

# Report on District Nurse Education in the United Kingdom 2016 – 2017 and Five Year Review

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## Key points

- There were 551 new entrants to the Specialist Practitioner – District Nurse programme in 2016/17, down by 14 from the previous year.
- 464 District Nurse Specialist Practitioners qualified in 2017, compared to 517 in 2016. This represents a significant drop of 10.25% and the first time that there has been a drop in numbers since the first District Nurse Education Report was published in 2013.
- There are 42 universities in the United Kingdom (UK) approved by the Nursing and Midwifery Council (NMC) to offer the District Nurse Specialist Practice Qualification (DNSPQ). This is a drop from 44 approved courses in 2016.
- 38 universities responded to the survey; of these, two universities did not run the programme and another university was planning to apply for re-approval in 2021.
- Of the 551 new students in the 2016-17 academic year, 395 were full time and 156 were part time.
- There has been a rise in the number of universities offering the V300 Independent Prescribing course as part of the programme from 9 in 2015/16 to 12 in 2016/17.
- 91% of university respondents had mapped their programmes to the QNI/QNIS Voluntary Standards for District Nurse Education and Practice (2015).
- Almost all respondents have major concerns about future funding and viability of District Nurse programmes. There is some positivity regarding the development of a ‘trail blazer’ group for apprenticeship standards for District Nursing.

## Introduction

This is the fifth annual District Nurse (DN) Specialist Practitioner Qualification (SPQ) education audit, a review process that was instituted in 2013 and the second report since the publication of the Queen’s Nursing Institute (QNI) and Queen’s Nursing Institute Scotland (QNIS) Voluntary Standards for District Nurse Education and Practice in September 2015 (QNI/S, 2015). The report covers the four countries of the United Kingdom (UK).

This report summarises the results of an audit of District Nurse education in the UK during the academic year 2016/17 and highlights any changes or developments that have occurred since the QNI published similar reports in 2013 (QNI, 2013), 2014 (QNI, 2014a), 2015 (QNI, 2015a) and 2016 (QNI, 2016).

This fifth audit report will incorporate a degree of consolidation and reflection over the past five years to identify any significant trends and changes in the education of District Nurses in the UK.

## Data collection

Programme Directors for Nursing and Midwifery Council (NMC) approved Specialist Practitioner programmes in District Nursing from across the four countries of the UK were invited to complete an online survey. Responses were collected between January and March 2018. All data has been treated as confidential and in line with the new GDPR (2018) regulations and individual universities have not been identified in this report.

We would like to thank all those who participated and took the time to complete the audit questionnaire.

## Findings

### **Universities running the programme**

The Specialist Practitioner – District Nurse programme is offered in all four countries of the UK. According to the NMC website there are 42 universities approved to offer the Specialist Practitioner – District Nurse programme and 38 of these (90%) responded to the QNI survey.

Table 1 shows that there has been a slight decrease in the number of universities in England and Wales approved by the NMC to run the programme, although the number of programmes in Scotland and Northern Ireland has remained the same.

**Table 1: Universities approved by the NMC to run the Specialist Practitioner – District Nurse programme**

Country	Universities running the Specialist Practitioner programme				
	2012/13	2013/14	2014/15	2015/16	2016/17
England	24	30	32	35	34
Wales	4	4	4	4	3
Northern Ireland	1	1	1	1	1
Scotland	N/A	4	4	4	4
Total UK		39	41	44	42

N.B. Scotland was not included in the 2013 annual audit.

**Table 2: Year SPQ programme had been last approved by the NMC**

Date	2009	2012	2013	2014	2015	2016	2017	Due 2018
	1	5	8	2	4	7	7	1

Respondents were asked in what year their SPQ programme had last been approved by the NMC. There were 38 respondents to this question, with one university being unable to locate this data and two respondents stating that they had never run the programme or that they do not have an SPQ programme. Two respondents also commented that the NMC had granted an extension to their programme due to uncertainty with regard to NMC standards and potential changes to the programme, if apprenticeship standards are approved.

**Table 3: When they plan to apply for NMC re-approval**

Date	2018	2019	2020	2021	2022
	7	9	0	3	2

Respondents were asked to comment on when they plan to apply for NMC re-approval. One university respondent did not know their re-approval date, one had no plans for re-approval and one stated that they had no date, but that it would be in accordance with NMC regulations. There were two universities that had been granted an extension of approval by the NMC, dependant on new NMC standards for learning and assessment/educational framework.

**Respondents were asked if their programme ran in the academic year 2016/17**

35 respondents (92.11%) stated yes; 3 respondents (7.89%) stated no.

Of those that indicated no, two said that this question was not applicable and one indicated that the course last ran in the academic year 2014/15.

**When asked why their programme was no longer running, only one response was received, illustrated by this comment below:**

*'The local Community Trust has chosen to send students on a modular programme run by a neighbouring Higher Education Institution (HEI) rather than onto our programme, which is offered as a full-time one year or part-time two-year option'.*

**Entry to the programme****Respondents were asked to provide exact numbers of applicants and new students on their programme in 2016/17.**

Table 4 shows the number of new entrants to the Specialist Practitioner District Nurse programmes across the whole of the UK from 2013/14 – 2016/17.

**Table 4: New entrants**

Date	2013/14	2014/15	2015/16	2016/17
Numbers	427	566	565	551
Change		32.6% increase	No change	Decrease 2.47%

Numbers of new entrants to the programmes remained virtually the same between 2014/5 and 2015/6. The number of new applicants for 2016/17 has decreased by 2.47%.

Of the 551 new entrants to the programmes in 2016/17, 395 were full time students and 156 were part time students.

**Respondents were asked to comment on the reasons why unsuccessful applicants did not receive an offer for 2016/17.**

29 out of 40 universities offered information about why candidates did not receive an offer. Respondents identified that:

- 10.3% did not meet numeracy and literacy requirements
- 72.4% did not meet other entry requirements.

Of the 20 universities that commented further on this question, the reasons were varied, however the key issues identified were:

- The recruitment process was employer-led, so it was not known why candidates had been unsuitable
- Staff shortages and inability to back fill funding, so staff were not released to go
- More applicants than available sponsored places
- Insufficient practice teachers or lack of suitable learning environment
- Candidates had insufficient understanding of the role.

