

# Transition to District Nursing Service

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## Section C - The future - personal and professional development

### Chapter 9 - Future- Personal and professional development

The aim of this Chapter is to:

- Raise awareness of the political climate in which the NHS now exists
- Consider the Department of Health (2013) strategy for the future of District Nursing
- Explore some of the impact these changes will have on practice
- How do you keep up to date?

In today's NHS there are so many changes that will impact on the way in which community nursing is delivered and as a nurse you will need a working knowledge of what these changes will mean to you in your role. We will now look in turn at the Department of Health, Queen's Nursing Institute and Royal College of Nursing and their interpretation of some of the changes:

#### The Department of Health

The NHS faces a period of change both in terms of demographic changes and the shifting burden of disease requiring the reassessment of the hospital based model of care (Commons of Health Select Committee 2012). The Department of Health's Structural Reform Plan recognised the shift of resources and emphasised care out in the community and it also highlighted the need to adjust working practices and roles to promote better healthcare outcomes (DH 2010a). The reconfiguration of the workforce and altering the point of service delivery has become essential.

This redistribution from hospital based provision represents a need to enhance the delivery of care in the community setting. The need to make long-term cost savings whilst attempting to maintain and enhance the quality of services is paramount and the reconfiguration of the workforce by altering the point of service delivery is essential.

This expansion of community services and the emphasis of care closer to home resonate in many recent government and policy reports and the need to engage with the complexities of caring for people at home. The Equity and Excellence white paper outlined significant changes in the way in which services will be delivered in the NHS with a call to remove Primary Care Trusts and strategic health authorities and develop GP consortia and commissioning groups (DH 2010b ).

With an ageing population and increased prevalence of disease there will need to be a move away from the current emphasis on acute and episodic care towards prevention, self-care and more consistent standards of primary care to care that is well co-ordinated and integrated (Kings Fund 2011).

Close to Home (DH 2011) was an inquiry into older people and their human rights in home care. It was the first inquiry of its kind and it uncovered some real concern in the treatment of some older people especially when examining how some services were commissioned. Its key findings highlighted neglect around delivery of care packages, financial abuse and a chronic disregard for older people's privacy and

‘This redistribution from hospital based provision represents a need to enhance the delivery of care in the community setting.’

dignity. Whilst this report concentrated on older people’s experiences of receiving social care in the home setting, its findings were far reaching in terms of the infrastructure and systemic problems related to promoting human rights in the home care setting. The nursing profession has had to evolve in line with changing disease patterns, new treatments and different service delivery. There has been a need to develop new knowledge and skills, accept more responsibility and accountability and create robust education opportunities. However, there has also been a need to return to the fundamentals of nursing, which have been characterised in the ‘6 C’s’. This has been characterised within the DH Strategy for Nursing 6 C’s care, compassion, competence, communication, courage and commitment.

There are various ways to get involved in 6C’s Live

#### Twitter

- @6CsLive
- @nhsb
- @JaneMCummings

#### Follow Hashtag

- #6Cs
- #Caremakers

A new nursing strategy for Nursing and Midwifery was launched in May 2016: Leading Change, Adding Value. This does not replace the 6C’s but builds on the work accomplished through this initiative.

<https://www.england.nhs.uk/ourwork/leading-change/>

Share examples of good practice and success:  
[www.commissioningboard.nhs.uk/nursingvision](http://www.commissioningboard.nhs.uk/nursingvision)

In January 2103 a vision for district nursing was published. This document has been produced by a strategic partnership of The Queen’s Nursing Institute (QNI), Department of Health and NHS Commissioning Board, working with professionals from district nursing services, higher education, wider community nursing and social care. This document sets out a vision and model for district nursing to meet future health needs which are based on those enduring values, as documented within ‘Compassion in practice:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/127500/vision-district-nursing-04012013.pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127500/vision-district-nursing-04012013.pdf.pdf)

A number of articles have been written as a result of this.

## GP Commissioning and Clinical Commissioning Groups

It is necessary to have some understanding on GP Commissioning and its potential impact on patient care. Watch the short clip below to help you to understand more:

Clare Gerada, former Chair of the Royal College of General Practitioners:

Nuffield Trust – The impact of GP Commissioning on Patient Care

<http://www.nuffieldtrust.org.uk/talks/videos/clare-gerada-commissioning-impact-patient-care?gclid=CI2a8dHvg7cCFcXKtAodLG8A1A>

You can also read about current issues with The New NHS - Clinical Commissioning groups by visiting the link below:

<http://www.kingsfund.org.uk/projects/new-nhs/clinical-commissioning-groups?gclid=CNCZ0eDwg7cCFTMRtAodYzYAsA>

As providers, it is evident that district nurse employers will have to sell their services to Clinical Commissioning Groups (CCGs) and promote the care they deliver. They will have to prove and provide evidence that they are able to improve patient outcomes and deliver quality care closer to home and reducing inappropriate hospital admissions. From April 2013 the NHS Outcomes Framework will form part of the way in which the government will hold the new NHS Commissioning Boards to account.

