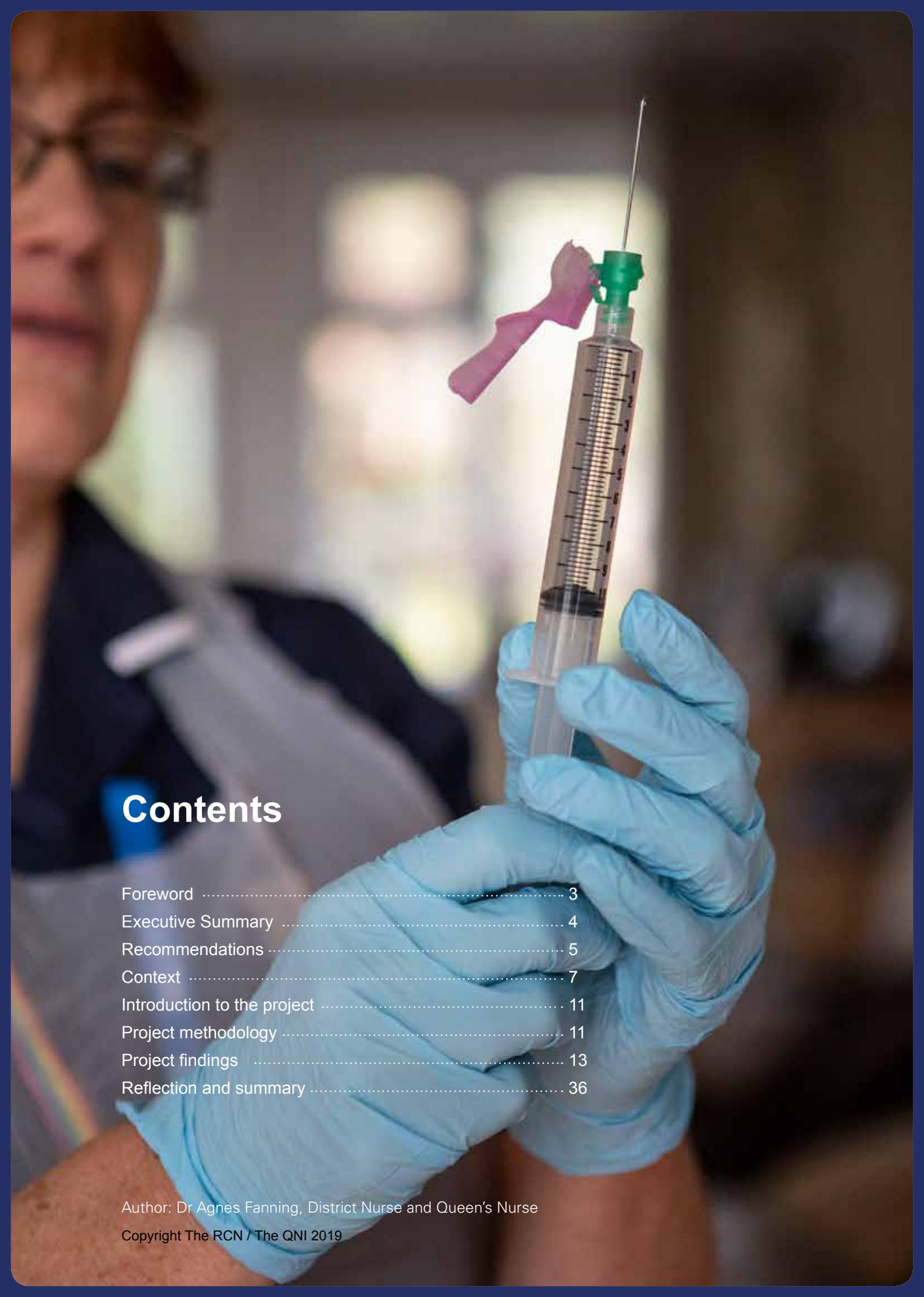


# Outstanding Models of District Nursing

A joint project identifying what makes an outstanding District Nursing Service.





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# Foreword

The District Nursing service delivers high quality care to individuals in the home environment and supports carers, families and communities everywhere. In 2018 the Royal College of Nursing (RCN) and the Queen's Nursing Institute (QNI) became increasingly aware of the need to articulate the value of the District Nursing service in England and to describe the elements which make up an outstanding model of care.