One respondent summarised the two stage recruitment system:

*'Sponsoring trusts make initial selection from applicants and nominate successful applicants to the university for assessment of academic suitability. Therefore it is not possible to comment on the unsuccessful applicants.'*

**In addition, respondents were asked to comment on why successful applicants did not accept a place on the programme in 2016/17.**

There was limited information provided by universities to identify why candidates who had been offered a place, subsequently declined the offer. 68.75% of universities said declining an offer was not applicable. Of those universities where the offer was declined, 18.75% cited withdrawal for personal reasons and 3.13% commented that applicants cannot afford a drop in salary as illustrated by these comments:

*'We always interview jointly with Trusts who send students to our University and so we expect them to accept the place. They may subsequently drop out for personal reasons but not usually for any of the other reasons given.'*

*'We have a number of band 6 staff that want to undertake the CSP programme but cannot afford a drop in salary to a mid-point band 5.'*

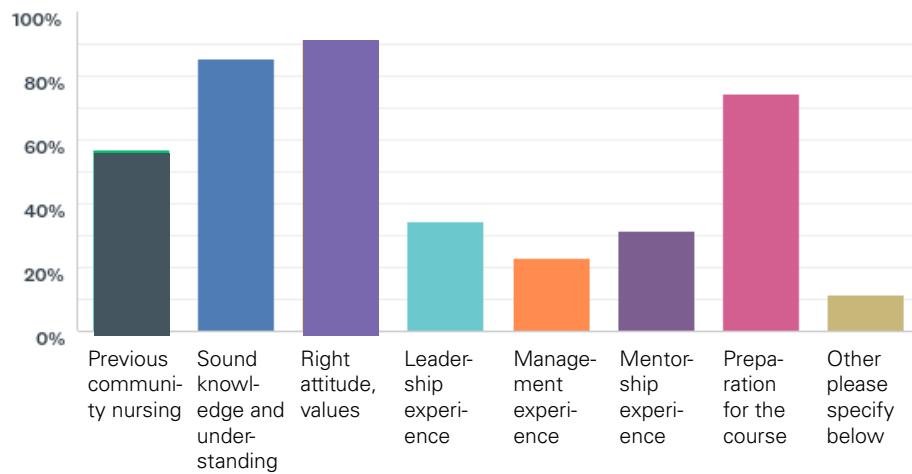
*'I had one student who was working in the Acute sector and wanted to do the district nursing programme but she could not be supported as we could not get her a placement and she could not afford to give her job up in the acute sector. Therefore this restricts applications to community working staff only.'*

**Respondents were asked, in addition to academic entry requirements, what they identified from the following experience as the most important in selecting students.**

Figure 1 show the breakdown of responses received, indicating that having the right attitude, values

and beliefs alongside a sound knowledge and understanding of the role of the district nurse were the most important considerations when selecting suitable candidates.

**Figure 1 - Q.10 In addition to academic entry requirements, what experience do you look for in applicants?**



**Table 5: Experiences important in selecting students**

Experience looked for in applicants	
Leadership Experience	34.29%
Management experience	22.86%
Sound knowledge and understanding of the role	85.71 %
Right attitude, values and beliefs	91.43%
Previous community nursing experience	57.14%
Preparation for the course	74.29%
Mentorship experience	31.43%
Other	11.43%

The following comments illustrate the wide variety of approaches used in the selection of students:

*'Because the programme is at Masters level, we look for recent (usually within 5 years) academic study. Currently the health boards that we work in partnership with only support community staff nurses, so applicants already have experience in community. As V300 is integral to our Postgraduate degree ... applicants need 3 years post registration experience and ... evidence that they will be prescribing from their area of expertise. The interview questions are around evidence based practice, leadership and preparation for study.'*

*'Both Community Trusts currently recruit and second to the Programme. The University jointly interview with the Trusts against a Job Description and Person Specification.'*

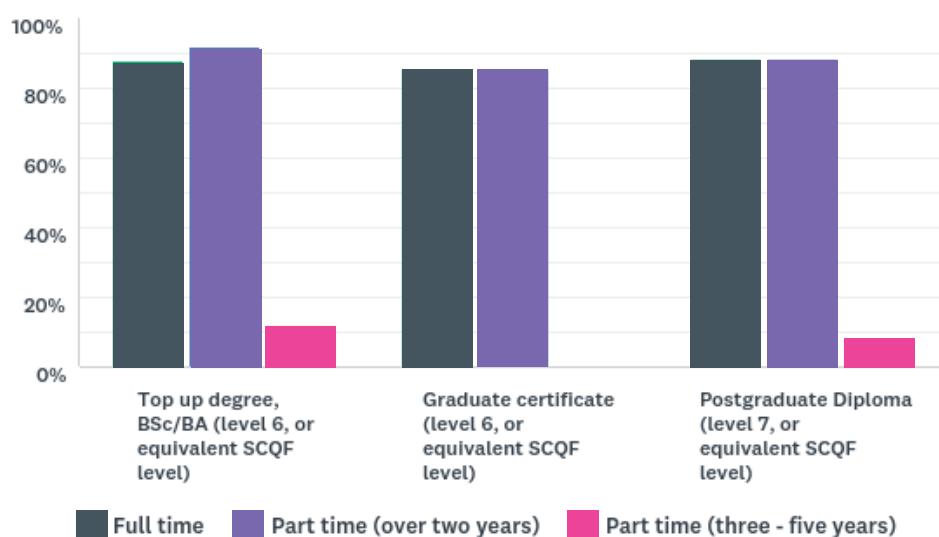
*'One of the local trusts employs community staff nurses in a development role with the aim of the individual completing the course in two years. Other local trusts don't do this but do support internal applicants.'*

*'In Wales, students are required to be working in the field of community practice prior to commencing the programme. Trusts normally expect some community experience with their applicants and many are in house 'grow your own' applicants! I can sometimes see transferable skills if they come from other areas but Trusts usually don't support them if they have not worked in the community. They almost all have mentorship and if they do not we offer this as an optional module whilst they are with us. At interview we question them on their understanding of the role and the requirements of the role. We absolutely expect them to display the right attitude and question them on the Trusts values and beliefs. We ask them to consider their leadership potential and anything that they have taken the lead on as well as their management ability although this is less important and can be grown during the year of the course. We ask them what preparations they have in place in readiness for study, what their support networks and mechanisms are and how they will manage the commitment of studying on the programme and what they would do and where would they go to if they were having difficulties.'*

**Respondents were asked to provide details of the academic level and duration of the programme.**

Most universities offer the DNSPQ programme at both undergraduate and postgraduate levels, as shown in Figure 2.

**Figure 2. Q.11 What is the academic level of the programme and what mode of study is offered?**



The number of universities that offer the programme at post graduate (level 7 or Scottish Credit and Qualifications Framework (SCQF) equivalent) is increasing, although there remains a market for degree level qualifications and graduate certificates.