The NHS Outcomes Framework 2013/14:

- explains the purpose of the NHS Outcomes Framework and how it will work in the wider system;
- highlights the main indicator changes across each of the five domains;

**Domain 1** - Preventing people from dying prematurely

**Domain 2** - Enhancing quality of life for people with long-term conditions;

**Domain 3** - Helping people to recover from episodes of ill health or following injury;

**Domain 4** - Ensuring that people have a positive experience of care; and

**Domain 5** - Treating and caring for people in a safe environment; and protecting them from avoidable harm.

<https://www.gov.uk/government/publications/nhs-outcomes-framework-2013-to-2014>

Observing your District Nursing team in action:

- Do you feel that they are working towards the





NHS Outcomes Framework

- What evidence are you able to link to the NHS Outcomes Framework

## The Queen's Nursing Institute

The Queen's Nursing Institute (QNI) undertook an extensive survey of patients' and carers' experiences of being cared for in the home in 2011. This resulted in the report: 'Nursing People at Home - the issues, the stories, the actions' (QNI 2011). The findings highlighted three things that patients said they wanted from community nurses: they want them to be competent, confident and caring. These themes fed into the start of the larger DH strategy launched in December 2012 (DH 2012a). The case for integrated care has never been stronger, with the ageing population and increased prevalence of chronic diseases. Care for people with complex health and social care needs must be made a real priority with commissioners and providers (King's Fund 2011). The new model of integrated community care that focuses on prevention of ill health, as opposed to treating people when they become ill must be viewed as forward-thinking. This integrated model will require all key stakeholders to work in partnership in the co-ordination of this care. A network of primary care providers that promote and maintain continuity of care and act as links for the provision of chronic disease management and generalist care is needed (Holland and McIntosh 2012).

Currently, district nurses work in partnership with other health and social care professionals to provide care to people in their own homes. However it has been estimated that 35% of them are eligible to retire within the next 10 years (DH 2009), this has implications for the future district nursing workforce and will impact on the drive for more care closer to home. The QNI (2006) predicts an increase in national demand on the district nursing service in the future. The potential future problem is exacerbated by the projected growth of the UK population to over 70 million in the next 20 years (Office for National Statistics [ONS] 2011).

The QNI released a report in July 2013 – 2020 Vision 5 Years on – Reassessing the future of District Nursing. This report highlights the stresses that District Nurses work under, related to heavy caseloads, poor staffing and the physical location where District Nurses are based. Further information can be found at:

[http://www.qni.org.uk/docs/2020\\_Vision\\_Five\\_Years\\_On\\_Web1.pdf](http://www.qni.org.uk/docs/2020_Vision_Five_Years_On_Web1.pdf)

The report's final call to action was 'there is no need to 'reinvent' the District Nurse. It is however time to reinstate the District Nurse.'(QNI, 2014). Additional figures supplied by the Health and Social Care Information Centre (HSCIC), show that there were 6,937 full time equivalent district nurses in England in September 2011, 922 fewer than the previous year and down from 10,526 in 2001 (Duffin 2012). This has been recognised as a 'creeping tragedy' for patients and in particular the increasing number of older people living at home with complex long term conditions. We are reaching the point where the district nursing service will not be able to regenerate because the workforce will be 'out of sight' and subject to different educational approaches of a variety of new and inexperienced providers'.

The Queen's Nursing Institute has worked tirelessly over recent years to gain further recognition for District Nurses and the work they do to provide quality care to those vulnerable people who are housebound.

## 'If the nation fails to invest in community nursing, the long-term costs of health care are likely to increase.'

Visit the Queen's Nursing Institute website regularly to view latest developments regarding the District Nursing workforce.

### Royal College of Nursing

The increase on healthcare quality and output strongly relates to staffing and in particular improved outcomes and quality are associated with higher levels of Registered Nurse staffing (Pronovost et al 2002). Newbold (2008) however, suggests that fewer staff could be employed, but there is a need for them to be better qualified. This means training district nurses to a highly specialised level and in particular developing their skills at leadership and management. The RCN believes strongly that a renewed investment in the community nursing workforce is essential to people's health and is also affordable. If the nation fails to invest in community nursing, the long-term costs of health care are likely to increase (RCN 2010).

In the document District nursing – harnessing the potential (RCN 2013) Peter Carter the former General Secretary and Chief Executive for the RCN stated the RCN position on district nursing and highlighted the challenges and the shift of care from the acute to the community setting. He emphasised the need for investment in district nursing with appropriate workforce planning, education and training, as well as clinical and leadership support. District nursing – harnessing the potential will be a useful resource for health care professionals, workforce planners and commissioners in achieving these goals, as we work towards providing community care which meets the demands of a 21st Century NHS.

