

Pillars of the community:

the RCN's UK position on the development of the registered nursing workforce in the community



Summary

The Royal College of Nursing (RCN) is the UK's largest professional association and union for nurses and health care assistants with over 400,000 members. Nurses and health care assistants make up the majority of those working in our health services and their contribution is vital to delivery of the health policy objectives of all governments across the UK.

In this time of shifting political and economic priorities, the community health and social care landscape is changing rapidly in each of the four UK nations¹. Whilst each government is mandated to respond individually to the health needs of its population, and structure its health services appropriately, the RCN's position is that there is a set of core statements which must guide the development of community nursing across all parts of the UK. This paper sets out those statements.

1. Throughout this paper any reference to "country" refers to the UK; any reference to "nation" or "national" refers to one or more of the four constituent parts of the United Kingdom.

2. Ball J & Pike G (2009) Past imperfect, future tense: Nurses employment and morale in 2009. RCN London.

3. All references in this document to levels of community nursing specifically follow the definitions used in the Skills for Health Careers Framework. For further information see: www.skillsforhealth.org.uk

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Nursing teams in the community are the mainstay of locally delivered health care across each of the four nations of the UK. The vast majority of contacts with the health services in the UK do not take place in hospitals; they take place in the home and in local community settings, such as health centres, care homes or schools, where nurses deliver care, treatment and support.

The work of nurses in the community encompasses the promotion of health, healing, growth and development, as well as the prevention and treatment of disease, illness, injury and disability. Community-based nurses, and the health care assistants who work with them, enable people to achieve, maintain or recover independence where possible, and minimise distress and promote quality of life where it is not.

Registered nurses working in the community can have many different job titles. For the purposes of this position paper, when we refer to the “registered nursing workforce in the community” we are including any registered nurse from any branch of nursing, within any speciality, working in the community, whether that is in someone’s home, in local health facilities such as a GP surgery, in community residential settings, or as outreach staff from hospitals. Our definition is also intended to encompass registered nurses working for different types of employer, not just the four national health services.

Such an inclusive definition of the community nursing workforce reflects that nurses work in all areas of our local communities to meet the full scope of the health needs of individuals and families across the UK. For example, working with health care assistants, they: support families with the joys and stresses of a new baby; teach school children how to manage their asthma or diabetes and develop healthy lifestyles; enable adults with learning disabilities to live independently; assess and treat patients at local GP surgeries; provide clinical care and rehabilitation to people at home after an operation; help individuals with depression on the road to recovery; support people with health needs in the workplace; assist older people with a long term condition to remain independent; give dignified care to those who wish to die at home or in a hospice. The list could go on. Few of us have not had reason to rely on a community nurse.

Nurses in the community are valued by the public and demand for their services is increasing, both in the volume of patients being cared for close

to home and the complexity of the conditions being managed and treated. Each of the four UK governments is pursuing policies to increase the amount of care delivered in the community. Advances in medical technologies and improved social conditions are resulting in many of us living longer with ongoing health needs that we wish to manage whilst working and living at home. A move to shorter hospital stays is resulting in increasing intensity and complexity of patient need in the community. Significant health inequalities persist, requiring targeted interventions from nurses with communities which are struggling. The number of older people in each UK nation is increasing fast, but many of our later years are not lived in good health.

Furthermore, as the public purse tightens over the coming years, a well-resourced and appropriately deployed community nursing workforce is essential if UK governments are to provide high quality and efficient services through the economic downturn and beyond. Community nursing interventions, when well planned and co-ordinated, reduce unnecessary hospital admissions, shorten length of inpatient stay, promote self-care and resilience in our communities, and prevent ill health occurring in the first place. We cannot afford to ignore the need to re-invigorate our community nursing workforce.

Nurses in the community are committed to meet the coming challenges but, historically, they have simply not benefited from the national vision and investment needed to provide us with the workforce we need today. Despite positive changes to nursing education, we are also far from having the workforce we need tomorrow. Nursing itself is also affected by an aging demographic, particularly those nurses working outside of hospitals who are typically older. Across the UK 27 per cent² of NHS community nurses are over 50 and will have retired within the next 10 years. We are simply not educating enough new staff to fill these posts, let alone increase services.

