



The Queen's
Nursing Institute

THE QUEEN'S NURSING INSTITUTE

Position Statement - March 2010

Nursing people in their own homes
- key issues for the future of care.

Introduction

The Queen's Nursing Institute is a charity, founded in 1887, that is dedicated to improving the nursing care of people in their own homes in England, Wales and Northern Ireland. We trained district nurses until the 1960s, in a model that was copied across the world, and was instrumental in developing a comprehensive, highly-skilled service in the UK that meets the needs of millions of people every year.

Today we improve nursing in the home by:

- **influencing policies** in England, Wales and Northern Ireland that affect healthcare in the home and the quality of community nursing services
- **developing Queen's Nurses** who are committed to high standards of care in the community, helping them to make improvements in practice and to act as leaders and role models to others.

Our vision

We want **excellent nursing care** in the home for everyone who needs it there, provided by nurses and their teams who have **specific skills and knowledge** to work in the home.

Our report '2020 Vision – focusing on the future of district nursing' (published 2009) sets out our view of a future when **many more people are treated at home, technology is exploited** to the full to help deliver care and maintain independence, and the **relationship between the individual, their family or carers and the nurse is key** to building the trust and confidence people need to remain at home as long as possible.

We believe that good community nursing is the solution that will enable the NHS to meet the needs of an ageing population, and a growing number of people with long term conditions, in the years ahead.

Core beliefs

The QNI believes that **nursing in the home is fundamentally different from nursing in hospital** or other clinical settings:

- The practical application of clinical skills takes place in a wide variety of settings and with variable facilities
- There is a more equal, negotiated and often long-term relationship between the nurse, patient and family
- The trust generated by this relationship is key to giving patients the confidence and skills to cope at home
- The nurse is responsible for assessing complex needs and coordinating a wide range of services and referrals to ensure that the patient can manage at home
- The nurse needs to be able to manage the risks associated with an ill or frail patient who is only visited periodically by professionals.

Generalist home nursing is potentially the **most skilled** form of health care:

- The nurse in the home is on her/his own without immediate support
- People nursed at home usually have more than 1 major medical condition ("co-morbidity") and being able to assess the range of needs and coordinate a network of services is essential for the patient's health and the general well-being of the patient and their carers
- We do not undervalue the role of specialists but good generalism improves the use of such specialists and prevents hospital admissions.

Such care is **increasingly important**:

- The population is ageing (see figures below)
- Home care is usually more cost-effective than hospital care
- New medical and care technology means that people are discharged from hospital earlier, and more likely to have day case treatment
- People (and their relatives) prefer to be at home.

And it is the **most threatened**:

- The community workforce is ageing and a large proportion is due to retire soon
- It is the most under-represented and vulnerable service – apart from the QNI, it is the focus of no organisation
- It is likely to be the most affected by plans to commission services on the basis of care for specific conditions and to provide specialists for specific conditions
- A possible consequence is that generalist care will be increasingly provided by the least skilled and experienced staff
- The transfer of some community services in England to hospital or mental health trusts risks these services bearing the brunt of cost-cutting measures if their contribution and importance is not understood by their new host organisation.

Key facts

The demand for care at home is rising

- The number of older people is growing rapidly: 9.2m over 65 in 1997, 9.8m in 2007; and projected 12.1m by 2017.
- In addition to older people, there are many others who depend on home care nursing e.g. people with long-term conditions or disabilities, people needing terminal care (adults and children)
- And there are 6 million people in the UK with caring responsibilities for relatives; this number is growing at 6,000 per day, according to carers' organisations.

The supply of skilled nurses is falling

From 1996-2006:

- The number of qualified District Nurses fell by around 23% from 12,350 to 10,008
- The number of qualified (but not necessarily community specialist) nurses in community services overall increased by 38% to 35,179, making a more dilute skill mix in community teams
- And the number of health care assistants in community services rose by 118% to 16,968
- 35% of district nurses are aged over 50 compared to 21% of the nursing workforce as a whole; as nurses can retire at age 55, more than 1/3 of the district nurse workforce could retire in the next 5 years. 72% of DNs are over 40 yrs.
- The specialist practitioner qualification (SPQ) in nursing in the home is no longer regarded by employers as essential for team leaders in the community; consequently there is a decline in the number of places commissioned on this course.