District Nursing : harnessing the potential The RCN UK position statement on District Nursing : [www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0009/511983/004366.pdf](http://www.rcn.org.uk/__data/assets/pdf_file/0009/511983/004366.pdf)

From the three perspectives above it is clear to see that community nursing is evolving rapidly and it is an exciting time to be working in the community. Community nurses will need to be able to rise to the occasion and be involved in decisions about how services will be developed and delivered.

Following the publication of the above documents, the RCN commissioned a survey of district and community nurses in 2013. This survey looked at staffing levels, age of staff and district nursing activities. Recommendations were to improve working conditions for District Nursing and to

increase entrants into community nursing, stating that a 7% increase in district nurse training numbers for 2014-2015 is planned .

In 2014 the Guardian published an article stating that District Nurses will disappear by 2025, claiming that the number of District Nurses have almost halved in 11 years to 6,656 District Nurses in England. The article also stated that District Nurses are dissatisfied because they are only spending 37% of their time with patients. Yet whilst this is happening, the demand for the District Nursing service is increasing. This is a dichotomy that those reading this resource need to be aware of. <https://www.theguardian.com/society/2014/jun/17/district-nurses-disappear-2025>

### Government Policies and publications impacting on District Nursing Services:

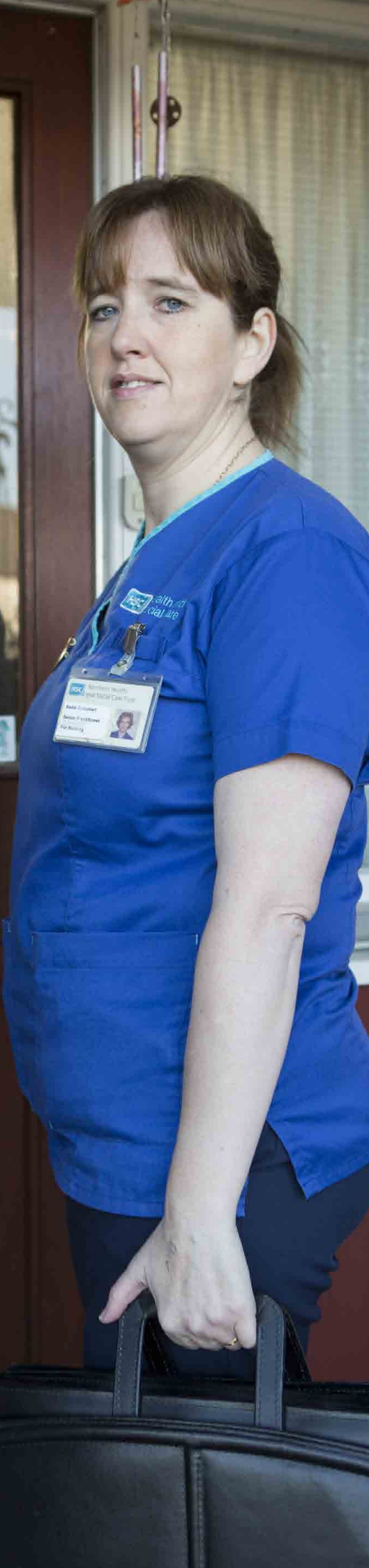
**The Five Year Forward View** (NHS, 2014) is a partnership between NHS England, the Care Quality Commission, Health Education England, Monitor, the NHS Trust Development Authority, Public Health England and the National Institute for Health and Care Excellence. The impact on District Nursing and community services would be to bring an integrated out of hospital service together, to provide care for a local population . Some localities applied to become a vanguard site where they would act as a blueprint for the NHS Community services. Thirteen areas have become multispecialty community providers – moving specialist care out of hospitals into the community. The following links will give you more details:

[www.coalitionforcollaborativecare.org.uk](http://www.coalitionforcollaborativecare.org.uk)  
[www.vanguard.co.uk](http://www.vanguard.co.uk)

**Transforming Community Services** (DH, 2011). This publication focuses on community indicators and how to select those that measure what is of value to the people who use community services. It will help the District Nursing service to measure and monitor quality improvement, by indicating where change is needed. [www.gov.uk](http://www.gov.uk)

### Care in Local Communities - A new vision and model for district nursing (2013)

This supports individual areas in addressing the needs of their local population and developing a District Nursing service model to meet the needs of the population. The overall aim is to increase the healthy years of life and reduce the social isolation that many older people experience and improve the quality of their lives. Community services need to be



responsive to the needs of patients, giving the patient the opportunity to make a choice about their care. The philosophy is to work within the vision for district nursing as documented in 'Compassion in Practice': a vision for nurses, midwives and care staff, the national vision and strategy in England, thus raising the profile of District Nursing. [www.gov.uk](http://www.gov.uk)

### **Transforming nursing for community and primary care** (HEE, 2015)

This supports the delivery of new models of care as described in the Five Year Forward View. One of the key concepts of this transformed workforce is having the right number of staff in the right place, with the right skills, behaviours and values.