**Respondents were asked if a top up of 60 credits to MSc was available after completion of a Post Graduate Diploma.**

For students who have completed the Postgraduate Diploma during the District Nurse programme, 97.14% of universities offer a top up to a full Masters award. This is an increase of almost 5% from last year. However the take up of this option remains varied due to:

- Limited or no funding
- Lack of support from employers.

Typical comments included:

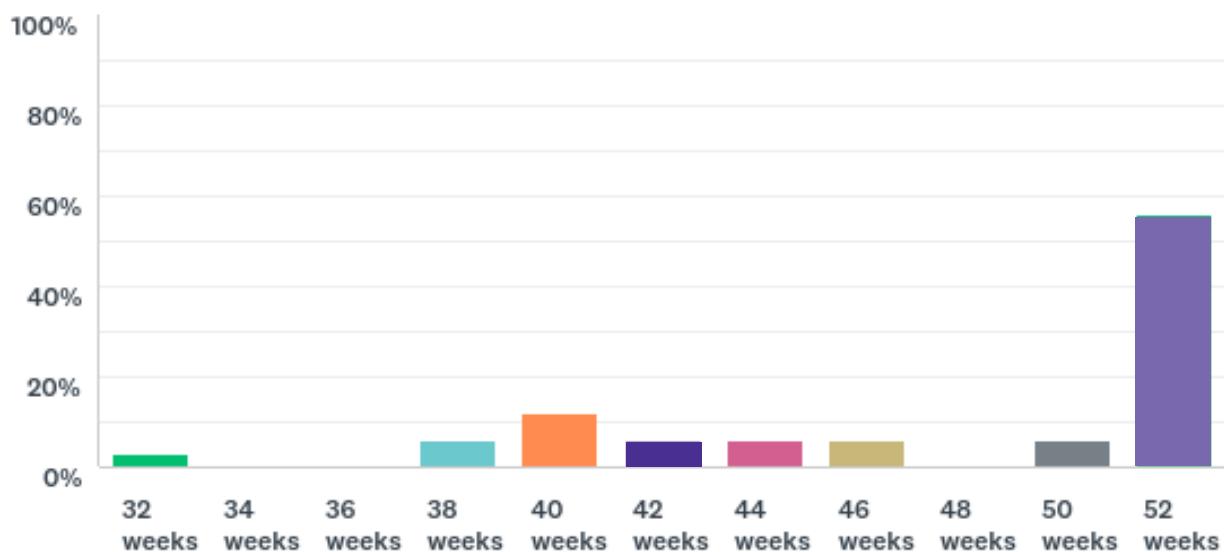
*'This is no longer funded by HEE (Health Education England).'*

*'Students are able to come back within two years to complete the MSc dissertation module if they can get funding or fund themselves.'*

**Respondents were asked about their programme duration.**

Figure 3 illustrates the duration of the course, ranging from 32 to 52 weeks

**Figure 3. Q.13 What duration is the course?**



The number of universities with a programme of 40 weeks increased from 7 universities in 2014/15, to 8 in 2015/16 and has subsequently reduced to 4 in 2016/17.

The number of universities with a programme of 52 weeks has decreased from 24 universities in 2014/15, to 20 in 2015/16 to 19 in 2016/17.

The QNI has previously described the challenges for both educators and students to fit the programme into a limited timescale (QNI, 2014a). The trend towards shorter programme duration is therefore concerning, given the increasingly complex skills, knowledge and expectations required in leading teams in challenging practice environments and having sufficient time within the programme to be adequately supervised and supported with multiple areas of decision making.

**Table 6: Duration of the SPQ DN course over the past three years**

Course duration	2014/15		2015/16		2016/17	
	Number of universities	Percentage	Number of universities	Percentage	Number of universities	Percentage
Less than 40 weeks					3	8.82%
40 weeks	7	17.5%	8	20.5%	4	11.76%
42 weeks	3	7.5%	1	2.6%	2	5.88%
44 weeks	3	7.5%	5	12.8%	2	5.88%
46 weeks	1	2.5%	1	2.6%	2	5.88%
48 weeks	2	5.0%	3	7.7%	0	0
50 weeks	0	0.0%	1	2.6%	2	5.88%
52 weeks	24	60.0%	20	51.3%	19	55.88%

**Qualification from the programme****Table 7: Nurses qualifying from the Specialist Practitioner – District Nurse programme**

	Number who qualified in 2013 (estimated maximum)	Number who qualified in 2014	Number who qualified in 2015	Number who qualified in 2016	Number who qualified in 2017
Total	254*	382	479	517	464
Increase/decrease from previous year		Increase 33.5%	Increase 5.4%	Increase 7.35%	Decrease 10.25%

\*N.B. Scotland was not included in the 2013 review.

**The situation in London**

The number of District Nurse Specialist Practitioners due to qualify in London has dropped to 63 students in 2017, from four universities based in London (City, King's College, Greenwich and London Southbank). The total number of commissions for District Nurse places in London is not known, or if the number of commissioned places was filled. This figure would increase if two universities, Hertfordshire and Bucks New, are included, as some London service providers send their students to these universities. Figures for London universities only increased year on year until 2016, but decreased in 2017.

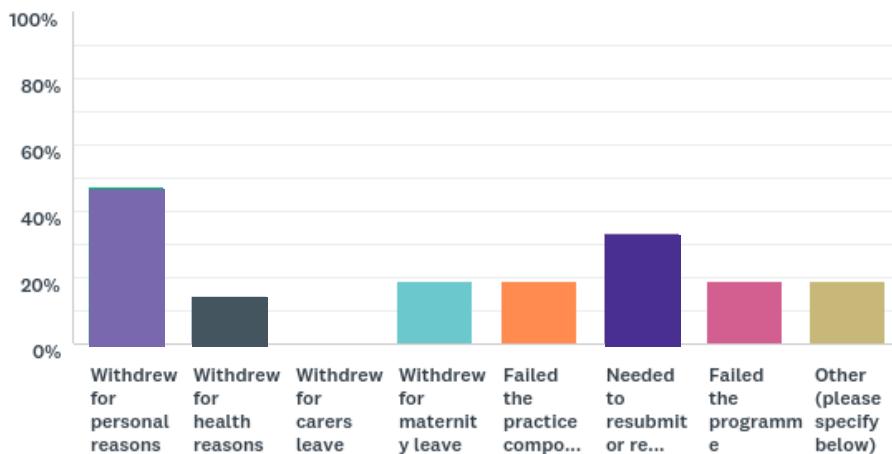
2013 – 5 students qualified  
 2014 – 25 students qualified  
 2015 – 64 students qualified  
 2016 – 74 students qualified  
 2017 – 63 students qualified.

