

## **Community Nursing Executive Network**

**Meeting Notes 2<sup>nd</sup> November 2018**

**Chair's Welcome – Dr Bob Brown**

**Update on HEE Community Nursing Education Review – Dr Crystal Oldman**

Dr Oldman summarised the response to the QNI's questionnaire about the Community Nursing Education Review being carried out by Health Education England (HEE). Responses were received from 32 of the 130 CNEN members and these are being collated and summarised at the present time. 41% of respondents were unaware that a review was taking place and 77% had not been contacted by HEE in connection with it. Nearly all respondents wished to be more involved. 47% of respondents indicated that the staffing situation in their organisation was worsening and 71% had no clarity regarding educational funding after the 2019/2020 financial year. 20% said there was no District Nursing SPQ programme in their area, although 23% would like to work with a university to open one. 79% wanted more information about the plans for community nurse education in coming years. The QNI is writing to HEE to summarise the concerns of the CNEN and we will be updating the membership in due course.

**The Role of the Nurses' Forum at NHS Clinical Commissioners – Lorna Collingwood-Burke**

92% of CCGs are members of NHS Clinical Commissioners (NHSCC). The NHSCC Nurses' Forum has 290 members. The objectives of the forum are to share good practice and information, strategic influencing and leadership.

- Meetings are held quarterly in London or Leeds.
- Workforce is a standing agenda item at meetings and HEE are always asked to speak.
- Brexit is consuming legislative time and administrative energy
- An understanding of economic drivers is essential to delivering the Long Term Plan for the NHS
- Having an understanding of community health is central to improving population health.
- Unless we put people at the centre of healthcare delivery, we will not succeed in improving healthcare for individuals, communities or populations.
- Generic healthcare staff are increasingly replacing older specialisms. 43% of GPs in Devon will soon be eligible to retire – there are insufficient new doctors in training to replace them.

For more information visit [www.nhscc.org](http://www.nhscc.org) or email [office@nhscc.org](mailto:office@nhscc.org)

## **Improving Procurement Models for the NHS – Harriet Hague and Dr Naomi Chapman**

A summary of the NHS Supply Chain, the role of NHS Procurement and the New Operational Model.

It is vital to bring the clinical voice into procurement – what do clinicians need?

Lord Carter's report drew attention to the savings that could be made if the NHS was more efficient in its procurement. The NHS should leverage its size in negotiations with suppliers and should reduce the number of different but very similar products that it purchases.

This can save clinician time as well as NHS funds. The NHS Supply Chain can also provide quality assurance about the products listed, for example by deciphering symbols on packaging, quality marks, and promotional jargon.

The savings can then be released back into frontline service – potentially £2.4bn per annum over current expenditure.

<https://www.gov.uk/government/publications/productivity-in-nhs-hospitals>

Queries were raised about the 'topslice' – the cost of delivering the service – and how the system works for independent providers, e.g. charities that treat NHS patients.

## **Personalised Care – Michelle Mello, NHS England**

Self-management is the norm for people living with long term conditions (LTC). Contact with clinicians is only occasional and may not coincide with periods of worsening illness. However 40% of those with a LTC have low or no confidence in managing their condition.

Research has shown that clinicians often only spend half the available time talking to patients about issues that patients really find relevant. This can have a big impact on psycho-social wellbeing.

- Clinicians and patients overestimate the benefits of medical interventions and underestimate the risks. However the biomedical model of care remains the standard in nurse education.
- Responsiveness – asking patients what they want and helping them to make more informed decisions, through shared decision-making.
- Social prescribing, offering a variety of lifestyle interventions, will be more and more important. For example the opportunities it offers to address loneliness.
- Working with user groups and voluntary groups is useful.
- Group consultations are worth considering in some cases.
- QOF targets often mean that clinicians undertake interventions that patients do not really want.
- The older you are, the more LTCs you are likely to live with.

## **The Community Nursing Agenda – Health Caudle and Emma Self, NHS England**

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Five new 'Act Now' grab guides are about to be launched by NHS England, NHS Improvement and the QNI. These five guides are designed to help nurses address winter pressures for the benefit of patients.

Other work being carried out includes:

- Technology to support community nursing – an event is planned for 2019
- National Wound Care Strategy
- The NHS Long Term Plan. There was a discussion around how the community nursing education review would be impacted by the wider Plan. The draft Plan is due for publication in mid-November.

Challenges and risks:

The NHS is grappling with a huge change in the disease burden caused by changing lifestyles and by people living longer. Frailty accumulates with older age.

Care Homes will have an ever-growing role to play in helping people to live well with older age.

Problems arise where rehabilitation and support services do not have the capacity to get people to their preferred place of care.

All services in the community are dealing with growing levels of complexity and more risk.

The objective is to keep more people in their own homes for longer and 100% of people in their preferred place of care within ten years. At the moment we do not have the workforce to deliver on this ambition.

## **Let Data Tell the Story – Jill Cox and Trevor Andrews, L&R Medical**

The cost of dealing with chronic wounds has risen from around £5bn to £10bn in the last five years alone. Much of this is due to variations in care including poor choices of clinical pathway.

