

Evidence from Welsh Government

NATIONAL ASSEMBLY FOR WALES: Health, Social Care and Sports Committee - Inquiry into Community & District Nursing.

Date: 21 March 2019

Venue: Senedd, National Assembly for Wales

Title: The Future of Community & District Nursing

Purpose: To provide supporting information in relation to the inquiry into community & district nursing and planning for its future deliver.

Introduction

To deliver on the strategic aspirations set out in '*A Healthier Wales*' - that emphasises improved disease prevention and early intervention, with a shift to provide services closer to home - Welsh Government recognises the need to harness the expertise of all the health and care professionals working in communities. This evidence paper focusses primarily on community and district nurses. However, it is noted that success in delivering improved services to the Welsh population in line with our approach in the *Primary Care Model for Wales* will require a more integrated approach of public services and third sector organisations, with the work of health and care professionals being coordinated around primary care cluster footprints and focussed on the needs of the individual.

Nurses undertake a wide variety of roles in the community, the core of which are the physical care services provided by district nurse-led teams. The diversity of community nursing roles includes: specialist children's nursing services, chronic conditions management, crisis intervention teams, community psychiatric nursing services, community learning disability nursing and general practice nursing roles. There is opportunity for nurses to develop enhanced skills and advanced practice which is increasingly seeing them manage patient care in the community. Their roles are being developed based on Prudent Health and Care Principles and Quadruple Aim.

There are numerous examples of innovative practices supporting people to live independently and receive care at home. The Royal College of Nursing (RCN), Nurse of the Year (Wales) 2017 winner, Louise Walby - a community respiratory nurse facilitator for chronic obstructive airways disease management in South Wales valleys - was recognised for significantly improving early diagnosis and management of the disease in the community. The 2018 award winner, Eve Lightfoot, a community infection control nurse, was recognised for her work on sepsis in the community that is enabling district nurses to identify acute deterioration in patients and start treatment quickly.

(For clarity, definitions of some key terms used throughout this paper are attached at Appendix 1.)

1. Whether we have a clear picture of the district nursing/community nursing workforce in Wales, and the level of need for community nursing services (including future need). Do we have the evidence base to support effective workforce planning?

Workforce statistics

The most recently published national statistics show that in 2017 there were 827 WTE district nurses (those with a recordable qualification) working in health boards in Wales. However, we are aware that there are some quality issues with this information, as occupational codes within the electronic staff record are not used consistently across all health boards. Several health boards have been working to improve the quality of data to ensure it only includes those nurses with the relevant qualification. Welsh Government officials have raised this with health boards' Chief Executive Officers with an action to improve the accuracy of the district nursing information in line with the NHS occupation coding manual.

Officials (in Workforce & OD, Nursing and Knowledge and Analytical Services) met with the Royal College of Nursing (RCN) to discuss progress on data quality in this area. To support transparency on the quality of data, additional information will be published this year as part of the annual NHS staffing statistics that will show how many of the community nurses have a Nursing and Midwifery Council approved community Specialist Practice Qualification (SPQ).

We are aware that HEIW will be providing more detailed evidence on community workforce statistics to the committee as part of this inquiry.

CNO District Nursing Staffing Principles

In September 2017, the Chief Nursing Officer for Wales published a set of interim staffing principles to guide health boards in shaping their district nursing services and ensuring they are aligned with primary care clusters. Before this, there had been no guidance on what factors should be taken into account in planning district nurse (DN) led community nursing services, which has led to variation of approach. The ultimate goal of the principles is to reduce that variation and prepare the DN setting in Wales for eventual extension of the Nurse Staffing Levels (Wales) Act 2016. In addition, these principles are supporting detailed service planning at health board level and informing the implementation of the Primary Care Model for Wales.

