

## Community Nursing – Fact sheet

The following has been designed to provide you with a bit more information about what community nursing is in the UK and what key factors we will explore with you at your interview. Please take time to review this as it is important to us that you work in a field you enjoy and understand.

### District Nursing

District nursing care is mainly provided in patients' homes and sometimes clinics or in general practitioner surgeries. District nursing services are generally for people aged 18 years and over. The size of the teams varies according to demographic area, caseload size and patient dependency. As a team member you will have an allocated list of patients to visit daily, the workload often changes during your shift according to the need to respond to urgent new referrals or the changing acuity of current patients and so you will need to be flexible and adaptable to these changes.

The district nursing team does not work in isolation but contributes to the wider multidisciplinary team that supports patients with care needs living in the community. As a community nurse you can refer to the patient's general practitioner (GP) who can refer the patient on for more specific medical care needs. As a community nurse, you can refer directly to local authority social service for support with social care needs (personal care), physiotherapist, occupational therapist, podiatry, and other specialist nursing teams.

As a community nurse you may find that some Trusts do not use uniforms, often at the inner city Trusts. However, there will be a clear policy on dress code that will advise you on what to wear.

**Skills:** Team working, communication and interpersonal skills, patient advocacy, able to network, able to be flexible, and able to adapt quickly to changing needs and demands.

### Home Visiting

You will visit patients in their own home, and you are a "guest in the patient's home".



You will see different levels of deprivations and wealth in the areas you work in and be exposed to the different ways your patients choose to live their lives. Patients' homes are not set up for delivering nursing care and the challenge is to be able to adapt and provide this care safely and effectively both for you and your patient. You will adhere to the same levels of cleanliness as in a hospital environment. Hand washing and the use of protective equipment still applies.

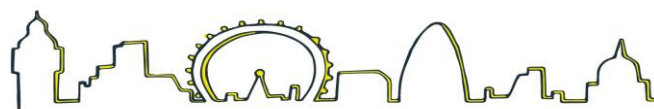
You may experience some differences and will need an appreciation of others' health beliefs and their compliance with medical or nursing advice. Some patients may have pets such as cats and dogs and patients are requested to shut away pets when you are visiting. Some patients will have family members providing a lot of the care whilst other patients may only have minimal input from their families and others will be alone and reliant on local authority care provision.

The way in which medications are administered and managed is different in the community setting. The same rules apply in terms of the safe administering and monitoring medicines; however, within the community environment more emphasis is placed upon other factors such as risk, storage, and disposal of drugs. This is because you will most often be administering medication on your own within the patient's home.

**Skills:** Non-judgemental approach, to treat people equally regardless of gender, religion, race, social/financial position, enjoy self-directed working. Good communication and interpersonal skills, good listening skills, good time management skills, critical thinking and problem-solving skills, flexibility in managing safe nursing care e.g. provision of universal precautions, aseptic non touch technique in the home setting.

### **Physical Requirements**

You will need to be comfortable with traveling to visit your patients, it may be possible to use public transport, walk, or bicycle for inner city areas. You may need to walk a considerable distance to get from one patient's home to another. The use of a car is more relevant for community nurses working in the outer London areas as public transport is a little less frequent and greater distances between locations of patients to be visited. Provision of cars is available in some Trusts or car leasing schemes. You need to be able to cope with being out in a range of weather rain and wind and sun.



Some patients' homes are located in multi-storey buildings and you may need to climb flights of stairs in case of lack of elevators. In addition, you need to be aware that you will have to carry your equipment that you need to treat your patients. Provision of appropriate back packs or wheelie bags is available.

**Skills:** To have the ability to walk/travel alone, use different means of traveling- driving license helpful. Car driver where applicable; ability to adapt to the physical demands of certain tasks

### **Lone Working**

As a community nurse you will be working on your own without direct supervision. You generally will be working alone in a patient's home; however, each Trust will have a lone worker policy which will outline the practices and procedures that you and your manager need to follow to stay safe and the legal requirements that your employer needs to have in place to ensure your safety. Though you are working alone, you will have contact numbers for advice and support throughout your shift with the nurse in charge and other team members by a Trust provided mobile phone and the daily handover. The provision of personal safety alarms and other personal safety systems are used.

**Skills:** Ability to work unsupervised, able to evaluation of personal safety, evaluation of the deteriorating patient and escalation of concerns, and good handover communication skills either written or verbal.

### **Patient Group**

The majority of the patients you will see will have long term conditions that may include diabetes, cardiovascular disease, respiratory diseases such as COPD, cancer, neurologic diseases such as Parkinson disease, multiple sclerosis, dementia care needs, renal/urological conditions and muscular skeletal conditions. Some patients, in addition to their physical health needs, may also have a learning disability or a chronic mental health problem. Another major area of care is the provision and support "end of life care" at home.

**Skills:** Some understanding of the major long-term conditions and how they present and common management interventions.



Take time to review and reflect on these skills needed to work as a community nurse and review your personal attributes with them.

Self- assessment – clinical skills



## Some example Case Studies

The following case studies have been provided by two community nurses, who were recruited from the Philippines and India. The purpose of the case studies is to give you a comparison of the differences in working as a community nurse in the UK to your own country.

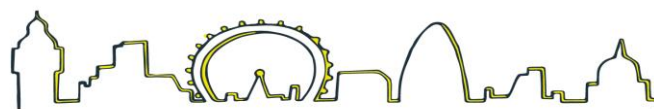
### Case study A: Philippines

Community Nursing set up is somehow different in the Philippines from how it is here in UK.

Community nursing care in the Philippines is mainly focused on the primary health prevention care, including but not limited to family planning, mother and child immunisations, school children immunisations, pre and post-partum check-ups, tuberculosis screening, detection and treatment, nutrition program and education, and coordination to the borough officials and other services for the health program planning and services. Most of the time patients visit their designated health centres for the above services, just like a GP surgery or clinic system in UK. Community nurses still do home visitations where nurses have to visit every targeted household to administer vaccines, medications, and vitamins as per the Department of Health Programs.

Meanwhile here in UK, community care is more focused on providing nursing care like medication administration in all forms, and wound management specific to as per patient's condition. It somehow falls on the family support in the Philippines as though there are housebound patients, there are only few instances that a patient lives alone as there will always be someone who will take a patient to a clinic or hospital for a certain treatment so community nurses don't mainly visit patient at home specifically for medication administration and wound management.

Despite the differences in the services offered by the Philippines and UK community nursing care, Filipino nurses are well trained in the medication administration whilst on training or university course. The training and support to overseas nurses in Whittington Trust (not sure for other Trust as I only been under Whittington since I arrived in UK) are quite enough to cover the differences and adapt the UK community care set-up.



## Case study B: India

Comparing Community health services in India and the UK is a difficult task both countries have their own way of tackling health care related problems and providing best health care at patient's home. Health care in India is divided into 3 levels Primary, Secondary and Tertiary which is a combination of Public and private sectors providing care to the citizens were as in the UK NHS is providing the maximum care to the public.

In India citizens do not pay national insurance and so not all procedures are free a small amount is charged for major procedures but in the UK, citizens pay national insurance and so almost all procedures are free of cost.

In the UK much of patient's records are handled online were as in India the records are taken care by MRD (medical records department) of each community health centres so a generalized form of documentation is lacking. In India a patient has to go to the nearest community sub centre for much of care but in the UK community nurses maintain regular visit to the patient's accommodation.

Physiotherapy is not included in community health in India; the patients who require physiotherapy are referred to the multi specialist hospitals where patients are provided with rehabilitative care and treatment, whereas in the UK rehabilitation centres are fulfilling such jobs.