Whilst strategies are now being designed in parts of the UK to strengthen the community nursing workforce and meet the drive to provide more care as close to home as possible, there is still much to be done to get things right for the future. This RCN position statement is intended to ensure reforms across the UK meet the health care needs and expectations of our communities effectively, efficiently and safely.

The context for reform across the UK

The community health and social care landscape is now changing rapidly, and separately, in each of the four UK nations. This summary of issues from each nation is intended to give the context of the community nursing reforms at the time of the publication of this paper.

England

There have been attempts over many years to improve primary and community services, in the hope of diminishing the need for hospital admission, while at the same time achieving improved public health. The White Paper, 'Our health, our care, our say', launched in 2006, included widespread public consultation and led to the ambitious health reforms in England, Transforming Community Services, (TCS) which incorporated six programmes:

- promoting health and well being and reducing inequalities
- services for children and families
- acute services closer to home
- long-term conditions
- rehabilitation and long-term neurological conditions
- end of life care.

Following the 2010 general election, the White Paper 'Equity and excellence: liberating the NHS' has been produced which has significant implications for the community nursing workforce in England. The Transforming Community Services Programme is being closed at the end of 2010 and the RCN will now be focussing on the work streams relating to the White Paper. The call to remove primary care trusts and strategic health authorities and develop GP consortia is a profound change, as the commissioning arrangements will be the responsibility of the consortia. There is currently little detail on the structure, function, form or governance of the anticipated GP consortia, but the RCN is lobbying for the appropriate nurses to be included within them.

Regardless of the White Paper, the challenges regarding the community nursing workforce remain the same and the issues connected to TCS continue. A further White Paper on public health is due to be published in autumn 2010. The RCN will be working closely with the Department of Health in England to help implement the developments demanded in 'Equity and excellence'.

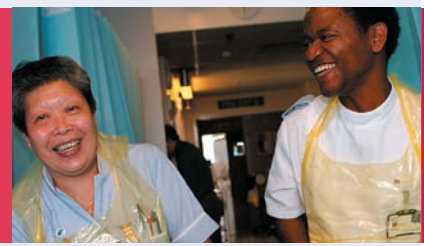
Scotland

Scottish Governments have been committed to moving care from hospital to home since 2005, but whilst much work is in hand to try to affect this shift there is very limited evidence that NHS Scotland is yet achieving the policy in practice.

The last Scottish Government attempted a limited review of community nursing, and began a pilot of its proposals in four areas. However, there was extensive opposition to the changes, which included amalgamating the health visitor, family health nurse, school nurse and district nurse into a single community health nurse role. Alongside these proposals, other reforms were being implemented in different parts of the community workforce, such as mental health nursing, and Health Boards not involved in the community health nurse pilots began to develop their own models for future delivery. RCN in Scotland became concerned at the potential fragmentation of the community nursing workforce.

In response, working with over 700 nurses and partners, RCN in Scotland produced 'A sustainable future: the RCN vision for community nursing in Scotland' in April 2009. Widespread support for our alternative vision persuaded the Scottish Cabinet Secretary for Health and Wellbeing to reconsider the way forward. She has now established a national Modernising Community Nursing Board to modernise "community nursing services and to ensure the provision of high quality and effective care within a team based approach in Scotland." This Board, with RCN involvement, began its work in December 2009 and will deliver reforms in two years.





Wales

Policy building blocks have been established by the Welsh Assembly Government (including 'A question of balance'; 'The Wanless Review'; 'Designed for life'; and 'One Wales'), towards strengthening primary and community services and reducing the pressures on acute hospitals. In October 2009 NHS reforms included removing the internal market within Wales and bringing primary, community and secondary services together within a unified organisational structure, to enable integrated planning, holistic service provision and effective transfer of resources. The Royal College of Nursing, Wales was represented on the Ministerial steering group which developed the Primary and Community Services Strategic Delivery Programme, 'Setting the Direction' (2009).