Policy documents consistently refer to the need for more nursing care to be delivered in the community and people's homes, to reduce lengths of stay in hospital and avoid unplanned admissions, for more people to experience end of life care at home and for those with multiple complex long term conditions to be supported expertly in the community. But these policies have not been followed up by an exposition of what the District Nursing service would need to look like in order to support this vision; nor have they been informed by patients who receive care from those providing these services. We have been concerned that some policy initiatives may have the effect of making the role of the District Nurse appear obsolete, without any meaningful consultation with the profession and the people receiving the service.

The RCN and the QNI therefore took the opportunity to partner in creating a '360 degree' view of the District Nursing service and the elements which need to be in place to enable excellence in its delivery. A considered and thoughtful project plan was developed and a yearlong project ensued, including a review of the evidence, wide consultation, testing of the model and confirmation by multiple stakeholders.

We are delighted with this first joint publication by our two national organisations, not least because the users of the District Nursing service and their carers have a central voice in the report and provided the 'touchstone' throughout the year of the project. No conversation took place without placing the patient at the centre of the discussion and considering the implications for the person receiving the service and their families and carers. Our desire now is to ensure that the findings of this project are tested with patients.

Chapter One of the NHS Long Term Plan in England states that: 'Now expanded community health teams will be required under new national standards to provide fast support to people in their own homes as an alternative to hospitalisation, and to ramp up NHS support for people living in care homes'. This is the role of the District Nursing service, delivered everywhere in England within a variety of models and under varying contracts. This service and the comprehensive approach it takes to delivering care to patients must be acknowledged and valued. We are concerned that any remodelling or dissolution of this service to a task based approach carries with it great risks to the care of patients in England.

This report by the RCN and the QNI presents a blueprint for the District Nursing service, supporting the aspiration of the Long Term Plan and recognising that there are many exemplar services already operating very successfully and which could be replicated throughout England. Our sincere thanks to all stakeholders who have contributed to the review and gave so generously of their time and expertise. We are indebted to you for your insight and clarity into the challenges faced by this highly complex area of nursing – and one which is poised to provide the solutions which are needed right now in every community in England.

We look forward to working with the Department of Health and Social Care in the coming months to implement the recommendations of this report.

Dame Donna Kinnair  
Chief Executive, The RCN

Dr Crystal Oldman CBE  
Chief Executive, The QNI

# Executive Summary

## Project Aims

This is a joint project between The Royal College of Nursing (RCN) and The Queen's Nursing Institute (QNI).

The aim of the project is to analyse the District Nursing (DN) service and identify what makes an outstanding District Nursing service which:

- Meets the needs of patients, families and carers;
- Supports and benefits the wider health and social care system through integrated care delivery;
- Acknowledges all the elements that are required to be in place at a system and an operational level nationally, regionally and locally to prepare, support and maintain a sustainable District Nursing service.

The project involves an exploration of a variety of District Nursing service models and the views and experiences of a wide range of stakeholders.

This report makes a number of recommendations, responding to the findings of the project.

## Note on Terms Used

Terms and words used in relation to community services may be interpreted differently by people, therefore key words and terms used have been defined in the context of this study within Appendix A. For ease of reference, these are:

- Outstanding
- District Nurse (DN)
- Community Nurse
- Queen's Nurse (QN)
- District Nursing team
- Clinical Commissioning Groups (CCG)
- Higher Education Institutions (HEI)
- Continuing Professional Development (CPD)

## The Role of the District Nursing Service

To meet the needs of patients, families and carers, District Nurses lead and support their teams to deliver care in a variety of community settings (Department of Health, 2013). Many District Nurse teams work in a central location, sharing office space with community teams from nearby geographical areas. This gives an opportunity for teams to share best practice and to gain peer support from each other. However, this also may result in District Nurses and their teams visiting patients across geographical areas, leading to lack of consistency in the named nurse or team providing the visits to patients and their families. This has the potential to impact negatively on patient outcomes and patient satisfaction (Russell et al, 2011).

The District Nursing service is typically commissioned by the clinical commissioning group (CCG) as part of a community services contract. It provides nursing services to people in their own homes and communities within a local population, defined by a geographical location or a GP registered list (NHS Improvement, 2018). District Nurses play a crucial role in caring for patients, who often have complex care needs, in their own home and in the wider community setting where frequently the care environment adds to the complexity (NHSI, 2018).