As part of their biannual reporting on compliance against these principles to Welsh Government, the health boards submit data on the number of staff funded and in post, and the numbers of vacancies within the district nursing setting. Although self-reported, this information has given us a valuable insight into the district nursing workforce landscape in a level of detail that we do not possess for other nurse settings. As these data are submitted directly from the cluster teams, they are not affected by the occupation coding issues that affect the Stats Wales data mentioned above. The nurse staffing establishment and vacancies data are informing the IMTP plans and help determine future education commissions. Therefore while there are some issues with the national dataset there is sufficient information to enable robust workforce planning to take place in respect of the core district nursing led services.

The third return from health boards is due this March, adding further valuable information to the growing database, giving us a clear view of the district nursing workforce to inform our planning for the future.

Extending the Nurse Staffing Levels (Wales) Act 2016

In February 2016, the National Assembly passed the Nurse Staffing Levels (Wales) Bill into law, making Wales the first country in Europe to legislate on nurse staffing levels. The Act came fully into force in April of 2018, putting a duty on health boards to calculate appropriate staffing levels - within adult acute medical and surgical wards - using a prescribed, triangulated method and to take all reasonable steps to maintain those levels.

The Government remains committed to extending the Act into additional settings by the end of this Assembly term. One of the work-streams developing the necessary tools to enable extension of the Act is in the district nurse setting, and in December 2018 the Minister for Health and Social Services agreed to fund an expert project lead to accelerate that work. Over the coming two years that work-stream will develop the evidence-based workforce planning tool necessary to extend the legislation and perform the triangulated calculation, and will also inform the long term planning of the district nursing workforce in Wales.

Establishment of Health Education and Improvement Wales

Extension of the Act is likely to require additional district nurses. We are aware of our responsibility to ensure that we are strategically coordinated at a national level in producing a sustainable supply of nursing staff for the future, attracting nurses to work in Wales and seeking ways to retain the nursing staff we have in the health and social care systems.

We are in a better position than ever to achieve this having established Health Education and Improvement Wales (HEIW) in October 2018. By amalgamating the Wales Deanery, NHS Wales's Workforce Education and Development Services (WEDS), and the Wales Centre for Pharmacy Professional Education (WCPPE), HEIW ensures that the people and healthcare professionals of Wales benefit from a cohesive, consistent approach to education and training, and to workforce modernisation and planning. A key objective of HEIW is to take a more strategic approach to future planning of the workforce and the alignment of the components needed to deliver it, and we will work in close partnership with HEIW in delivering this. The organisation has already been engaged by the All Wales Nurse Staffing Programme to ensure that the implications of the Act are built into their planning.

On top of this, we continue to increase the level of investment in the future workforce of NHS Wales. On 29 November 2018, the Minister announced that £114m will be invested in 2019/20, an increase of £7m available in 2018/19 to support a range of education and training programmes for healthcare professionals in Wales. Since 2014, nurse training places have increased by 68%, and specifically in district nursing they have increased by 233%. We are aware that HEIW will be providing more detailed evidence on this to the committee as part of this inquiry.

Workforce development

There is evidence that assessing population health and wellbeing needs and planning services and the workforce necessary to meet those needs is most effective when done at a very local level of around 25,000 to 100,000 population. This is why we have established 64 primary care clusters across Wales as mechanisms for collaborative multi-professional, multi-agency planning, making effective use of local information about the needs of individuals, families and communities. Community nurses play a vital role in understanding local needs and circumstances and actively

participating in service and workforce planning at cluster level. The Primary Care Model for Wales is predicated on effective cluster working.

The recently established Strategic Programme for Primary Care includes a work-stream for workforce and OD. This work-stream is developing a national tool for clusters to use in planning the workforce they need, including community nurses, to meet the assessed needs of their cluster population.