The Ministerial Community Nursing Strategy for Wales was chaired by the Deputy Director of RCN Wales. An implementation group is being convened to oversee the progress of the 40 recommendations.

RCN Wales is currently working with two of the seven newly formed Health Boards across Wales in developing models of community nursing to meet the changing context and environment of care provision. There is increasing focus on skill mix and the developing role of health care support workers in meeting health and social care needs of patients. RCN Wales is keen to ensure that any developments occur within a sound clinical governance framework and that recognition is given to a well qualified and resourced community nursing workforce, which is considered pivotal to the success of the new model of care delivery within NHS Wales.

Conclusion

There is clearly a renewed focus on the importance of community health care provision across the UK, and nursing teams will be key to meeting emerging challenges. Whilst each nation is mandated to respond individually to the health needs of its population, and structure its health services appropriately, the RCN's position is that there is a set of core statements which must guide the development of community nursing across all parts of the UK. This paper sets out those statements.

Northern Ireland

Northern Ireland is unique in the UK in having integrated Health and Social Services. The Health Minister Michael McGimpsey, launched a new Public Health Agency on 1 April 2009 following the Review of Public Administration. This saw a range of functions in Health and Social Care brought together to focus on improving the health and wellbeing of everyone in Northern Ireland.

However, the various impacts of the global economic downturn create a highly challenging environment for nurses who work in community and primary care settings. Strategic direction points to a shift from hospital to primary and community based care, but there is no evidence of a proportional shift in the nursing workforce or associated workforce planning.

Against this backdrop, the Department of Health, Social Services and Public Safety published 'Healthy futures 2010-2015, the contribution of health visitors and school nurses in Northern Ireland' in March 2010. The report proposes a model in which provision for all children and young people is through a single point of access to 0-19 teams led by a qualified health visitor/school nurse. The health visitor/school nurse role will have three key functions: to lead in the delivery of the child health programme; to work with the most complex and challenging families through increased intensive home visiting; and to identify and address potential mental health issues relating to parents, infants, children and young people through case managed interventions.

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The RCN's position is that the following statements must be applied in their entirety to nursing in the community developments taking place across the UK for reforms to be successful.

Recognise the importance of the nursing voice

- Nurses hold a wealth of knowledge and experience in delivering successful community health care and in meeting the needs of their local population. As such all reforms to community nursing and nursing services must engage nurses, as well as their unions and professional organisations, in developing, implementing and evaluating change from the very start of the process.
- All nurses must be enabled to work safely and ethically, within the parameters of their professional code of practice. Local organisational structures should clearly enable nurses to raise concerns when, in their professional judgement, quality or safety are being compromised. These concerns must be heard and acted upon appropriately.

Define UK, national and local responsibilities

- Registered nursing identity and roles must remain visible and consistent within the boundaries of each UK nation, as appropriate to the health context and organisational structure of the separate administrations. Each national health department must develop an agreed framework of broad national nursing roles to meet future need which can be supported by the provision of their national educational organisations. These roles, however they evolve nationally, must be sufficiently consistent with developments elsewhere, and aligned to the UK's Modernising Nursing Careers programme, to enable UK-wide recognition and regulation of community nurses by the Nursing & Midwifery Council, compliance with EU regulations and a flexible nursing labour market.
- Nursing services must be planned with the needs of users, not providers, at their heart. This includes ensuring all reforms focus on quality of care and patient outcomes. Local health organisations within each nation must be responsible for determining the registered and non-registered skill mix and structure of population-based teams according to the profile of local health needs. However, this must be done within the parameters of agreed national nursing role frameworks and the statements set out in this document.

- Robust workforce planning processes must be in place at both local and national levels to ensure the ongoing sustainability of the registered nursing and health care assistant workforce in each nation.