## Workforce Challenges

It is estimated that in 2018 there were only approximately 4,000 District Nurses (NHS England, 2017) to provide care to a population of approximately 55.8 million in England alone

(ukpopulation, 2017). Unfortunately, due to a 46% decline in the number of qualified District Nurses since 2010 (NHS, 2018) many community nursing teams have become 'task focused' (Malbin et al, 2016) thus reducing their capacity to exercise a population health approach to care.

The NHS is currently suffering the worst ever staff crisis with a shortage of 41,722 nurses in England which is 11.8% of its entire nursing workforce (Campbell, 2018). This is compounded by the fact that the number of nurses and midwives leaving the profession in 2017 has risen by 51% since 2013, with 20% more people leaving the Nursing and Midwifery Council register than joining the profession in the years 2016/2017 (NMC, 2018). The average age of nurses leaving the register has also gone from 55 years in 2013 to 51 years in 2017 and 2,901 leavers were between the ages of 21 – 30 (Siddique, 2017).

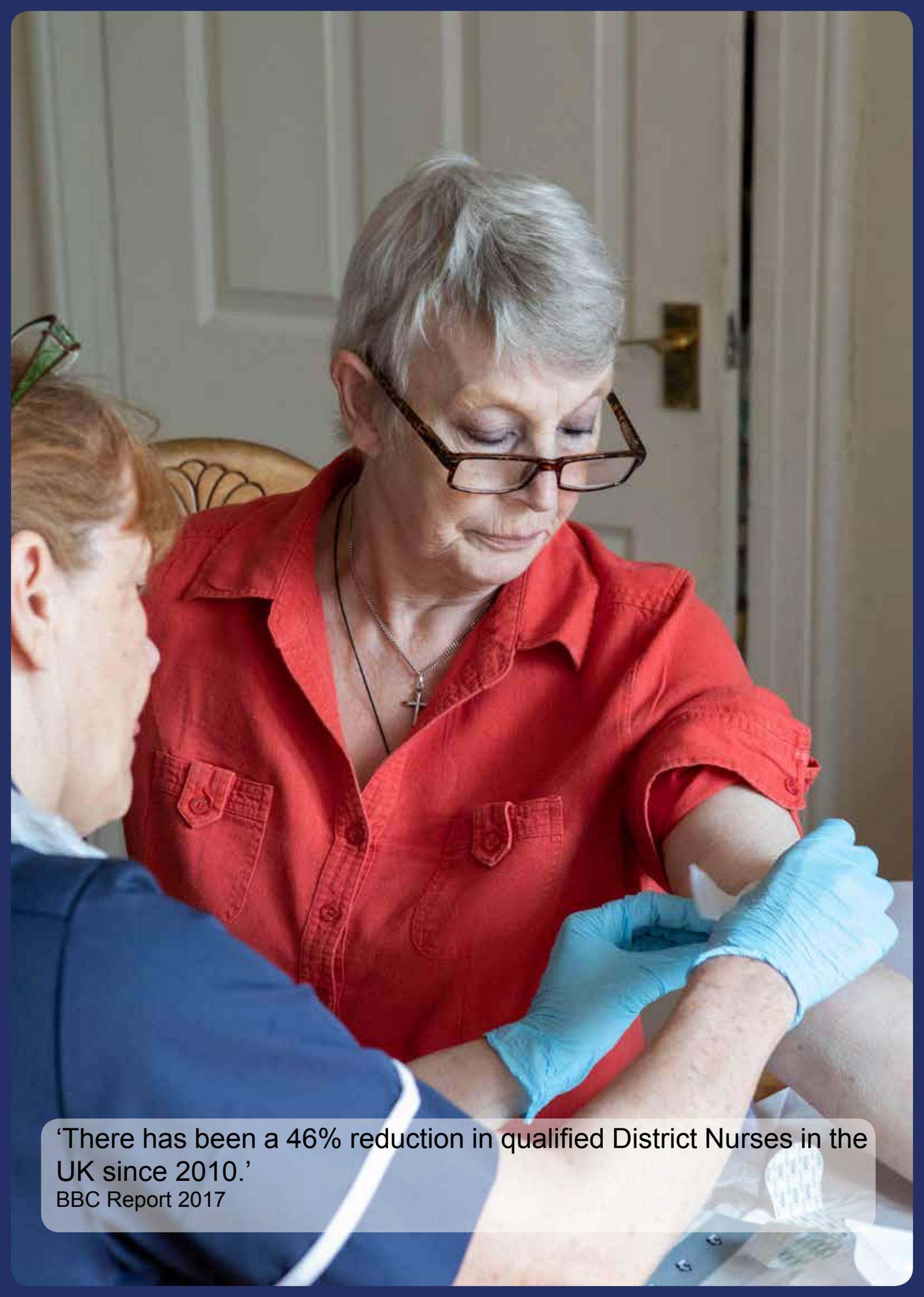
These figures not only impact on the hospital nursing workforce, but also on the District Nursing workforce. Media reports frequently focus on hospital services and accident and emergency services, yet there is little acknowledgement that the number of patients being seen in hospital would be far higher if there had not been intervention by the District Nursing service preventing many hospital admissions.