Plaid Cymru Compact

As part of the 2017 budget negotiations with Plaid Cymru, £4m was allocated over 2018/19 and 2019/20 - £1.2m to fund a pilot for Welsh Neighbourhood District Nursing Model (more detail below), and £2.8m for the training of an additional 80 district nurses. We know from information held by HEIW that there are a number of nurses working within the NHS who have a small number of outstanding modules to complete for them to successfully gain their SPQ Qualification and become qualified District Nurses. We have concluded that investment in this qualification route would enable a greater number of district nurses to be available to the health care system in Wales earlier than would otherwise be possible. As the commissioning body in Wales, HEIW is leading this work.

2. Whether there is clear strategy, at national and local levels, about the future direction for district nurse-led community nursing services. How well aligned is this with the development of the primary care cluster model for example, and with the vision for health and care services set out in A Healthier Wales.

'A Healthier Wales' sets out a clear vision for health and social care in Wales, emphasising prevention and early intervention and a shift to the provision of services close to where people live. This focus on delivering more local community based care and supporting people to maintain their own health and wellbeing, builds on the previous policies and approaches to develop preventative, seamless care and support at or close to home.

The Primary Care Model for Wales articulates the need to work with the population to provide information and support to people so that they understand how to stay healthy, anticipating people's health needs and directing them to the most appropriate source of care and support. Service design is geared to support the 64 primary care clusters and to create provision around small local population needs. The adoption and adaptation of this model at local level is underway with various examples of new ways of working. The national Primary Care Fund has invested in the capacity and capability of the multi-professional local workforce, including community nurse roles to support people with chronic conditions. The Integrated Care Fund has supported local service models designed to prevent people being admitted unnecessarily to hospital and to pulling them back home from hospital when well enough.

As previously noted in this evidence paper it is the development of local community based teams that are key to seeing the change in outcome we wish to see. Community and district nurses being the largest part of the workforce will inevitably play an essential role in this transformation of approach with an expectation that they will enhance their skills and take on more of a lead in delivering care. For example Betsi Cadwaladr University Health Board are testing how the development of district nurse team leaders can be enhanced with additional skills in diagnosis and prescribing, two district nursing team leaders with these skills are supporting a

managed GP practice, seeing patients and following these patients up and using these skills in their role as team leaders.

The recently established Transformation Fund is a manifestation of those strategic commitments. This major investment in community-based care aims to accelerate the adoption and scaling up of new models of health and social care directly aligned to the goals we have set out in *A Healthier Wales* and in line with our approach in the Primary Care Model for Wales. The Fund will provide up to £100m of funding over the two financial years 2018-19 and 2019-20. Of the £32m worth of project bids that have been successful so far, there is a clear overarching focus on delivering care in the community through genuinely integrated multi-disciplinary teams where community nurses will play an integral role.

The CNO staffing principles mentioned already in this paper describe a clear once-for-Wales approach to how district nursing teams should be organised. These principles were developed from an extensive review of written literature and exploration of models available in other countries. Evidence indicates that patient care and outcomes are improved by smaller teams (of about of 15 staff representing 11 WTE, focused on a neighbourhood of about 5000 people) ensuring that the staffing, leadership and education structures promote continuity of care and empower staff. The resultant Welsh principles now include: that DN teams should align with primary care cluster borders; that teams should have both a lead and deputy lead DN with the suitable SPQ; that skill mix within teams should be predominantly RNs; that 26.9% uplift should be included in team establishments to allow for such things as annual leave and annual mandatory training; and each team should have access to at least 15 hours of administrative support a week.

In the two data returns since they were published, we have already seen an increase in compliance across the principles. Compliance across the system is already very high with seven of the nine principles tested achieving over 75% compliance. We expect the third data return next month to show further increases in compliance, indicating the clear national direction our district nursing teams have been given.

Welsh Neighbourhood District Nursing Model pilots

As part of the 2017 budget negotiations with Plaid Cymru, £1.2m was allocated over the years 2018/19 - 2019/20 to fund a pilot for Welsh Neighbourhood District Nursing Model based on the Buurtzorg model from the Netherlands. The pilot is taking place in three settings: urban in Aneurin Bevan University Health Board (ABUHB) rural in Powys; and the valleys in Cwm Taf University Health Board (CTUHB). Planning of the pilots has been explicitly guided by Quadruple Aims, prudent healthcare principles and the 10 design principles of *A Healthier Wales*.

