

## **Day 1: Improving Care – what does good look like?**

### **Chair's welcome – Dr Crystal Oldman**

Nurses are close to families, patients and communities. They are trusted professionals and have innovative ideas. The term 'nurse-led service' is not used enough, even though it often reflects the reality. Nurses need to speak with greater confidence to get their message across.

### **Leading Change Adding Value – what we have achieved so far – what we are aiming for - Professor Jane Cummings**

There is an understanding at higher levels of the pressures facing the workforce. However, nurses are key in delivering the Five Year Forward View.

The vast majority of the leaders of Accountable Care Systems (ACS) are doctors. There is a need to bring other professionals together to develop clinical leadership. Everybody is a leader. Decisions are taken every day in a person's job role which proves this.

Using new technology is imperative and makes the biggest difference for those in the community, with over an hour of time saved when IT is utilised fully. However, there is significant variation in the degree to which technology is used.

'Leading change, adding value'

- Addresses three gaps: health and wellbeing, care and quality, funding and efficiency
- Identifies and reduces unwarranted variation
- Delivers triple aim outcomes

'Getting it Right First Time' (GIRFT) shows real variation across services and the financial cost of this. The variation is not defined by health or populations; rather it is about how things are done.

Nurses are well placed to identify, address and challenge social isolation. Lord Crisp's 'Nursing Now!' programme will look into the impact nursing has on economic outcomes, etc.

The vast majority of care is provided in the community rather than in hospitals. However, a significant number of general practice nurses are expected to retire in the near future

- The lack of standardisation of this role can be challenging
- Different levels of pay, differences in accessing training and development arise as General Practice surgeries are small business.

There needs to be a shift toward prevention and self-care. Examples of innovation in community settings include:

- Advanced nurse practitioner roles
- Practice and community nurses being brought together
- General Practice Nurses being managed by community trusts rather than practices themselves. This not only allows a more joined up approach between the specialities but allows nurses to rotate across the community.

It is important to understand local barriers, such as resources, lack of skills/confidence and resistance.

### Question and Answer

Q. Community Nursing services are haemorrhaging staff and workloads are heavy.

A. Image of nursing. Need to talk about the positives of being a nurse. Important to think laterally about the role of nurses and the division of labour.

Q. General practice nurses are the “forgotten heroes”. Is the Department of Health looking at how to bridge the gap between district nurses and general practice nurse? There is currently a gap and we need to start working as a team for the benefit of patients.

A. Have looked at community nursing through the lens of all other areas of priority, i.e. A&E, mental health, maternity services

Q. Is there a need for a ‘community forward view’ or would this make it more confusing?

A. There are examples of where district nurses and general practice nurses are working together. Variety of practices encompassing multi-disciplinary team, all staff in one building working as a team. There are also examples of community trusts hiring general practice nurses – this bridges the gap.

### **Safe staffing – the approach in England - Professor Mark Radford**

Maintaining and developing the healthcare workforce is a major challenge. There are concerns about the retention of nurses and significant challenges in retaining community nurses. It is one thing to get staff into employment, but another to retain those staff. This is what the recruitment programme is about.

More evidence needs to be developed

- Need to develop what is being done at a local level
- Need to develop a wider evidence base
- Triangulated evidence to ensure effective decisions are made

Technology is important in caseload management

- Utilise tools in order to establish need
- Assess needs and roster to this

- Population (number of patients), patient care (complexity) and demand (workload) are integral parts of caseload management

It is important to ensure measures of family and carers are acknowledged

- Inputs and outputs
- Recognise wider team and impact they have in care.

### **Safe staffing – the approach in Wales - Professor Jean White**

Without skilled healthcare professionals, patients are not looked after. Devolution has seen the introduction of different health policies and structures in different parts of the UK. Wales is small in comparison to Scotland and England. There population is approximately 3.1 million.

Wales also has a tidy NHS structure, which involves seven boards and three trusts who serve as providers. Wales has more over 65s than any other part of the UK. There are more over 65s in Wales, than under16s.