As it stands, 2017/2018 witnessed a rise of 9% in accident and emergency admissions since 2011/2012, reaching a total of 15.4 million accident and emergency attendances according to the State of Care 2017/2018 Report (Care Quality Commission, 2018). Clearly this figure is in part dependent on the capacity and the capability of the District Nursing services in the community being able to prevent unplanned admissions and support people to be safely cared for at home.

## Recommendations

In meeting the needs of patients, families and carers in the community, the key recommendations of this project are:

- **To create a workforce fit for purpose it is essential that District Nurses continue to gain a post qualifying District Nurse Specialist Practice Qualification (DNSPQ)** which develops their personal and professional growth and enhances their clinical skills to lead and educate teams, patients and families, promoting autonomy and independence and consequently having a greater impact on the delivery of high quality care and improved patient outcomes.
- **To develop a strategy which will expand commissioners', providers' and the public's understanding and knowledge of the District Nurse role**, enabling them to critically analyse the current role and recognise the added value they bring to the economy and particularly to the wider Health and Social Care system where they are central to the future growth in modern, integrated health care.
- **To promote the population health element of the District Nurse role.** Whilst this is frequently opportunistic it plays a crucial role in personalising care, promoting the prevention of ill health, changing the patient's lifestyle to benefit their well-being.
- **To develop a national standardised data collection system and data set within England**, collecting meaningful data that recognises 'value for money' and is not just seen as a 'notional saving', thus promoting a strong economic case for investment in the District Nursing service and providing systems at an operational level nationally, regionally and locally to prepare, support and maintain a sustainable District Nursing service.



**'There has been a 46% reduction in qualified District Nurses in the UK since 2010.'**  
BBC Report 2017

- **To develop a national standardised approach to the assessment of quality** in order to measure the effectiveness of the District Nursing service in England, providing structured methods and reliable data, enabling innovation and cost-effective practice to be captured, recognised and disseminated.
- **To support safe staffing and safe caseloads** to ensure that the principles of safe staffing in the community meet the RCN (2017), QNI (2018) and NHSI (2018) recommendations for safe staffing and safe caseloads.
- **To actively explore the co-location of District Nursing teams within Primary Care Networks** to provide personalised care, continuity of care and enhanced working relationships across primary and community care teams.

## Context

### A. Delivering Care Closer to Home

District Nursing has progressed greatly since the first District Nurse training in Liverpool commenced in 1863. At that time District Nursing was viewed as an essential and crucial role in nursing patients in their own homes and preventing hospital admissions. The District Nursing service has been core to the NHS since its inception and continues to play an important role in the delivery of community health care to local populations.

When District Nursing first commenced, the focus was to care for ill patients at home, but they also had a very prominent public health role in considering the psychosocial impacts that affected the health of their patients. As years have gone by, the care of patients in their own homes has become more complex, with many patients requiring high technical assistance to enable them to stay in their own homes. As an autonomous practitioner the District Nurse requires an evidence-based approach to care enabling patients to remain at home and prevent hospital admission. This involves providing additional education and training to assist them to deliver ongoing safe, effective care to patients at home. Although people are living longer this frequently means that they are living with more long-term conditions and health and care needs. With the focus of care being delivered closer to home and with many District Nurses delivering a 24/7 service, there is arguably a need for more qualified District Nurses (DNSPQ) to be in positions of leading teams of community nurses. A small number of providers across England have introduced neighbourhood nursing models based on small self-managing teams of community nurses who spend at least 60% of their time with patients (Merrifield, 2018). This has seen providers recruiting newly qualified nurses who are inexperienced in community nursing.

The philosophy of team working is positive but working in the community can be isolating and decisions need to be made promptly, frequently without the support of other health professionals being in the home at the time of decision making; the question of sustainability therefore arises. NHS Providers (2018) recognise this, saying that 'considerable attention needs to be given to up-skilling staff and supporting them to adapt how they are working'.