The employment of community nurses is in flux.

- Some community services in England are likely to be moved into acute hospital or mental health provider organisations: this could ultimately improve the integration of services, but carries the risk that the community services are poorly understood and less well supported and resourced than the acute services, when finances are tight
- In Wales, commissioning and provision of both acute and community services has recently been integrated into new health boards
- In Northern Ireland, provision of acute and community services have also been integrated.

Key policy recommendations

On nurse education for community roles, we believe:

- Standards for initial (pre-registration) nurse education should ensure that all nurses are well prepared for work in the community as well as in hospital from the time that they qualify and register, with community preceptorship (support) programmes in place
- Pre-registration programmes that prepare nurses specifically to work in primary care (community or public health focused) should be available around the country
- Specific programmes of preparation to work in the community should be available for all nurses moving from acute (hospital) or other settings into the community; and a minimum preparation for this transition should be mandatory for NHS nurses
- the Nursing and Midwifery Council (NMC) and other stakeholders should explore how best to recognise community qualifications (in addition to the SPQ) on the register, so that employers can identify people with the right skills to lead teams
- workforce planners and education commissioners should increase the number of nurses with specific training for the community working outside hospitals year-on-year.

What the QNI will do to help:

- work with the NMC on the review of pre-registration nurse education and implementation of its findings
- seek partners to pilot community preceptorship programmes to support newly-qualified nurses
- talk to the NMC about registering community qualifications
- liaise with workforce commissioners about their plans for education and recruitment
- work with education partners to identify and promote suitable pre-registration, induction, preceptorship, transition and specialist preparation for nurses moving into the community, creating a 'one-stop' directory for employers and nurses to consult.

On skills in community nursing teams, we believe:

- Service commissioners should be encouraged to set standards for community competencies to be held by all team leaders or people in key posts, as part of the appropriate contract for community services with service providers
- Provider organisations should include information on the community qualifications of team leaders and key post-holders in their information available to the public
- All nurses transferring to work in primary care from other settings should take part in transitional programme to acquire community skills; this should be consolidated by their induction programme

- Health care assistants (HCAs) and assistant practitioners should be regulated under a national scheme, work to a Code of Conduct and have regular appraisals including personal development plans
- The Nursing and Midwifery Council should consider introducing a nursing qualification on a level between Band 4 HCA and the current registered nurse, to recognise and regulate the nursing care given by skilled HCAs, and to enable them to progress into the nursing profession without undertaking a degree course.
- There should be a greater focus on helping nurses to develop the skills needed to exploit technologies improve care.

What the QNI will do to help:

- Discuss with the Departments of Health the inclusion of standards for team leader competencies in next versions of the community services contract
- Find provider organisations to pilot the inclusion of team leader qualifications in their patient literature
- Provide information for new employers of community nurses (e.g. acute or mental health trusts) on how to develop and benefit from the skills of their community workforce
- Provide examples of induction and other programmes that help nurses make the transition to community services
- Work with regulators, employers' organisations and policy makers to explore the options for HCA regulation
- Promote the idea of a new nursing qualification to the nursing regulator and policy makers.
- Work with partners to spread knowledge about the potential of technologies to improve care and develop nurses' skills in using them.

In support of these aims, we will also:

- Investigate the evidence base for nursing in the home to establish what delivers best outcomes for patients
- Raise public awareness of the importance of home nursing services and how quality in services should be monitored and protected, through campaigns and by working with patient, carer and other groups
- Grow and develop our Queen's Nurse community to be vocal champions of good care, skilled leaders of improvements in services, and inspiring role models to others. They will form a nation-wide network that transcends different employers, qualifications and fields of practice to link like-minded community nurses together.
- Build alliances and collaborate with other organisations or programmes that share our aims and values, to increase our impact.

For more information, contact:

Rosemary Cook CBE, Director
(rosemary.cook@qni.org.uk) or

Matthew Bradby, Marketing and Communications Manager
(matthew.bradby@qni.org.uk)

The Queen's Nursing Institute
Registered charity number 213128

www.qni.org.uk