The extremely low figure for 2013 served as a ‘wake up call’ to commissioners, service providers, educators and staff themselves, and has led to sustained work by The QNI and other organisations to help raise awareness of the potential impact of the very low number of new District Nurses could have on the ability of community healthcare services to manage constantly rising patient demand.

**Respondents were asked to indicate the reasons why unsuccessful students did not complete the programme in 2016/17.**

21 universities responded to this question. The percentage of students on each programme who did not pass at the end of their course was not identified, but overall this is generally a small number of students on each programme. For the small percentage that did not complete the programme, the reasons cited for withdrawal or non-completion at the end of the programme are illustrated in Figure 4:

**Figure 4: Reasons why unsuccessful students did not complete the programme in 2016/17**



- Personal reasons = 47.62%
- Resubmission or resitting parts of the programme = 33.33%
- Withdraw for health reasons = 14.29%
- Failed the programme = 19.5%
- Failed the practice component = 19.5%
- Withdraw for carers leave = 0.0%
- Withdraw for maternity leave = 19.5%.

**Respondents were asked to give the exact numbers of students enrolled on academic programmes commencing 2017/18.**

- Full time (new entrants) 417
- Part time (new entrants) 126
- Part time (continuing) 142.

Given the figures in table 4, this would represent a further slight reduction in student numbers from 551 in 2016/17 to 543 in 2017/18.

**Respondents were asked to comment on the supernumerary status of students.**

The QNI has previously reported that many DN students, particularly those studying part time, continue in their usual place of work as both a student and a team member, which can be problematic for both the student and their colleagues (QNI, 2014a).

32 universities answered this question and 84.38% stated that they required students to be supernumerary, while 15.63% answered not required. Feedback from those respondents who stated that they did not require students to be supernumerary, identified major differences between countries of the UK and regions within each country about how this system is organised.

The majority of universities insist on students being supernumerary and having protected learning time. Where universities take students from a number of different service provider organisations this may have an impact on the consistency of the practice learning placement and appears to depend on factors such as local provider decisions around staffing and other resources. The following comments illustrate some of the issues and variations around the supernumerary status of students:

*'One Trust has the capacity to support supernumerary status but the others do not. As a University we stipulate that SPQ students have 3 'theory/practice integration days' per module which needs to be supernumerary.'*

*'It is impossible for students to be supernumerary. Since the backfill was withdrawn, students tend to be placed where they work.'*

*'We do promote supernumerary status but this is not adopted by all Trusts, so we advocate protected learning time.'*

*'This is a current challenge in practice. Practice Teachers have to be very assertive to protect this aspect of the course provision. It is now a focus for our Practice Teacher annual updates.'*

The NMC (2001) stipulates that the programme should be 50% theory and 50% practice without reference to supernumerary status for the learner. The responses above indicate that students, sometimes even within the same university, can have very different experiences of learning in practice.

**Respondents were additionally asked that where this was affirmative, whether this was consistently applied across all practice providers.**

From the 31 respondents, 66.74% replies yes, whilst 32.26% said no, with typical comments given:

*'We have some concerns that not all practice areas are acknowledging the supernumerary status of students and we are trying to address this with practice.'*

*'It does but some practice areas need to be reminded!'*

*'There are a lot of challenges around this and protecting time is very difficult to achieve all of the time.'*

*'There will be occasions when this is not possible, however the students are encouraged to speak out about the situations.'*

*'Pressures on community teams has resulted in DN students being allocated work to enable the teams to manage the caseload. This has occasional compromised and challenged the supernumerary status.'*

**Respondents were asked to comment on whether independent (V300) prescribing was a part of their programme.**

The NMC requires all universities to include the V100 Nurse Prescriber qualification in the Specialist Practitioner – District Nurse programme (NMC, 2001; NMC, 2018).

*Some universities have subsequently been validated to include the V300: Non-Medical Prescribing for Nurses, Midwives and Allied Health Professionals course into the programme (NMC, 2018), either as an optional or compulsory component.*

**Figure 5. Q.19 Is independent (V300) prescribing part of the programme?**

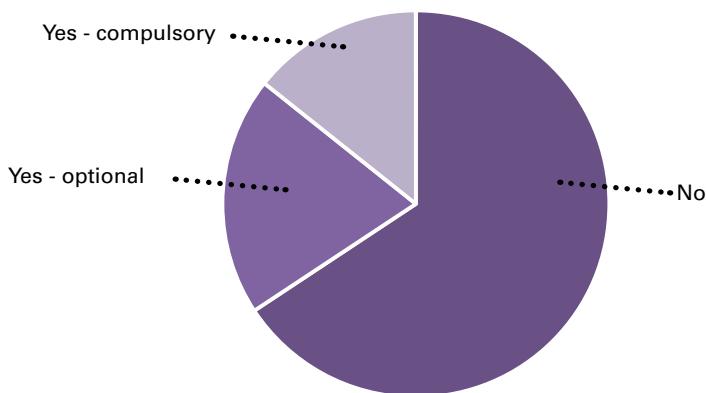


Figure 5 shows that the majority of universities 65.71% do not offer the V300 prescribing as part of the SPQ DN programme; 20% offer it as an optional choice and 14.29% make it compulsory. Table 8 below shows a developing trend, in that the number of universities offering the V300 course as part of the programme has increased from 8 in 2014/15 to 9 in 2015/16 and to 12 in 2016/17, reflecting the advancing skills required for the specialist District Nurse practitioner. For some universities this is for post graduate, level 7 students only.

Some universities had just received NMC approval to include this either as a compulsory or optional element of their programme, with others intending to add it in when they became due for re-approval; whilst for a few it was still causing some concern with employer stakeholders with typical comments such as:

*'We proposed this to stakeholders during the pre-reapproval events in 2016. In some cases service managers did not see the added value and in all cases did not want the duration of the course to be extended.'*

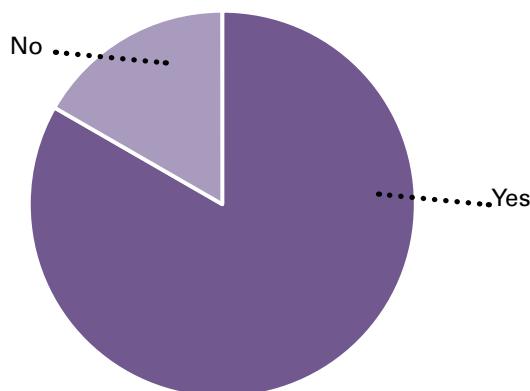
**Table 8: Inclusion of independent prescribing (V300) into the Specialist Practitioner – District Nurse programme**

Is independent prescribing (V300) part of the programme?	Number of universities in 2014/15	Number of universities in 2015/16	Number of universities in 2016/17
No	35	31 (77.5%)	23 (65.71%)
Yes - optional	4	6 (15%)	7 (20%)
Yes - compulsory	4	3 (7.5%)	5 (14.29%)

**Respondents were asked if their programme included an advanced clinical assessment/examination module.**

The inclusion of an advanced clinical assessment module would normally be considered a pre-requisite for V300 non-medical prescribing and for enhanced clinical decision making. Figure 6 shows that from the 18 universities that responded to this question, 83.33% indicated yes, whilst 16.67% indicated no. The inclusion of advanced clinical assessment skills has been on the increase over the last five years and may reflect the requirement for this in the QNI/QNIS voluntary standards for District Nurse Education and Practice (QNI/QNIS, 2015).