The King's Fund report (Malbin et al, 2016) acknowledged that good care is being compromised due to increases in the number of patients requiring complex patient care. These concerns cannot be ignored as the demographics in England change. For example, a provider in the South East of England serves a population of approximately 534,000 with a 39% expected increase of 65-year olds and older by 2030, and in larger providers with higher population density these increases may be greater. One such example is a provider in the North of England which serves a population of 800,000 with approximately 2,100 hospital beds. The number of

patients ('beds') on the District Nursing caseload at any one time, regardless of the number of times a week (or day) the patients are seen, is approximately 6,744. Inevitably the changing population profile will add more pressure on community and District Nursing services.

## B. Nursing Workforce Challenges

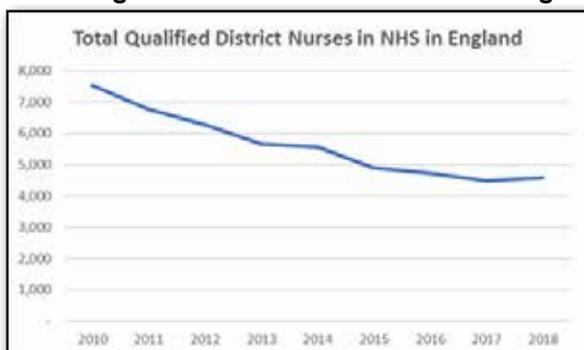
The NHS is currently suffering the worst ever staffing crisis with a shortage of 41,722 nurses in England, which is 11.8% of its entire nursing workforce (Campbell, 2018). This is compounded by the fact that the number of nurses and midwives leaving the profession in 2017 has risen by 51% since 2013, with 20% more people leaving the Nursing and Midwifery Council register than joining the profession in the years 2016/2017 (NMC, 2018). The average age of nurses leaving the register has also dropped from 55 years in 2013 to 51 years in 2017 and 2,901 leavers were between the ages of 21 – 30 (Siddique, 2017).

These figures not only impact on the hospital nursing workforce, but also on the District Nursing workforce. Media reports frequently focus on hospital services and accident and emergency services, yet there is little acknowledgement that the number of patients being seen in hospital would be far higher if there had not been District Nurse intervention preventing many hospital admissions. As it stands, 2017/2018 witnessed a rise of 9% in accident and emergency admissions since 2011/2012, reaching a total of 15.4 million accident and emergency attendances according to the State of Care 2017/2018 Report (CQC, 2018). Clearly this figure is in part dependent on the capacity and the capability of the District Nursing services in the community being able to prevent unplanned admissions and support people to be safely cared for at home.

Concerns about the declining numbers of District Nurses have been voiced for many years with a BBC Report (2017) claiming that there has been a 46% reduction in qualified District Nurses in the UK since 2010 (Figure 1). The RCN (2014) expressed their concern regarding the District Nursing workforce, reporting there has been a 47% drop of District Nurses in England alone suggesting they 'will face extinction by 2025' if the number of District Nurses does not increase to meet the growing demand to provide high-quality care. NHS Digital (2018) also reinforced these views claiming that District Nurse education commissions in England had fallen by a further 0.8% from 2015/2016 to 2016/2017.

The reduction in the number of District Nurses in recent years has implications, as evidenced in a report published by independent research body Christie & Co (2017), revealing that they saw an increase in the older population being admitted to hospital, claiming that the key factor is the reduction in District and Community Nurses at a time when hospitals are already dealing with capacity challenges. This report acknowledges that the District Nurse plays an essential role in preventative care, thus reducing hospital admissions.

**Figure 1.**  
**Declining number of District Nurses in England since 2010.**



Consideration must also be given to safe staffing and safe caseloads in the District Nursing service which the QNI (2016), RCN (2018) and NHS Improvement (2018) have all reported. Yet interviews undertaken with District Nurses as part of this project have shown that staff are continuing to work to full capacity, working beyond their allocated duty hours and frequently working through the day without a break. However, where an appropriate staff/patient ratio was evident, District Nurses have been able to carry out outstanding quality care. There are a variety of caseload management tools available which aim to minimise waste, improve productivity and provide evidence of the effectiveness of the District Nursing service (Roberson, 2016), enabling them to prioritise care and allocate accordingly the right nurse with the right skills.