Too many people are being taken to hospital and those with multiple conditions are often treated by multiple services. When you get staffing wrong it is the patients who suffer, with an increased risk of harm. Robust evidence is important in informing what you are doing.

Train enough, recruit enough, and retain enough: NHS Wales has been funding bursaries for nurses who work in services for two years after graduating, on the condition that they remain working in Wales.

Having the right technology is important

- Allows information to be found
- Allows referrals to be made
- Stops repetition of information.

### **Safe staffing – the approach in Northern Ireland - Professor Charlotte McArdle**

Northern Ireland has a population of approximately 1.8 million, with the population being dispersed over a wide area. There is a devolved administration and it is important that all come together for the benefit of patients, families and carers and in order to develop the nursing profession.

One in five people in Northern Ireland have a long-term health condition. 60% of people are overweight and one in five have mental health problems. Northern Ireland is the worst in the UK for health inequality. Nursing is key in addressing the challenges facing health services.

Introducing the role of advanced nurse practitioners has been very beneficial. The only difference between GPs and advanced nurse practitioners is that GPs can certify sick notes and death.

Transformation is not easy, but it is the only way to improve health and put systems on a more sustainable footing. In hospitals, nurses and health professionals can say “can’t have no beds”, but you cannot do this in the community.

Utilising The Open University has proved successful in getting people into nursing education. Funding advanced nurse practitioner and specialist courses (i.e. district nurses) is very important to current and future workforce and patient needs.

### Question and Answer

Evidence should be used to empower services. Empowering to take control of IT systems is important

- In Northern Ireland work has been commissioned to move to one IT system. This has gained buy in from community and primary care so interference issues can be addressed
- Wales is trying to introduce Welsh IT systems. Have to factor in social care and getting local authorities to use the same systems is challenging. It is imperative to have proper resources into this area. Need for proper evaluative research but this takes lots of time.
- In England, the tools which are implemented across the country are different and this makes it difficult to measure/evaluate.

### **What does good look like? The NMC Perspective – Jackie Smith**

Revalidation report

- 202,699 nurses and midwives renewed registration in their first year
- Lots of focus has been on hospital settings.

Revalidation figures by age:

- 21-30: 25,460 (12.6%)
- 31-40: 45,100 (22.2%)
- 41-50: 61,919 (30.5%)
- 51-60: 10,430 (5.1%)
- Aged 71 and above: 518 (0.3%)
- There are significant problems looming with 190,000 nurses being aged 51 and over.

For the first time in 15 years, 2017 saw UK nurses in their 30s and 40s leaving the register. However, revalidation is not the reason people are leaving. Main reason is cited as work conditions; flexibility, workload etc.

Language testing for EU nationals was introduced following the EU referendum. The written part of the test is a challenge for all applicants, suggested that this is because it does not provide occupation context.

The NMC will not lower pass score mark in order to meet the workload challenges. They are however looking at alternatives to requirements and this will be published in October.

## Nursing associates

- Regulated by the NMC
- Challenging because nursing associates are UK based
- There are approximately 2,000 nursing associates currently
- Need to ensure a clear line between nursing associates and registered nurses
- In November a debate regarding the registration fee for nursing associates. Registered nurses do not want to subsidise for nursing associates!

## Specialist qualifications

- Delivering care in the community will only increase
- Work has to be done into this – potentially in 2018

What does good look like? Highly educated, skilled, stable workforce that has the skills to do the job today and in 20 years' time.

## Questions and Answers

. Is there data on why people are not revalidating?

- Main reason is that they cannot meet the hours of practice
- Those who are dual qualified will let one go when revalidated.

## **General Practice – New care models in Health Creating practice - Louise Brady and Lynda Anne Sherlock**

Community nursing services can address workforce shortages through education and standards. Nurses and patients work together to develop a curriculum.

Spiral curriculum: all community nursing disciplines work to develop curriculum with their respective patient groups.

Community care needs to start interacting more and correcting less. Nursing as a whole offers communities a non-architecture of care, knowledge and skills base to tap into.