**Figure 6. Q.20 If yes, is there an advanced clinical assessment/examination module within the course as well?**



The comments made around this question were varied and led by either individual student need or the needs of Trust partners:

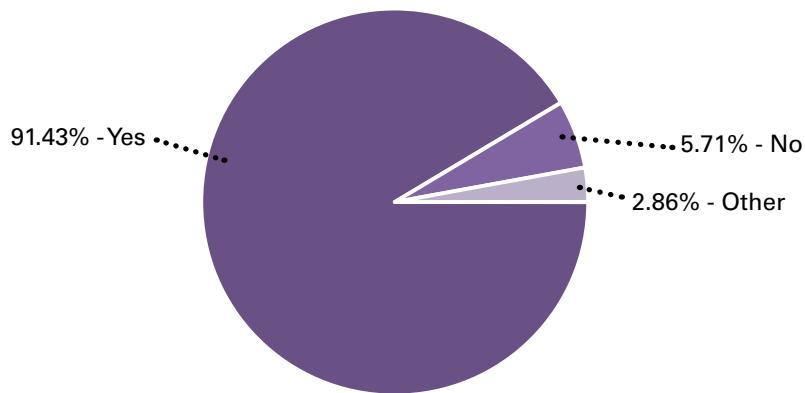
*'Yes we have an advanced clinical assessment and decision making theory module however we do not offer advanced examination skills as this was not requested when we originally developed the programme in partnership with NHS boards'*

*'This module is optional depending upon the route taken by the student.'*

**Respondents were asked to comment on whether they had mapped their programme to the QNI/QNIS Voluntary Standards for District Nurse Education and Practice (2015).**

The QNI/QNIS Voluntary Standards for District Nurse Education and Practice were published in September 2015. 32 (91.43%) of the 38 respondents had mapped their programme to the standards. All who stated that they had not yet mapped to the QNI/QNIS standards were in the process of integrating the standards or were waiting until the next revalidation and NMC approval of the course. There has been an (8%) increase in mapping over the last year.

**Figure 7: Mapping of QNI/S voluntary standards for District Nurse education and practice to programmes. Q.21 Have you mapped the programme to the QNI/QNIS Voluntary Standards for District Nurse Education and Practice**



Typical respondent comments included:

*'This did not form part of the original validation as the voluntary standards were not available at the time, but we would endeavour to ensure that the practice requirements reflect these standards now.'*

*'Not as such because when I was preparing for revalidation in 2014/2015 they had not been fully completed. I do make the students aware of the QNI Voluntary Standards.'*

*'For [NMC] revalidation this year.'*

*'For re-approval the QNI standards are the central assessment criteria but not in the current portfolio, although they are acknowledged and promoted.'*

**Respondents were asked how useful they found the QNI/QNIS standards.**

Of the 35 respondents, 53.88% found them very useful; 36.11% found them useful with 5.56% providing a neutral response. None of the respondents stated that they were not very useful or not useful at all.

The comments provided indicate that the standards have contributed to establishing clarity around the role of the DN:

*'The QNI voluntary standards more accurately reflect the contemporary role of the District Nurse.'*

*'QNI voluntary standards are more relevant to the current DN role.'*

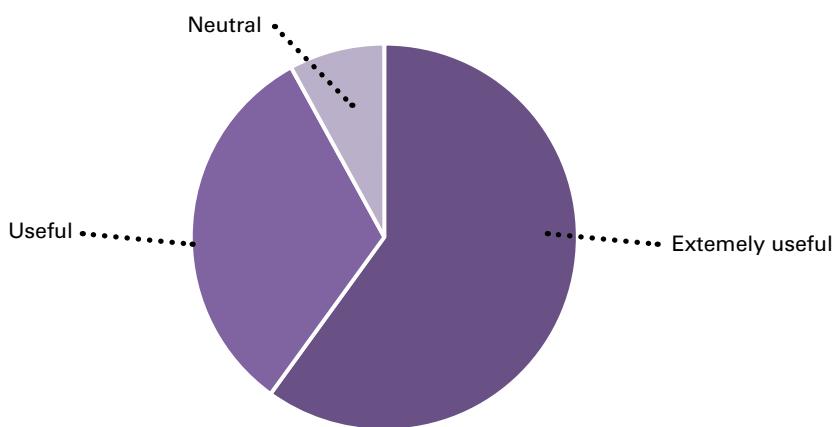
*'They offer currency and reflect the role well.'*

*'We have ensured that in our programme specifications and course information and guidance that this is clearly articulated as a standard we would expect from our students.'*

*'But it is the NMC standards that the students are required to achieve and our paperwork reflects this.'*

*'Practice Teachers are finding it difficult to assess against all the elements in clinical practice'*

**Figure 8: Usefulness of the QNI/QNIS Voluntary Standards for District Nurse Education and Practice**



**Respondents were asked about the future funding of the SPQ District Nurse programme.**

From the 35 respondents to this question, only three did not have concerns about the future funding of the course. Concerns ranged from the lack of long term planning to uncertainty regarding future funding. Others were concerned that the structure of the programme was being affected, as more District Nursing service provider organisations were moving from full time sponsorship to part time courses due to staffing difficulties, despite the full time option being preferred by students and the universities.