### **C. National Policy**

The most recent government policy which will impact on the District Nursing service in England is the NHS Long Term Plan (NHS, 2019), stating that there will be increased funding for primary and community care of at least £4.5billion to support approximately 90% of the one-million-plus patient contacts that the NHS achieves every day in primary and community care settings (QNI, 2019). Prior to this there had been an inconsistent priority in the distribution of funds across NHS services so it seems that this longstanding underfunding for community services has now been recognised. What is not clear is how this £4.5billion will be divided, as one of the key barriers in seamless primary and community care is the different funding streams for health (primary/community) and social care. Where there is evidence of joint funding between health and social care, as seen in some of the early Vanguard sites (new care models), it has broken down many of the financial barriers that interrupt seamless care from happening. This is particularly evident in the multispecialty community providers of new care models where provision of integrated community care has been implemented.

'The Five Year Forward View' (NHS, 2014) has been instrumental in these transformations occurring within community services across England. There has been an increase in integrated services and social enterprises acknowledging that 'one size does not fit all' (NHS, 2014) offering local clinical commissioning groups more control over the services they commission. Where the District Nursing service has been commissioned there is evidence to show that patient outcomes are improved and there is better partnership working, particularly with the GPs. One such example is in the South East of England where, with the assistance of the CCG, community provider and a local alliance of GP practices, District Nurse numbers were increased and efficiency through reablement of patients was realised (Chilvers, 2018).

The Long Term Plan (NHS, 2019) provides a renewed focus on supporting people in the community and on illness prevention, giving District Nurses the opportunity to play a key role in leading teams, working together with other health and social care professionals, to provide care to the most vulnerable people of our society, many of whom will have complex long term conditions such as respiratory disease, cardiovascular disease, diabetes, cancer, neurological and many other conditions. Charles (2019) suggest that this will require increasing the capacity of teams so that crisis response services can meet response times set out in guidelines by the National Institute for Health and Care Excellence (NICE). Additional team capacity will provide the District Nurse teams with greater opportunities to provide the right skills and right nurse for their patients. Currently, because of a lack of investment in the District Nursing service this is not always possible, due to the task focussed way that District Nurses have been compelled to work.

To prevent care being compromised, and to achieve the ambitions of policy change and respond to changing models of care delivery, it is essential that there is greater investment in the District Nursing service.



‘The District Nurse is the backbone of community healthcare services.’

# Introduction to the project

This project focuses on England only as other areas of the United Kingdom have already given significant attention to the District Nursing workforce. Wales reviewed their District Nursing workforce in 2014 and as a result of their findings the Welsh Audit Office (2017) developed a checklist to support NHS Board Members to seek assurance on how local District Nursing resources are managed. Scotland continues to deliver the Scottish Government's 2020 Vision through providing highly skilled clinical care at home and in order to do this has developed a District Nurse Continuing Professional Development (CPD) learning resource based around the 'Pillars of Practice' model to support District Nurses' ongoing professional development (NHS, 2018). Northern Ireland has developed 'A District Nursing Framework 2018-2026 (2018)'.

The overall aim of this project is to provide an evidence-based exposition of outstanding models of the District Nursing service that:

- Meets the needs of patients, families and carers;
- Uses an integrated approach to care that supports and benefits the wider health and social care system;
- Acknowledges all the elements that are required to be in place at a system and an operational level nationally, regionally and locally to prepare, support and maintain a sustainable District Nursing service.

## Project methodology

The project was informed by views of a range of stakeholders and drew on the political and professional literature and contexts to support findings and discussions. These perspectives brought together a breadth of knowledge and expertise from voices of the different participant groups. To attain a clearer perception into the current situation across England a mixed methodology approach was used.

Due to the diversity of participants a variety of research methods were chosen as listed below:

- Online digital questionnaire
- Focus groups
- Interviews
- Workshop discussions
- Hard copy questionnaires
- Testimonials

The questions below were used to frame the engagement activities and meet the outcomes of the project:

- How is an outstanding District Nursing service recognised?
- How is this being measured?
- What personal attributes and skill set are required to lead a successful District Nursing service?
- What added value does the District Nurse Specialist Practice Qualification (DNSPQ) bring to the service?
- How is this evident?
- Is the District Nurse service adequately resourced to meet the needs of the local population?

- What mechanisms are in place to support the District Nursing service?
- Is the District Nursing service sustainable?
- What are the perceived threats to the District Nursing service?

Where there were large groups such as General Practitioners (GPs) and District Nurses (DN) a digital online questionnaire was developed. This had the potential for a speedy response whilst maintaining anonymity and was easily distributed across the geographical areas in England. It also provided both qualitative and quantitative data.