Health inequalities cost NHS England £5.5 billion annually. Enabling 'at risk groups' to become more health literate has potential impact on social/economic and savings to the NHS. Just 30% of GP surgeries have accessible information for those with learning disabilities.

## Pilot study

- Nurse led by practices nurses with 17 patients
- Moving towards group consultations, shared medical appointments
- More efficient, rewarding and person-centred way to improve the impact at organisational and personal level
- Alternative way of seeing more patients one-to-one in less time

- Benefits of group consult include continuity of care, peer support, confidence to take control, improved health outcomes and experience of care, build leaders, closer relationships, effective use of clinicians time, improved staff wellbeing, personal development
- Help restore joy to clinical practice, help stop burnout of staff

People need control, contact and confidence to be well and healthy. Nurses learn from patients too: can share the knowledge gained and apply to other patients. Being treated with compassion and dignity is the best type of care.

### Questions and Answers

A&E departments are not good for mental health

- Hubs which contain multi-disciplinary teams and cover array of areas (i.e. health, housing and debt) would be better
- Mental health services are not available 24/7. A&E departments are busy and for those who are seriously ill. Those with mental health problems do not need somewhere like this, they need a quiet and peaceful place

### **National Garden Scheme – Nurses, Gardens and Health - George Plumptre**

The majority of NHS leaders come from hospital backgrounds rather than community and this is something we are trying to address by working together with the QNI.

NGS held its first ever 'Gardens and Health' week this year – groups of nurses and other beneficiary charity representatives and users visited gardens for health and wellbeing. This followed up on last year's Gardens and Health report published by the King's Fund.

### **How do we improve care? What makes a difference? – Professor Ursula Gallagher**

How do we measure safety in out of hospital services? How do we measure safe staffing levels?

53% of practices rated inadequate at first inspection were rated as good at second inspection.

Culture change needed – engaging and empowering staff. Trusts need to listen to the staff survey and invest in staff. Engaging and empowering staff is key in driving improvement, as is compassionate leadership.

Collaboration between professionals is key: social care is a big challenge, but these partnerships are imperative.

## **Day 2: Community and Primary Care – Nursing for the Future**

### **Our children, our future - Professor Viv Bennett**

Community and primary care are integral in sustainability. All women need healthy pregnancy. There is still a huge health inequality amongst pregnant women

. Early years (2-5) are important

- The level of a child's education at an early age is a predictor of future attainment
- The first years are a critical opportunity for building a resilient future.

When it comes to tackling childhood obesity, families and communities are at the heart of this. Health equity is about how we get people to understand. Social mobility is also important in addressing inequalities and improving life chances.

Public Health England's perspective is that place-based care is important. Need to build partnerships between healthcare professionals in our communities.

When it comes to early years, local authorities have new scope. 'Making every contact count' – fire and police service take increasing account of health and wellbeing in the community. Care needs to move to being based on conversation and co-production.

### **Questions and Answers**

Figures regarding the future nursing workforce are worrying; what do we do to make nursing a more attractive career?

- This is a global picture. Attracting people to health and care is a challenge
- Europe – problems with migration
- The UK is still over-subscribed when it comes to those applying for nursing courses
- Important that we start to "talk-up" the profession. Far too easy to talk it down, particularly in light of challenges
- Public Health England has the challenge of getting people to understand that nursing isn't just about helping those who are ill

'Healthy Child Wales' Programme involves health visitors collecting information on family resilience and then using the information for assessment and measurement

### **Nurses for the future – Higher ambition for the proposed new draft standards of proficiency for registered nurses - Anne Trotter**

Specialist qualification standards are the oldest – this needs to be addressed!

Education: the changing context

- Nurses and midwives work across a range of settings
- Nurses and midwives take on additional responsibilities and maximise technological advance in health and care
- Health and care landscape is rapidly changing
- Increasing care provided by integrated care teams
- Growing focus on person-centred care closer to home

There is still the notion that nursing waits until people are ill and is reactive not preventative.

Technology is a game changer: not just about accessing records but how to support and help people make decisions regarding their health.