Typical respondent comments included:

*'We have an 'annual anxiety' and uncertainty about funding. We begin the recruitment process every year without an idea of what will be available/ and we share this with our potential students but it does make the process look incompetent.'*

*'Funding via the apprenticeship levy will be a positive move.'*

*'I think we are fortunate in Wales as the programme is long established and the NHS Locality Matrons fully support it and will not award a Band 6 DN Post without it. This, alongside the QNI work has secured its future. Also Welsh Government is looking to support backfill for community nurses undertaking the part time programme in 2018/19. (We are waiting to hear the details on this)'.*

*'There is currently no backfill for DN students one of three local organisations were commissioned to send 6 students but does not recognise the DN qualification so no students from that area were sent!'*

*'Grave concerns as each year, discussions with the local HEE at senior management level take place with increasing difficulty in achieving agreement over whether backfill will be included, whether any places will be funded and if they will, how many. This has taken until February this year which leads to a delay in recruiting and problems then identifying practice teachers. If the proposal to create an apprenticeship is successful, this may well require re-approval to fit the apprentice model which does not happen immediately so I am concerned that one funding stream may dry up before the new one can be accessed. Once (if) an apprenticeship model is approved, the Trusts will have to draw from their apprenticeship levy fund for all apprenticeships and the DN SPQ may lose out to other roles such as nurse associate. I feel this is a higher risk in integrated Trusts where the inpatient sector can dominate over the community.'*

*'Yes, every year it feels as though we are waiting until the last minute for confirmation that we will run.'*

*'Further funding and investment within District Nursing would prepare for the future.'*

*'The SPQ programme in Bristol has never been commissioned directly, but there is quite a healthy uptake of the programme amongst the 6 local providers of District Nursing Services. It is a modular programme and resembles more of an apprenticeship approach than a linear fixed length supernumerary programme.'*

*'Have more concerns about it remaining an NMC recordable qualification. If this discontinues the NHS boards I suspect will no longer support district nursing students as a speciality and post registration qualification and move to advanced practice but not necessarily with the crucial perspective of community nursing.'*

*'Yes, we welcome the commitment of Lisa Bayliss-Pratt to continued funding for 2018/19. Beyond this we are committed to pursue the apprenticeship funding stream led by Leeds Community Health Care.'*

*'Yes, always. The Trusts continue to leave the confirmation of funding to the very last minute so that NHS Trusts and Universities have to undertake placing the advert for the course and recruiting and selecting candidates at the last minute.'*

*'I think it is a valuable programme and therefore I am concerned if funding in the future is not possible.'*

*'I have some concerns that the funding may not come from the current source however alternative funding streams are being considered to support future development of the leads in the service.'*

*'If the SPQ is no longer recorded by the NMC, the local Trust will not fund an equivalent and education and training will diminish considerably.'*

*'Yes, the releasing of students due to the pressures on community teams. Securing funding (trusts still appear to be unsure about this despite recent information from HEE being circulated) The supernumerary status is more frequently being challenged Practice teachers and mentors having time to mentor students has also become more difficult.'*

*'Yes - We have been told to expect 'like for like' funding for the academic year 2018/19 but after that we are 'crystal ball gazing' and trying to ensure that we are ready to validate in line with what our funding bodies will support at the same time lobbying to retain the SPQ and the value of the role of the district nurse.'*

*'Yes - the apprenticeship model suggests a part-time/modular approach and without central funding the full time route will probably disappear.'*

## Wales Renascent

The policy direction in Wales is similar to that in Britain as a whole. Demographic and technological changes are driving care closer to home, reoriented away from secondary care with a proactive improvement of population health and wellbeing through the delivery of care by multidisciplinary integrated services centred around the individual (Labourne, 2018). This is driven by Wales' legislative framework and prudent healthcare principles. (Welsh Government, 2015).

A parliamentary review of health and social care in Wales (Welsh Government, 2018) makes 10 recommendations for the development of a long term plan for health and social care and it is within this context that district nursing services are delivering care.

The Welsh Government has maintained the preregistration bursary and commissions pre and post registration healthcare education centrally and is showing its commitment to district nursing by doubling the number of commissioned places for the SPQ DN qualification from 41 places in 2016/17 to 80 in 2017/18, maintaining this until 2018/19, recognising the added value that this qualification brings to the safe management of care in the community whilst at the same time providing the backfill funding so staff can be released to take advantage of this opportunity (Labourne, 2018).

In 2017, the Welsh Government informed by the Chief Nursing Officer for Wales published interim safe staffing guidance for district nursing (Welsh Government, 2017), for the first time specifically referring to district nursing services and the planning of these in line with this guidance.

In December 2017, the Welsh Audit Office published District Nursing Services in Wales – a check list for Boards, covering:

- Ensuring clarity about the role of the DN service
- Managing demand for DN services
- Managing the DN service caseload
- Securing the right workforce
- Understanding how DN staff spend their time
- Understanding the quality and safety of the DN service
- Information and information systems.

The importance of strong national leadership through the Chief Nursing Officer (CNO) in Wales, supported by forums providing timely professional and policy advice has enabled district nursing to articulate the narrative of service need, direction, development and potential (Labourne, 2018).

### **Respondents were asked to provide any examples of the impact of funding uncertainty on the DN workforce for provider organisations.**

Typical responses included:

*'Anxiety is shared with our provider organisations - making workforce planning very difficult and often leads to confusion in the application process. 'If this is going to be the last year they fund' is often quoted and I think this affects what staff some organisations second to the SPQ.'*

*'There is a reduction in the number of students that come on the course each year.'*

*'Some Trusts are reorganising services and redeploying staff to the DN service then requiring them to undertake the SPQ within a certain time frame. Removing the funding or restricting it to level 7 only (likely outcome if an apprenticeship) will create significant problems in the redeployment of these staff. The wider issues of planning a workforce where the provision of a key qualification hangs in the balance are very challenging for managers trying to support recruitment and particularly retention if opportunities for development are removed.'*

*'Organisations are looking at the other options; this includes CPPD that does not include the SPQ. This will have a negative impact on the leadership of caseloads and regular review of caseload needs.'*

*'Historically and anecdotally, areas where the SPQ has been discontinued have experienced a lack of visionary leadership, poorly co-ordinated care delivery, a paucity of service development and low staff morale. Some of these areas have started to redress this in recent years reintroducing the SPQ DN title and increasing sponsorship for training places'.*

*'For financial reasons, they may choose a less rigorous form of educational preparation for aspiring DN team leaders if any at all - and so standards of care would inevitably fall.'*

*'Without backfill we cannot attract new nurses from the acute sector who may wish to consider district nursing. I feel new talent should be explored and welcomed rather than restricted.'*

*'Providers are reluctant to fully engage until they are assured of funding arrangements.'*

*'The numbers of students that providers can send is limited by the reduction in back fill monies. In addition there are very few Practice Teachers. On-going high number of vacancies means only low numbers can be spared from the workforce.'*

*'Puts the service at risk. Difficult to succession plan. There could be a shortage of qualified DNs in the near future.'*

*'The route of apprenticeships is being pursued by several of the trusts. However this will not be available for some time and will exclude students who have qualified with a nursing diploma.'*