Professional meetings, such as the QNI Community Nurse Executive Network (CNEN) and the National District Nurse Network (NDNN) provided an opportunity for workshop discussions and dissemination of hard copy questionnaires. Focus groups and interviews enabled flexibility for those who had been unable to attend workshops or who were too widely dispersed but were keen to participate in this project.

Patient testimonials, carer testimonials and manager testimonials were also accessed through the QNI database. All responses were anonymous with no specific employer, individual nurse, educator, patient or carer identified.

24 executive nurses from clinical commissioning groups participated in a workshop discussion and a further 7 completed a hard copy questionnaire which replicated the questions based around the workshop discussion.

An online digital questionnaire was sent to General Practitioners (GPs) via the British Medical Association General Practitioner Committee (BMA GPC). The digital questionnaire link was sent to 125 local medical committees (LMCs) and this was disseminated via a newsletter to all GPs that LMCs have contact details for. According to NHS statistics (NHS, 2019) there are 38,383 qualified GPs in the UK and it is impossible to identify how many GPs read the newsletter, however 110 responses were received from GPs. An online digital questionnaire was also sent out to 1,184 District Nurses who had been awarded the title 'Queen's Nurse' and 285 responded.

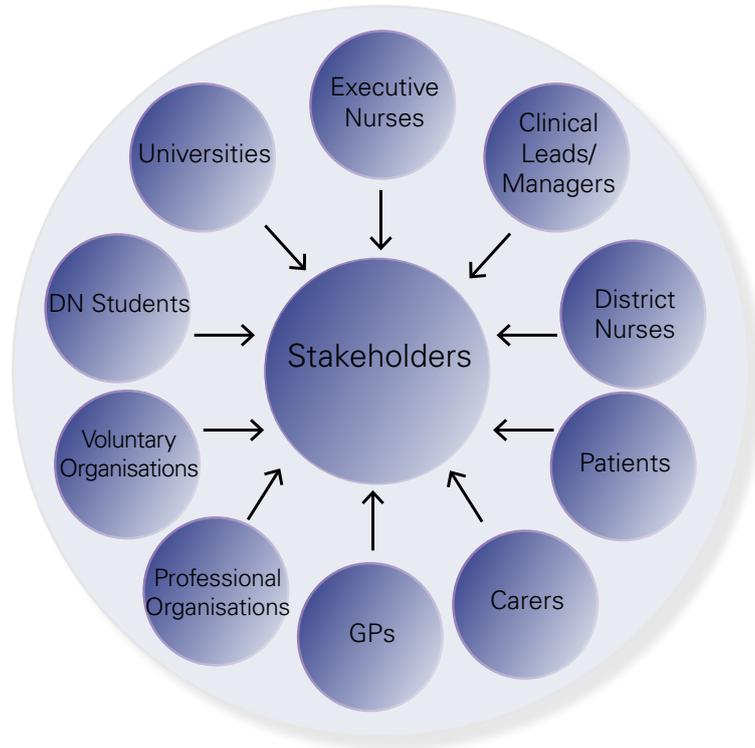
40 clinical leads/managers participated in a workshop discussion. Additionally, a further 3 focus groups (3 in each focus group) took place, 4 manager testimonials were received and 5 individual interviews were carried out with clinical leads.

104 patient testimonials were analysed, 8 carers were interviewed, and 5 professional organisations were involved in either a discussion group (2) or individual interviews (3).

The visual diagram (Figure 2) demonstrates the wide ranging number of stakeholder participants involved in this project. Appendix B gives a more detailed account of the representation of individual organisations involved.

# Project Findings

**Figure 2.**  
**Stakeholders involved in the project:**



## **A. Care Quality Commission Reviews**

The project commenced with an examination of the outstanding reviews from the Care Quality Commission (CQC) reports for adult community health services and a meeting with the CQC Lead for Primary Care. It was anticipated that this would give insight into how the CQC differentiated between the various services that delivered adult community care. However, this proved to be more challenging than originally anticipated. It became evident that a District Nursing service is not reviewed as a single independent service. Instead, this service straddles several other services which form part of the assessment, such as health and social care, care homes, long term conditions, end of life care and mental health services. This reflects the implementation of the Transforming Community Services (TCS) programme (DH, 2008) and the Health and Social Care Act (2012) where numerous structural changes within community services have taken place, resulting in poorly understood community services and confusion in commissioning of services in some areas. However, the introduction of the NHS Long Term Plan (2019) will potentially see District Nurses leading a variety of community services, which may prevent District Nursing services being reviewed separately.