Nursing and the places where nurses work are so diverse; difficult when trying to predict what will be needed from nursing in the future.

Nurses are competent but not always confident when they first join the register: new graduates feel it is difficult to put all priorities together – having to look after multiple patients.

There is a difference in what new nurses think/want and what employers think/want. What people expect from nurses in the future might be more than what they expect now.

Future nurse proficiencies are person-centred:

- Accountable
- Promote health: manage conditions, help people to make choices
- Assessing needs and planning care
- Providing and evaluating care: put “nurse back into nursing”. What do registered nurses do that other health professionals do not? Nurses are the constant, there 24 hours, care navigators, universal translators when it comes to helping people understand what they need to do for their care).
- Leading nursing care and working in teams
- Improving safety and quality of care: new students are risk adverse – need to know which issues to escalate and challenge
- Coordinating care: how do we bring people/move people between services?

All nurses need to be better at caring for those with learning disability.

Standards should enable nurses to:

- Provide compassionate evidence based care
- Support people with lifestyle decisions that affect health and wellbeing
- Support and care for people with increasingly complex needs
- Provide holistic care outside of hospital in community settings and in people’s home
- Become prescribers soon after qualifying
- Work more closely with other professionals and agencies

Questions and Answers



Q. Beyond Spring 2018, at what point will universities know to prepare?

A. Standards are likely to be published in Spring 2018. If higher education establishment want to run programmes to these standards, start in September 2018. Programmes will have to alter to standards by 2019

Q. Will the new standards change placements?

A. Education needs to change and where placements/learning takes place needs to change. Placements are currently focused at hospitals. For students the balance is not right and there is not enough focus on the community.

### **Nurses for the Future – Apprenticeships - Sam Donohue**

2012 – Richards Review expressed concerns about the quality of apprenticeships. They were employer driven and varied in quality/length etc.

What is an apprenticeship?

- Skill related
- Pathway into a job
- Requires substantial training with minimum of 12 months, 20% training
- Should be qualified at the end

Challenges of apprenticeships include:

- Affordability: organisations pay salary
- NMC review of pre-registrations standards
- Employment terms
- Acceptance and credibility of the pathway

The nursing associate programme

- Developed around person-centred model
- Experience needed in all care settings (community, hospital etc.)

### **Questions and Answers**

Q. View of District Nursing Specialist programme?

- Need to work with QNI
- Employers responsibility to prove role is unique
- Define an argument between role and CPD

Q. Nursing fits well into apprenticeship model. Students pay £9,000 a year – could apprenticeships take over?

- Cost is determined by employer
- Need to ensure apprentices are not paid a pittance

## **Lessons learnt from integration in Northern Ireland - Mary Hinds**

The picture in Northern Ireland today:

- Inequality gap is high
- Smoking is increasing and alcohol use is high
- Young people are disengaged with health
- Older people are isolated, particularly in rural areas
- Child poverty is high. 95,000 children (22%) of children live in relative poverty
- Suicide is 5 times higher in least deprived communities/groups
- Suicide rate for travellers is higher than the rest of the population.

Community nurses are well placed to notice issues relating to a person's health and wellbeing. Nurses can help bring people out of poverty and pick up those who may otherwise slip through the net.

Integrated health and social care:

- Integrate assessment/planning
- Improve communication/information sharing
- Professional cooperation
- Stronger links with community groups

Whole system, whole service, whole community approach.

## **Nurses for the future – view from the Council of Deans of Health - Brian Webster-Henderson**

Council of Deans – strategy for 2018-21

- Claim to be voice of all health professionals, but can be difficult and is dependent on the people on the council
- Devolution between countries can be challenging when being UK wide focus
- Subdivisions of health professionals can be challenging – nursing can be difficult when listening to the voices of health professionals.

Current concerns:

- Criteria for university courses can be challenging.
- Routes into nursing should not be at the expense of graduate nurses.
- Political context – differences in political parties' commitments will influence education/nursing.
- There is a falling number of researchers who specialise in the disciplines, which is placing the future of nursing research in jeopardy.

