

## APPG for Ageing and Older People: Human Rights and Older People Consultation 2018

The role of a District Nurse encompasses a wide range of responsibilities. These include visiting and delivering highly complex nursing care (including the management of long-term conditions, palliative and end-of-life care) to house-bound patients, their families and carers. Advising on self-care and maintaining independence, aiming to reduce to a minimum; unplanned admissions, attendances at A&E and delayed transfers of care. In England, 11.6 million people are over the age of 65 and 1.5 million are 85 and over<sup>1</sup>. Research indicates that one-in-four over 75s and one-in-two over 85s will receive care from a District Nurse<sup>2</sup>.

### **What does 'good, person centred care' look like?**

Due to their role and scope of practice, District Nurses are central to the delivery of 'good person-centred care'. This should be done 'with' not 'to' a patient. It is therefore important that patients, their families and carers are involved in care, with plans developed in conjunction with and tailored to the person. Care should be holistic, with services becoming more joined-up and working around the patient. This reduces duplication and potentially unnecessary contact with a patient, resulting in better care being received. Working as part of a multi-disciplinary team, District Nurses are key professionals in joining up services, from general practitioners, to social carers and more specialist services. Patients also need to develop their skills, confidence and knowledge regarding their health and care. In England, 15 million people live with at least one long-term condition and by 2018 2.9 million will have more than three long-term conditions<sup>3</sup>. Self-care is imperative in maintaining independence for as long as possible, making informed decisions and reducing service demand.

### **What are the consequences of poor care and how do they undermine someone's dignity and wellbeing?**

It is well-established that patients would rather be cared for in their own home, whenever it is safe to do so. However, between April 2010 and September 2017 the number of full-time equivalent District Nurses in the NHS fell by 46%<sup>4</sup>. The dissonance between capacity and demand can leave patients susceptible to poor care and undermines dignity and wellbeing.

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<sup>1</sup> Office for National Statistics (2017) [Overview of the UK population: March 2017](#)

<sup>2</sup> The Queen's Nursing Institute (2009) [2020 Vision: Focusing on the future of district nursing](#)

<sup>3</sup> Health Education England (2017) [Facing the Facts, Shaping the Future: A draft health and care workforce strategy for England to 2027](#)

<sup>4</sup> NHS Digital (2017) [NHS Workforce Statistics, September 2017, Provisional Statistics](#)

The health service is facing unprecedented challenges and without services, such as District Nursing, secondary services such as hospitals, face further demand. Research has identified a link between the fall in District Nurses and an increase in unplanned hospital admissions and delayed transfers of care<sup>5</sup>. This not only contributes to high levels of bed-occupancy rates, but can increase isolation and negatively impact on a patient's health. This is a well-researched area in terms of loss of muscle mass and the consequent impact on mobility and independence. Furthermore, media representations often present older people as 'bed-blockers' creating a negative stereotype which hinders dignity.

The inability to feel independent can also be detrimental to wellbeing and dignity. District Nurses are imperative in maintaining independence and facilitating self-care. Without this, patients can struggle with procedures, such as wound dressing, and be in discomfort. In turn, patients become dependent on family members, placing pressure on relationships.

In addition, getting to services, either to receive care or to visit a loved one, can, for many older people, be challenging. With 1.45 million over 65s reporting difficulty in travelling to a hospital<sup>6</sup>, this can create additional stress and anxiety as a patient and visitor.

### **Around the world older people are suffering as a result of insufficient care at the end of their lives. What could the UK government do to help?**

District Nurses possess the high level and specialist nursing skills necessary to ensure safe, compassionate nursing care, delivered with respect and dignity at a difficult time. The majority of the UK population (63%) would rather receive end-of-life care at home, yet less than 21% of the population achieve this<sup>7</sup>.

The District Nursing workforce are imperative in supporting older people to receive end-of-life care at home, yet declining numbers mean this support is disappearing. The situation is likely to worsen with the withdrawal of funding for the education and training of District Nurses by Health Education England in 2018 and the consequent anticipated closure of 50% of the university programmes offering District Nurse training in England. The QNI therefore calls on the government to:

- 1) Undertake work to enable an understanding of the demand and capacity of the District Nursing service.
- 2) Develop a workforce plan for the service in relation to the predicted demand.
- 3) Put in place a plan to restore the funding of the training and education of District Nurses in England with a view to increasing the number of District Nurses to at least the 2010 level (approximately 7,716<sup>8</sup>).

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<sup>5</sup> Christie and Co (2017) [Adult Social Care 2017: Funding, Staffing and the Bed Blocking Challenge](#)

<sup>6</sup> Age UK (2017) [Painful Journeys: Why getting to hospital appointments is a major issue for older people](#)

<sup>7</sup> Marie Curie, Sue Ryder, Help the Hospices (2013) [Can giving patients choice be cost effective for the NHS?](#)

<sup>8</sup> NHS Digital (2017) [NHS Workforce Statistics, September 2017, Provisional Statistics](#)