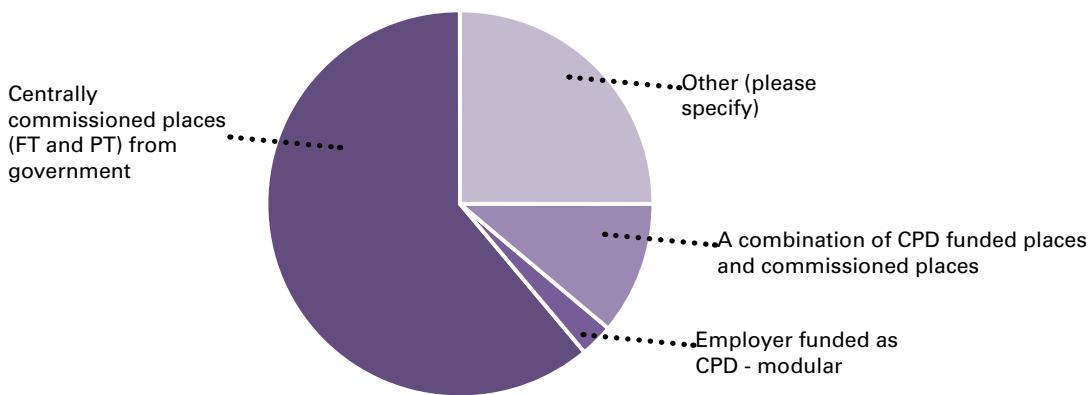
*'Only anecdotally that there are a number of retirements expected in the community nursing workforce. Not all provider organisations have considered the impact of potentially losing the course or of developing an apprenticeship model. Some are involved in this work, but others are not.'*

*'Trusts will not fund SPQ students on the full time route if there is no central funding, so there will be less applicants and a reliance on Trusts utilising the apprenticeship model to train DNs.'*

*'It is having a negative effect as practitioners feel that there is no real commitment to developing district nursing as a discipline. They report that they feel like the work horses of the NHS that no one really cares about.'*

**Respondents were asked how the SPQ DN programme is funded in their area**

**Figure 9. Q.25 How is the SPQDN funded in your area?**

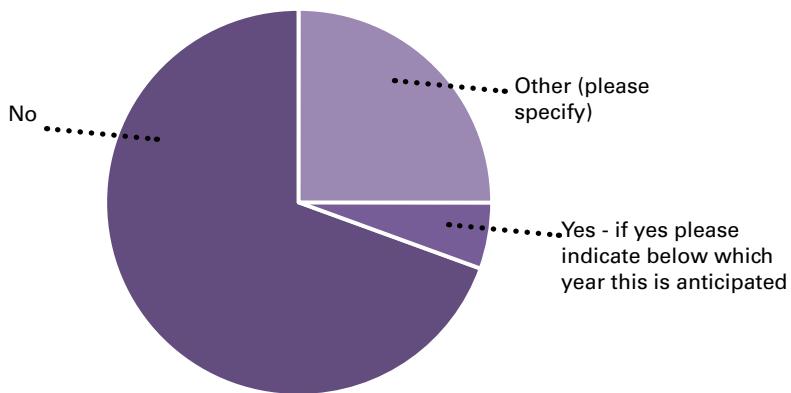


From a total of 36 responses:

- 22 (61.11%) centrally commissioned places (full time and part time) from government departments
- 1 (2.78%) employer funded as CPD – modular
- 4 (11.11%) a combination of CPD funded places and commissioned places
- 9 (25%) all other responses.

**Respondents were asked if their university was considering closure of their SPQ DN programme, due to lack of confirmed funding.**

**Figure 10. Q.26 Is your university considering closure of the programme due to the lack of confirmed funding for the DN SPQ programme?**



There were 36 responses to this question with 69.44% saying no and 5.56% stating yes. 25% of respondents checked the 'other' category. Typical responses included:

*'Closure is imminent due to lack of students as local Trust is choosing a 'modular' programme offered by another local HEI in preference - so that their students study 'on the job'. From conversation with local Practice Teachers, this alternative arrangement impacts negatively on the quality of the preparation of future team leaders and often leads to students not completing their studies.'*

*'Already closed.'*

*'Not as long as funding from the local HEE continues but if this is stopped, then it is very unlikely that the programme will run. We have confirmation of funding for some places for 2018/19 but no information beyond that.'*

*'The plan is to progress to apprenticeship if the standards are approved.'*

*'We are hoping for HEE confirmation in early March 2018.'*

*'We continue to work in partnership with our local NHS Boards and hope to have higher DN student numbers in 2018/19. But of course this depends on funds available from the boards.'*

*'Not at this time, but it is an annual discussion with our Dean given there is no certain future for any funding. If funding from HEE is removed or not transferred to another agency the course will close.'*

*'SPQ DN needs to be a viable provision for the university. We have a target of 15 students per intake, should numbers fall below this level then we would need to make a very strong case for continuation.'*

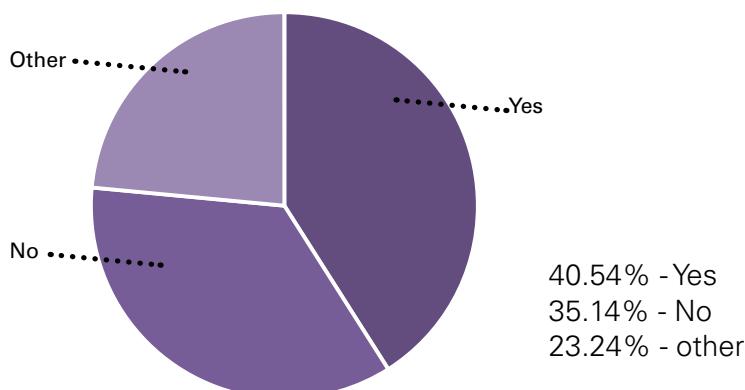
*'Possibly. We had to discontinue SCPHN Programmes at the University last year due to insufficient numbers and the University placing a number of 15 as minimum viable numbers for modules. Even though the SCPHN and CSP were co-taught and had more than 15 students we were informed that each intake had to be 15 students or over. We lost HV, SN and OHN last year. Staff have been redeployed into other roles outside of their specialism. Some are in non-teaching roles.'*

These responses show some uncertainty and uneasiness in practice which has a knock on effect to the education sector as they have to wait year by year for delayed funding decisions to ensure that there are sufficient funds to continue courses. If there are unpredictable and indeterminate funding arrangements then it is little wonder that universities have to make decisions based on the safety of their business and this has meant that some universities have chosen to close courses where numbers might have been already small.