### **District Nursing and General Practice Nursing Services Education and Career Framework** (Health Education England (2015). This

framework sets out the specialist knowledge and skills required to deliver and advance in District Nursing. It contains a framework which outlines the various levels of skills required within a District Nursing team. More discussion can be found in Chapter 10 and further information can be accessed at: [www.hee.nhs.uk](http://www.hee.nhs.uk)

**Framework for commissioning community nursing** – NHS England (2015) This framework supports the commissioning of community nursing – non qualified workforce – community staff nurses, district nurses, community matrons (this list is not exhaustive).

The purpose of the framework is to provide:

- insight into community nursing, the challenges and opportunities to enable effective commissioning of community nursing
- a focus for assurance conversations with providers
- eight components guiding the assessment, planning, commissioning and impact of a community nursing service
- an overview of a range of workforce tools to assist planning in community nursing ' (NHS, 2015)

[www.england.nhs.uk](http://www.england.nhs.uk)

### **NICE – Guideline scope (for consultation) Safe staffing for nursing in community care settings for over 18s** (2015) – This scoping exercise

is looking at factors affecting safe staffing for nursing in community care settings and will review outcomes and indicators associated with the delivery of safe care. It will review the organisational factors and the individual skills and activities occurring in the community setting and will review any toolkits that will help assess safe staffing in the community. Visit the NICE website to see when the final guidelines for community care safe staffing will be published.



**Exercise:** Reflect on your District Nursing team – is safe staffing adhered to within the organisation? How do I keep up to date?

Keeping up to date is a requirement of the NMC registration. You are required to maintain currency in your field of practice to ensure that best, evidence based practice is maintained and therefore, the public protected (NMC, 2015). It is also crucial given the rapidly changing NHS that all nurses monitor changing policy and respond appropriately.

One method of keeping updated is to perform a literature search of a particular topic of interest related to your practice. It is a way of



# 'Make a habit of reading/listening to one political article/debate/discussion every week.'

broadening knowledge on a topic and it can increase both general and specialist knowledge. It facilitates a way of honing the skills of searching relevant material and allows for critical appraisal of research, it can also assist with developing confidence and vocabulary of a subject, contributing to the ability to be assertive.

## The purpose of a Literature Search

1. It broadens your knowledge on a topic.
2. Increases your general knowledge, specialist knowledge, vocabulary and confidence.
3. Shows your skill in finding relevant information.
4. Allows for critical appraisal of research.

Contributing to consultation documents should also be an important aspect of the community nurse role. This means signing up to relevant professional forums such as the RCN or QNI ensuring that you are on relevant e-mailing lists. Your managers will be on circulation lists from different organisations such as government departments and ask them to forward any relevant information on to you. Anyone can contribute to policy consultation documents either as individuals or groups and this is crucial in raising the profile of community nursing. Even if you do not have a great interest in politics, you cannot fail to take account of government policies that impact on community nursing services, because inevitably the policy will have an impact on you in your role as a District Nurse or as part of the district nursing team.



### Activity 1

- What impact do you think GP Commissioning will have on patient care?
- Consider the advantages and disadvantages



### Activity 2

- What do you think is the key policy driver for District Nursing?



### Activity 3

- Imagine you were elected to sit on a Clinical Commissioning Group – what would be your priority in relation to District Nursing



### Activity 4

- Choose a topic that interests you or a topic that you know very little about, either must relate to community nursing
- Search on the DH, HEE, QNI, RCN, King's Fund or any other related website for information
- Look at any resources you may have in your clinic or local surgeries
- Access all the related websites that are attached to this resource that may assist your search

- Start to compile an information file of your topic



### Activity 5

Make a habit of reading/listening to one political article/debate/discussion every week.



## Chapter Summary

This Chapter has introduced the importance of understanding the government NHS reforms and other related literature and their impact on community nursing. The emphasis will be on community nurses to sell their service, in order to do this they will need to be up to date and politically aware of how the changes will affect the delivery of the community nursing service.

## Web Resources

- [www.evidence.nhs.uk](http://www.evidence.nhs.uk) NHS Evidence database
- [www.kingsfund.org.uk](http://www.kingsfund.org.uk) The King's Fund
- [www.nice.gov.uk](http://www.nice.gov.uk) NICE
- [www.qni.org.uk](http://www.qni.org.uk) The Queen's Nursing Institute
- [www.hee.nhs.uk](http://www.hee.nhs.uk) Health Education England
- [www.gov.uk](http://www.gov.uk) Government Policies