Increase in education routes into nursing:

- Degree
- Post-graduate nurse-first
- College partnerships
- Nursing associates
- Apprenticeships
- Return-to-practice.

Eyes have been taken off other end of spectrum – current workforce!

- CPD cuts
- Number of staff leaving because of poor conditions/workload
- Huge financial cuts re higher education reform.

Issues for the QNI

- Specialist workforce
- Outdated standards
- CPD cuts impact
- Global collaboration
- NMC register numbers
- Professions specialisms at risk.

Universities need to listen to the workforce and adapt courses/programmes to meet this.

### **Living with Dementia: A partner's perspective - Dr Christine Wise**

Dr Wise gave a moving account of her life with her husband, who suffers from early onset dementia.

No typical person living with dementia, no typical carer, no typical relationship. There is an emotional and financial cost. Little things/changes make a difference and keep things positive.

Lots of places don't recognise cognitive disability as a disability, e.g. aesthetics of rooms, changing rooms (male/female), security at airports

There are differences in the way places/organisations/services approach those with dementia. There is no typical future regarding dementia, so there is no typical need.

### **Questions and Answers**

Challenges regarding nursing, social care and health professionals?

- Social services: personal assistance budget
- GP: sceptical about diet/lifestyle approach taken but is supportive as there is little a GP can offer
- Nurses: are accommodating with appointments
- Whole community response is important.

## **District Nursing Standards: One Year On - Julie Bliss QN**

Association of District Nurse Educators (ADNE)

- Involved in teaching of SPQ
- Associate members involved in teaching

Five Year Forward View

- Practical steps the NHS can take to address pressures
- How work with communities/local authorities

The annual cost of delayed discharge to the NHS is £820 million.

Is there an opportunity for voluntary standards to be taken forward?

- 21 programmes mapped to QNI standards
- 4 being mapped
- 1 partially mapped
- 2 programmes not mapped

How are the standards operationalised?

- Students mapped to QNI/QNIS standards to the current programme
- Mapped however not "operationalised" on a daily basis
- Practice assessment utilises the QNI/QNIS standards
- Revalidation 2018
- Recent revalidation: module and programme specification, practice, assessment mapped

How do the standards work in reality?

- Aligns more to compassion and practice policy drivers
- Students can't see where the NMC and QNI/QNIS standards dovetail
- Not realistic, not reflective of the level of specialist practice
- Meets the expectations of organisations objectives for strong leadership

Community providers

- Importance of practice teacher
- Role modelling
- Consultation = importance of practice supervisors/assessor. Important to link between students practice in clinical setting and education

. Going forward

- Uncertainty. Funding cuts to CPD
- Funding should not be a reason to stop programmes
- Caseload management is important

Role of district nurse is complex: the role and the skills involved cannot be easily quantified and measured. Potential for apprenticeships for district nursing? Is it a unique profession?

The population district nurses serve will only get bigger, caseloads will increase.

Apprenticeship agenda is England based: should look wider across all four countries.

### **Review of community nurse education - Professor Lisa Bayliss-Pratt**

Apps and the internet are having more of a role as patients seek health advice, particularly regarding long-term health conditions.

Nursing associates can benefit from upward career moves, but also sideline/sideways opportunities.

Staff retention:

- What can we do?
- CPD?
- More investment?
- Will this make people say?

New generations won't want the same thing from their careers as previous generations.

How do we work with university providers to demonstrate the importance of skills?

- What is advanced practice?
- Difference between advanced practice and other types of practice?
- Titles should define and reflect competency

Challenges:

- How find time to release staff from work? There is currently no plan b for this so it is not being considered
- Need to value the contribution of all team members
- Educating care home staff
- Access to modules of SPQs, but is this enough?

There should be a formal review of community nursing education and training.

### **Questions and Answers**

Q. What is the future for the District Nursing SPQ funding?

A. Health Education England will provide continued funding for district nurse SPQ in a 'steady state'. A formal review of community nursing education, training and competencies is planned.