GIRFT (Getting it Right First Time) aims to reduce these variations. For more information:

<http://gettingitrightfirsttime.co.uk/>

Data was presented to show how chronic wound treatment could be enormously improved, if the best care is given. Data was divided according to complexity of wounds and also age of patients.

The data analysed aims to produce an evidence-based pathway, to reduce episodes of more random or ritualistic care. A proliferation of different wound care products has also made clinicians' jobs harder.

If the right care is given, the following benefits can be observed:

- Length of time for wounds to heal reduces significantly
- Mean pain scores reduce
- Antibiotic use reduces
- Infection rates fall
- Less staff resources are required over time.

The survey also asked patients what they wanted in their care.

The data is still under review at the present time.

### **QNI Leadership Programme – Sharon Aldridge-Bent QN**

The QNI currently offers two different leadership programmes for Queen's Nurses:

1. Aspiring Leaders – those who are typically in management positions, looking for the next stage in their career - delivered in-house by the QNI.
2. Executive Leaders – those who are seeking senior level positions at a national or regional level. This is delivered by the Leadership Trust and is funded by the National Garden Scheme.

The Aspiring Leaders programme has been evaluated by Oxford Brookes University and the evaluation will be available on the QNI's website later this year. Training has included a wide range of subjects.

The Executive Leaders programme is about to commence its second cohort. All participants are linked up with a Mentor (a QNI Fellow).

### **Outstanding Models of District Nursing - Dr Agnes Fanning QN**

A joint project between the QNI and the RCN currently being undertaken, to identify outstanding models of District Nursing practice. The project seeks to answer questions including:

What skills are needed to deliver a successful DN service?

What are the threats to a quality service?

Sources include CQC reports, GPs, and organisations including NAPC, Hospice UK, Age UK.

Currently we are not selling District Nursing well as a career pathway – we need to show that this is a career for inspiring, resilient and autonomous leaders.

Employers and commissioners do not realise the full range and significance of what a District Nurse does, and what a good DN team is able to achieve for patient-centred care that is also very cost effective.

## **Golden Hellos for District Nurses – Dr Crystal Oldman**

Earlier this year health minister Stephen Barclay announced £10k ‘Golden Hellos’ for mental health, learning disability and District Nurses. However there is no plan about how these payments will be delivered. The Department of Health would like to gather feedback from CNEN members about how the money could be applied.

The following issues were raised:

What would be the effect on an individual’s tax or personal allowances, if they received a payment of £10k in any financial year?

What would the timeframe be for the implementation of the payments?

How would employers manage the payments?

How would an employer know if a nurse would stay with their workforce, and for how long, after receiving a payment (even if this was towards educational costs)?

What would the effect be on staff morale, if some people received payments and others didn’t?

Would not the money be better used to support backfill, enabling more nurses to undertake the DNSPQ and have protected time to complete the degree?

Barriers?

Delegates said that QNI reports published in the last five years summarised numerous barriers to recruitment and retention.

There was a suggestion to engage further with employers directly, and ask them what would work for them.

Lack of staff, lack of time and lack of backfill means that nurses cannot be freed up to undertake the required education for them to qualify as a District Nurse.

The view was expressed that this was not an individual issue, that could be solved by individual incentives, but needed a whole staffing/employer/educational approach, that would be strategic and sustainable, not a quick fix.

The view was expressed that the importance of District Nursing services is still not properly appreciated at a system level. More research into the economic and clinical value of delivering care closer to home is needed.

Staff are sometimes promoted into management roles who do not have a full appreciation of the value and potential of properly qualified District Nurses, to expedite patient care and reduce harms.

## **Reducing Harm in Leg Ulcer Management – Dr Alison Hopkins, Accelerate CIC**

Currently in training around leg ulcer management there are many factors taking autonomy away from practitioners including nurses.

The default treatment is low compression – ‘the scourge of the UK’.

East Lancashire region is challenging this default treatment.

- 66% of the cost of treating ulcers falls on the community.
- 50% of community nursing time is taken up with managing this condition.
- 30% of ulcers are not properly diagnosed; 1.5% of the population may be living with an ulcer.

Lymphoedema = chronic swelling = patient harm.

To treat ulcers requires good nursing skills.

However we are facing problems including:

- Lack of GP interest
- Compression is a hard treatment to live with.
- Complacency in some services where they do not think wounds can be healed.

To really improve a ‘chronic wound’, nursing intervention is required 2-3 times per week.

We should not consider these wounds chronic, implying that they are permanent – they are an acute condition for those who live with them.

## **District Nursing Apprenticeship - Stephanie Lawrence**

The consultation on the apprenticeship standards is out now, from the Institute for Apprenticeships. If accepted, this will establish District Nursing as a unique occupation.

The NMC is also reviewing its SPQ standards, likely to be closely aligned to the QNI/QNIS voluntary standards.

A meeting is scheduled for 23 November at King’s College at which it is hoped the apprenticeship standard will be taken forward.

The link to the consultation is: <https://haso.skillsforhealth.org.uk/news/apprenticeship-standard-for-district-nurse-consultation-open/>