The interim CNO staffing principles are already driving district nursing teams towards practice that is analogous to the Buurtzorg model. However, further work is required to give an holistic, people-focus to DN teams, promoting self-help and independence, care closer to the home and a move away from a task-focused service. It will also be critical that the model is adapted and developed specifically for the Welsh system, rather than assuming that the Buurtzorg model can be applied wholesale to our NHS.

By spring 2020, we would expect an evaluation of the prototype teams within the pilots to illustrate how neighbourhood district nursing can be delivered across Wales.

3. How effectively community nursing teams are able to work with a range of professionals and agencies (including primary and secondary care services, social care services, and the voluntary sector) to deliver seamless, person-centred care.

With a clear strategic direction of preventing hospital admissions, preventing deterioration and providing as much care at home as possible, we are conscious that the means of achieving those aims will be seamless, multi-disciplinary community teams that interact smoothly with the various departments within the health and care service.

Integrated data sharing

The ability to safely share patient data between different component teams will be the single-most critical factor in delivering truly integrated, multi-disciplinary care. This was recognised in *A Healthier Wales*, in which the Welsh Government has committed to accelerating the roll out of the Welsh Community Care Information System (WCCIS) across the country.

WCCIS has been developed as a single system and a shared electronic record of care to allow quicker and easier access to relevant patient information for a wide range of health and care professionals, and show clearly the current position of the patient on their treatment pathway and what their last point of contact with the service was. With WCCIS, frontline staff from health boards, local authorities, social care, mental health and community health will all be able to access and record information using mobile devices such as tablets and smart phones.

The system is currently live in 13 organisations, which includes Powys Teaching Health Board and 12 local authorities. Deployment orders are in place for Betsi Cadwaladr UHB and Aneurin Bevan UHB. Whilst it is a decision for individual organisations to implement the system locally, *A Healthier Wales* sets out an explicit action to accelerate the rollout of WCCIS across Wales.

Where WCCIS has been implemented, immediate benefits have been reported. Frontline practitioners in particular have been positive about the system's ease of use, improved accessibility of information and auditability of access to records. Reductions in staff travelling time have also been achieved, meaning more time spent with clients and patients in the community. The next phase of implementation is intended to ensure that: the system meets the functional requirements, accelerating health board take up of the solution; national interfaces are developed to support a fully integrated health and social care record; and a common system language is developed to support safe sharing of information and enable meaningful reporting of service delivery.

Welsh Government funded testing of new models

In recent years, the Welsh Government has committed significant financial support to funding the development and testing of new ways of working in the health and care service, with several exemplar projects focussed on caring for people as close to home as possible.

The Efficiency Through Technology Fund (ETTF) supports innovative pilot projects that identify inefficiencies in practice and address them with technological solutions to improve patient outcomes. The On The Ground Education project, focussed on the treatment of chronic lymphoedema (which comprises a large proportion of a DN's

workload), utilises the ubiquitous smart phones and tablets of patients to disseminate video prescriptions on topics including preventative measures and self-management, skin and wound care and how to use pressure garments correctly. The project also includes the delivery of “On the Ground Education” via Microsoft video conferencing, meaning that chronic lymphoedema patients can receive care consultations from their own homes. Evaluation of the project showed this new way of working decreased community nurse visits allowing time back to care. GP contacts, admissions to hospitals, cellulitis episodes and dressing costs all also decreased.

The ETTF and its forebear – the Health Technology and Telehealth Fund (HTTF) – invested £470k in Cwm Taf and £2m in ABMU to roll out mobile devices to community nurses. These areas have shown how mobile technology will be at the centre of district nurse working in the future, allowing quick and efficient access to clinical systems, patient records, and the input of administrative data or patient test results. This gain in efficiency maximises the time that district nurses are able to spend dispensing care as opposed to travelling, or completing paperwork.