Support a person-centred team approach

- Community nursing careers, and the teams in which community nurses work, should broadly evolve within two fields - one focused on children, young people and families, the other focused on adults and older adults to provide appropriately focused support to generalist health services, such as general practice or out of hours services. This is essential to take account of the particular skills needed to work effectively and safely with the increasingly complex needs of distinct age groups in the community and provide high-quality services throughout an individual's care pathway.
- All community health services must demonstrate that their transition arrangements support all individuals in receipt of nursing services to move seamlessly from a child, young people and family team to an adult team, without loss of quality of service.
- All community health services must be responsive to the full scope of an individual's health needs. As such all community nursing teams must have access to the full range of physical and mental health nursing capacity and capability needed to deliver holistic health care services to all in the local community.
- Community health teams must ensure productive and efficient working relationships with acute services to guarantee seamless pathways for all patients.
- Community nurses should work across multi-agency and multi-disciplinary teams wherever this best meets local need, but local health organisations must pay sufficient attention to the process of productive and transparent collaboration if nurses and their partners are to deliver successful joint services.
- Nurses in the community should deliver services that promote independence and self-care wherever this is possible. Health care plans must be developed in partnership with individuals, families and carers, identifying people's needs and strengths and acknowledging difference and diversity.



Embed nursing expertise

- The availability of appropriate nursing expertise, including the skills of Specialist, Advanced and Consultant Practitioners³ is essential to all teams if local health needs are to be met. The locally-determined skill mix of any team must promote the role of experienced nurses with expert knowledge appropriate to the population's health profile.
- A commitment to invest in adequate numbers of appropriate nurse educators in our higher education institutions, and of practice educators across all health and social care settings, must be made to support the ongoing development of expertise across the nursing workforce.
- Clinical accountability for community nursing caseloads, and supervision of the nursing workforce, must be provided by appropriate nurses working at Advanced Practitioner level or above.
- Registered nurses must retain responsibility for the delegation and supervision of the health care interventions delivered by health care assistants.

Develop leadership capacity

- Strong, visible and influential community nurse leadership is needed to plan and manage change and to ensure the safe and effective practice of frontline nurses and health care assistants. To secure a robust future for community health services, community nurse leadership must be developed, expanded and financially supported as a first step in implementing reform. Much can be learnt here from the acute ward sister/senior charge nurse developments taking place across the UK nations.
- Community nurse leaders must be formally enabled to engage and influence at board level within their local health organisation. Where local structures allow, this should include holding executive level seats on boards.
- Regardless of how primary and community care services may develop across the UK, nurses must be offered all opportunities in the future to take a clinical, managerial and contractual lead in the delivery of services.

Improve services

- Nursing input into services, and investment in community health care, must be based on the best understanding of what works well. Community nurses, whether working at the frontline or pursuing a clinical academic career, must have increased opportunities to share good practice, develop research and conduct robust evaluations to ensure ongoing improvement of services.

Create a positive career choice for nurses

- Community nursing must be re-invigorated as an exciting career choice for nurses by providing flexible post-graduate education programmes in line with the Modernising Nursing Careers programme, which are adequately funded by health organisations and national governments, including sufficient resource to provide appropriate backfill.
- Opportunities for professional development must be available throughout a nurse's career in the community to ensure the highest quality of community health service in a changing world.
- Changes to pre-registration nurse education mean that newly qualified nurses are now fully equipped to take their place in community teams as soon as they are registered. As such, increased opportunities for staff nurses in the community must now be made available to ensure a robust future for services and the profession, with an appropriate programme of enhanced mentorship and experiences across teams made available to all newly qualified nurses in the community.
- Nurses who have developed a career within the acute sector should be supported to make the transition to the community by the provision of appropriate education and mentorship to ensure they remain within the scope of their practice.
- Nurses working in the community, whoever they are employed by, must be assured of fair and equitable terms and conditions of employment.

Ensure appropriate resourcing

- Nurses, and the wider team in which they work, must be provided with the resources and infrastructure they need to provide effective and cost-efficient services. This includes access to appropriate IT, premises and administrative support.
- Nurses must be involved in the development of the structure and content of electronic patient records/assessments to ensure they are appropriate to the interventions of nursing teams.
- Substantial investment must be made into eHealth and telehealth advances to ensure future service demand can be met within available resource.

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20 Cavendish Square
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W1G 0RN
020 7409 3333
www.rcn.org.uk

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