life care.

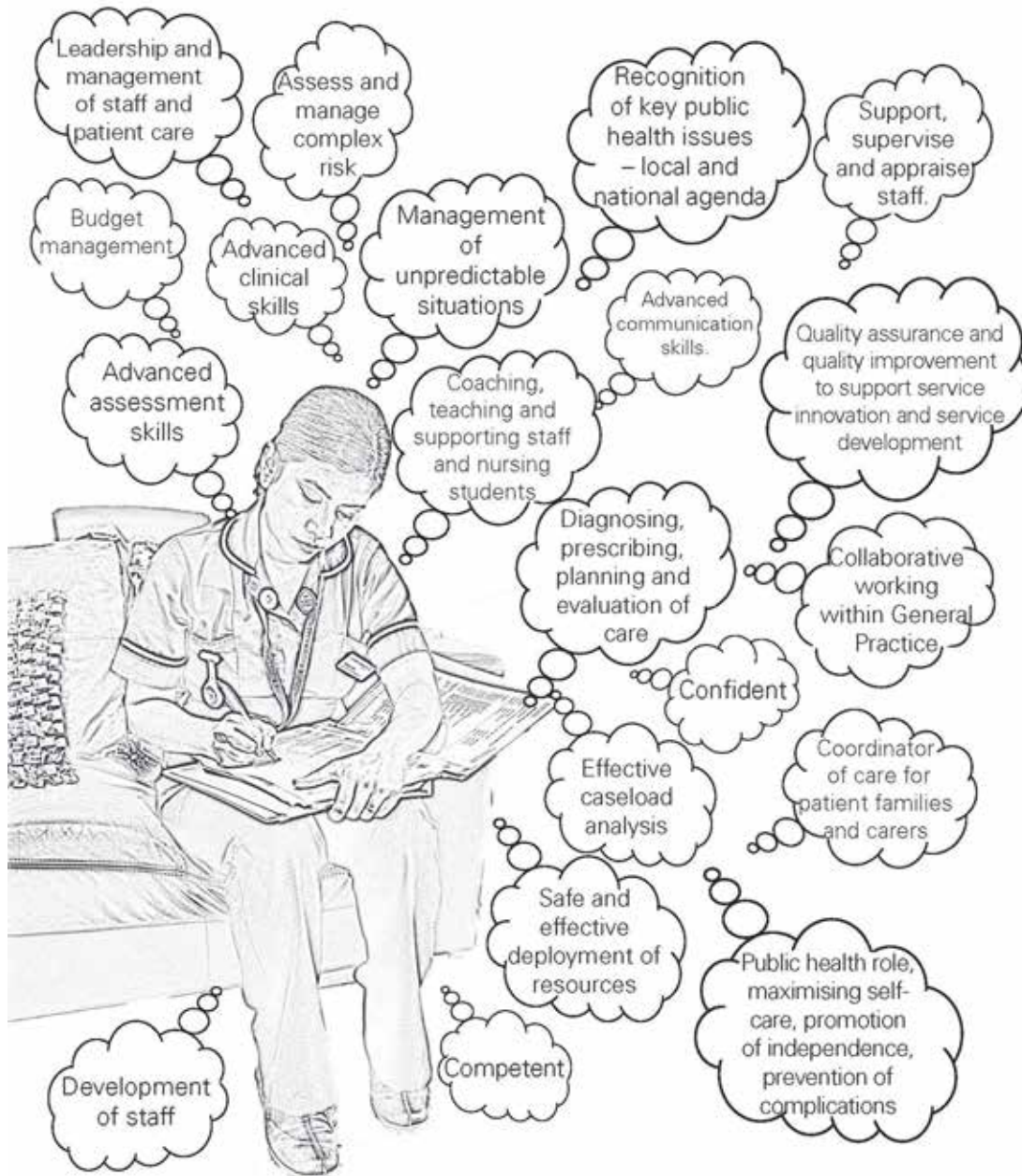
Recommendations

The SPQDN supports the development of practitioners with effective and transformational leadership skills, able to respond to changes to national and local policy and organisational expectations. SPQDNs should therefore be recognised as informed leaders in a position to influence policy and the organisation and delivery of high quality care which will result in the best possible outcomes for the patients, families and carers in their local communities.

There is however a distinct lack of comprehensive, primary, published research to evidence the value of the SPQDN. In parallel to this study, extensive work has been undertaken to develop the QNI/QNIS voluntary standards for District Nurse education and practice. During this process, the value of the SPQDN qualification was frequently touched upon and the need for more research on the impact of the skills and knowledge of the SPQDN was identified.

There was agreement by all stakeholders that there would be considerable benefit from further research, and it was suggested that this should include a cohort study of students undertaking the SPQDN in order to track the development of their knowledge, skills and attributes throughout the programme and the impact of this on the patients, families, carers and communities they serve.

Skills, knowledge and attributes taken from the District Nursing SPQ Survey





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