The Integrated Care Fund (ICF) was established in 2014-15 to support older people to maintain their independence, avoid hospital admission, prevent delayed discharge, and to drive partnership working and the delivery of integrated services across health, social services, housing and the third sector. The fund remains a programme for government commitment, with £60m allocated in 2018/19 and a further £89m committed for 2019/20. This money funds a range of community-based schemes and activities across all health board areas. For example, Cwm Taf regional partnership board has allocated over £1.2 million of ICF money in 2018-19 to continue developing their award winning Stay Well@Home service. The service, which is operational seven days a week, 365 days a year consists of a multidisciplinary hospital-based team sited within the acute hospitals of Prince Charles and Royal Glamorgan. The team undertakes initial assessments and commission/provide health, social care and third sector community support to facilitate safe and timely return home and prevent unnecessary admission. Feedback provided by service users and providers confirms that the Stay Well@Home service is well received and provides a positive outcome for patients.

End of life care

District Nurses play a pivotal role within end of life care at home. They are the main carers for palliative patients at home organising and coordinating end of life care with the multiple support stakeholders including GPs, palliative care specialist nurses, Macmillan, Marie Curie Nursing, Hospice at Home services and domiciliary care support. They take a lead in undertaking the Continuing NHS Health Care Funding (CHC) assessments, organising the multidisciplinary team meeting and ensuring that palliative patients funding is fast tracked. They are able to do this over 24 hours of care seven days a week and 365 days per year by coordinating care across and between the multiple stakeholders ensuring a patchwork of cover that meets an individual’s need. They organise and ensure the timely provision of community equipment to enable a person to die with dignity at home. Most importantly though they provide the day to day care ensuring that patients are comfortable, pain free, managing symptoms and ensuring their families are fully supported throughout.

Definition of terms

Community Nurse/Nursing is a collective term for all nurses, midwives and health visitors working within a community setting. It includes all nurses working within a district nursing service and all specialist nurses working in the community, for example, long term condition nurses or nurses working within a specialist frailty team.

A District Nurse is a nurse who has successfully completed training that has led to a Specialist Practitioner Qualification (SPQ) being formally recorded against their Nursing & Midwifery Council registration.

District Nursing – This is the collective term for teams of community nurses (registered nurses and health care support workers) who are clinically led by a District Nurse to provide at high volume the core universal nursing care at home service.

Specialist Practice Qualifications (SPQs): The Nursing and Midwifery Council (NMC) approves a number of community SPQs which registered nurses (registered on Part 1 of the professional register) are able to acquire by doing approved specialist degree level education post initial registration. The qualifications are:

- District Nurse
- General Practice Nurse
- Community Children’s Nurse
- Community Psychiatric Nurse
- Community Learning Disability Nurse

The NMC maintains a register in three parts: Part 1 Nurse, Part 2 Midwife, Part 3 Specialist Community Public Health Nurse (SCPHN). Entry to Part 3 is predicated on being either a registered nurse or a registered midwife first.

Qualifications held on Part 3:

- Health Visitor
- School Nurse
- Occupational Health Nurse
- Family Health Nurse (Scotland only)

There are a small number of other specialist qualifications that community and primary care staff may also choose to acquire:

- V100: Community practitioner nurse prescriber
- V150: Community practitioner nurse prescriber (without SPQ or SCPHN)
- V200: Nurse independent prescriber (extended formulary)
- V300: Nurse independent / supplementary prescriber

Note that advanced practice is not regulated by the NMC. In Wales, the requirements for advanced practice are set out in the ‘Framework for advanced nursing, midwifery, allied health professional practice in Wales’ (2010)

<http://www.wales.nhs.uk/sitesplus/documents/829/NLIAH%20Advanced%20Practice%20Framework.pdf>