**Respondents were asked if they or their university were involved in the application to form a 'trail blazer' for apprenticeship standards for District Nursing.**

Due to the changes in CPD funding and the challenges of funding the DN SPQ, Stephanie Lawrence, Deputy Director Nursing Integration and Primary Care Nursing, Executive Nurse, Leeds GP Confederation, has formed a trail blazer group for apprenticeship standards for District Nursing. 37 universities responded to this question with the following results:

**Figure 11. Q.27 Have you or your university been involved in the current application (led by Stephanie Lawrence, Deputy Director Nursing Integration and Primary Care Nursing, Executive Nurse, Leeds GP Confederation) to form a trail blazer for apprenticeship standards for District Nursing?**



Typical comments included:

*'I am aware of this initiative from a recent meeting of the Association of District Nurse Educators but would support the continuation of a professional programme endorsed by the NMC and QNI with associated standards of practice as the gold standard.'*

*'It has been invaluable to be part of this. Deeply indebted to Steph Lawrence.'*

*'I am on the email list and receive information / regular updates but haven't been approached to form a trail blazer.'*

*'The Head of Department & course team is supporting the application to the IFA.'*

*'We are aware of this and one of our provider trusts is looking to be part of the trail blazer group. We are keen to be involved in this with a plan to attend the meeting next month.'*

*'I have provided my details as an interested party and a number of my partner organisations have identified engagement with this initiative.'*

*'LSBU is an active participant in this work, whilst I am the course director. The group has a meeting planned at LSBU in May 2018.'*

**Finally respondents were invited to add any other comments to the survey.**

Typical responses included:

*'Thank you for continuing with this survey - which provides very helpful statistics for me as a Programme Director.'*

*'The QNI have certainly raised the profile of District Nursing and with the anticipated return of backfill via the Welsh Government it shows that District Nursing is seen as a solution to the continuous pressures in the acute sector.'*

*'We would welcome a drive at Government level to raise awareness of the importance of the DN specialist training and the difference it makes to caseload management and patient outcomes. The appointment of those without the DN qualification into leadership posts is not a satisfactory option - these practitioners will not have the skills to manage the complexity of contemporary community care. There is constant talk about discharge and home care at all levels but no action... the solution is not complicated - more investment to this training is essential and we need the Health Secretary to develop a call to action ASAP before the current expertise is worn out and we lose the commitment of a very hard pressed workforce who are doing their best to maintain a compassionate and effective service.'*

*'The SPQ is unique in developing leaders of community nursing. My research evidences the impact on assertiveness, along with other characteristics. We need to ensure that we preserve this programme and build effective community teams.'*

*'Thank you for once again collating this priceless information, as it informs a great deal of our communications with funding bodies and other stakeholders. I look forward to the collated response!'*

*'Local trusts are very positive about SPQ at the moment- this year is the first run of a newly validated programme including V300 and advanced history taking.'*



## Conclusion

The QNI is concerned that the significant increases in District Nurse student numbers identified in the DN Education audit between 2013/14 (QNI 2015) and 2014/15 (QNI 2016) have reached a plateau. The 2016/17 audit has now confirmed a decline in the number of new entrants by 2.47%, and a decrease in the number qualifying with the Specialist Practitioner Qualification by 10.25% compared to the previous year. This is a cause for serious concern.

The QNI works to influence decision making bodies to invest in the District Nurse leadership role, ensuring that Specialist Practitioner programmes continue to be offered that maintain and protect the highest standards of quality nursing care for people, families and carers at home.

The figures presented in this report therefore make concerning reading. In the context of the five years during which the QNI has been gathering data about the number of District Nursing courses being offered, and the number of students enrolled on these courses, the number of qualified District Nurses recorded in NHS workforce statistics in England has continued to fall. If the qualified District Nurse is to retain a key position within the multidisciplinary team in community healthcare, we are simply not training enough new District Nurses to replace those who leave or retire.

The QNI is building on existing evidence for the value of specialist practitioner education for District Nurses. The significance of this preparation is clearly evidenced in research commissioned by the QNI on the value of the District Nurse Specialist Practitioner Qualification (QNI 2015b). Respondents (both qualified District Nurses and employers) cited many benefits to patient care as well as enhanced skills and professional growth. As more complex care is managed in community settings, the more important it is that highly skilled District Nurses are managing community teams. The QNI is currently finalising a report on rising stars in district nursing that further endorses the value of the specialist practice qualification in enhancing patient outcomes.

The NHS England National Quality Board (2017) improvement resource for district nursing offers a set of principles to identify safe staffing and caseloads. Among these is the need to review local recruitment and retention priorities. It also highlights the need for the development of appropriate metrics and the use of an evidence-informed decision support tool, triangulated with professional judgement and comparison with relevant peers (p22). District Nurses, in their role as team leaders and clinical experts in caring for people at home, are essential participants in applying such approaches through their professional judgement. Therefore, there could be a significant risk to patient safety resulting from a reduction in the supply of appropriately qualified District Nurses.

In 2015 the QNI/QNIS published the Voluntary Standards for District Nurse Education and Practice. It is pleasing that over 90% of programme leaders have found the standards useful or very useful and that almost 92% have mapped their programmes to the standards. The standards are proving helpful to commissioners and providers by clearly setting out the expectations of District Nurses in practice once they have completed a course that is mapped to the standards. The standards reflect the expert clinical, managerial and leadership skills necessary to lead and co-ordinate the nursing care of people at home and reflect both the contemporary and future requirements of this role within new service models and new ways of working.

In 2014, the QNI introduced a new academic prize for the highest performing students in the District Nursing SPQ at every university in England, Wales and Northern Ireland, the Philip Goodeve-Docker Memorial Prize.

This award has been very popular with universities and students and the QNI will publish a report in 2018 informed by evidence gathered from those who have received the award, about their nursing education and practice, and their career since receiving the award.

There is no evidence that the DN SPQ is not needed or is lacking in value either to the nurses who undertake it, the patients and communities they serve, or the NHS as a system. The large majority of respondents to the survey indicated that they were largely or very satisfied with the course. Conversely, it is recognised that falling investment in Continuing Professional Development (CPD) is one of the reasons why people leave nursing, if they perceive that avenues for professional development and career advancement are being closed off to them.

The existing system of District Nursing education within universities has a long and successful track record of delivering a highly trained, motivated and passionate part of the nursing workforce. If numbers of students currently being enrolled are insufficient, it is not because of a lack of student demand, or service or patient need. Rather it reflects current concerns and future doubts about higher education funding for nursing. Financial barriers must be lowered and greater clarity given to higher education institutions, to give them the confidence to invest in the professional development of the community nursing workforce, now and in the future.

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## **Additional Resources**

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Harrold A (2017) *Call for Government Action after District Nursing numbers have halved in seven years Nursing Practice*

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