Community health services are complex in terms of how they are delivered, who provides them and who pays for them. Due to the numerous organisational changes resulting from the Transformation of Community Services it is difficult to identify the stand-alone community providers who are responsible for exclusively delivering community services in one specific area. However, the NHS, statistics, facts and figures report (2017) recognises that there are 35 community stand-alone community providers in England (Figure 3).



'The GPs' view is that the District Nursing service averts crises and provides excellence in social prescribing and recognising conditions such as social isolation.'

**Figure 3.**  
**Stand-alone Community Providers**

In England Only				
35 Community Providers	11 NHS Trusts	6 Foundation Trusts	17 Social Enterprises	1 Limited Company

NHS statistics, facts and figures report (2017)

There are many other community providers which form part of an acute hospital trust or a mental health trust and as the Care Quality Commission reports were reviewed it became apparent that Outstanding service was not applied across the service but only applied to specific areas of service delivery, such as being responsive and caring. No single CQC report identified outstanding in all the five areas: safety, effective, caring, responsive and well-led. Positive overall reviews resulted from findings of a well-led service and where care was deemed safe and effective. Additionally, where a positive, open and transparent culture was apparent, where staff at all levels were supported and valued, and where patients were involved in the planning of their care, this resulted in 'Good' and 'Outstanding' reports. Where CQC reported 'Outstanding' in any of the five areas reviewed they will be cross referenced with the findings from the stakeholders involved in this project.

Each of the stakeholder groups who participated in this project offered a perspective on what contributes to outstanding models of District Nursing. Their contributions have been collated to capture their rich contribution, building a narrative leading to the recommendations.

### **B. Executive Nurses (CCGs)**

24 executive nurses from NHS Clinical Commissioning Groups (CCGs) across England participated in a workshop discussion. As a group of professional nurse executives they recognise that, as NHS systems evolve, they provide professional leadership in a changing commissioning environment. They play a key role in working towards the government's Five Year Forward View (NHS, 2014) moving towards place-based models of care, focussing on driving forward collaboration between organisations and integration of services, as well as providing leadership to the largest profession in the NHS within a rapidly changing commissioning environment (NHS Clinical Commissioners, 2018). Consequently, they offered a key perspective for this project.

Commissioners are at various stages, with some supporting providers to develop neighbourhood teams, while others are adapting a neighbourhood nursing model based around self-managing teams. In other areas integrated services are working well with evidence of reduced hospital admissions (Macdonnell, 2018), and a number of areas are still working on developing integrated teams. There is a variation in the size of the integrated models with many covering hospital-based services, adult social care, mental health and community health services, others covering adult community services and mental health services only.

Some areas have integrated care divisions which have GPs, DNs and General Practice Nurses (GPN) all working together in a division and others have introduced virtual integrated models. Each of these models require respect and understanding of the individual professional involved in the care delivery, promoting transparency for patients and professionals and preventing duplication of service delivery. Only a few commissioners have joint budgets for health and social care commissioning, and these generally are where the new care model Vanguard sites are in place (NHS, 2016).

The new care models have shown that there has been a reduction of 2.3% in hospital admissions against non-vanguard sites in England (Macdonnell, 2018). A key to the success of the new care

models is successful partnership working and Keen (2018) describes the partnership working in a North of England vanguard site as ‘phenomenal’ where there were many challenges, but services worked together to improve the health and wellbeing of their population. As more CCGs are introducing this new way of working it is anticipated that this trend will continue. Overall the main issues which arose from the commissioners are listed below in Figure 4.

**Figure 4.**  
**Key findings from commissioners**

Strengths	Threats
Experts in ‘out of hospital’ pathways	Under resourced – reduced number of DNs
Effective & efficient caseload managers	IT systems – task focussed
Excellent in holistic assessments	No standardised assessment of quality
Have a strategic overview of their teams	The role of the DN role is not fully understood by all commissioners
Expert leaders	Dilution of DN role – teams being led by others
Improve patient experience and outcomes	Patient outcomes may deteriorate if not led by DN
Risk assessment	Assessment carried out by nurses without DNSPQ
Quality of patient care	DNs must focus on outcomes not the process
Resilient in times of change – embrace new care delivery models	Resistant to change – care delivery models
Provide care closer to home	Never closing books/caseload
DNSPQ gives them identity & enhanced clinical and leadership skills	Not recognising the importance of DNSPQ

The decline in the number of district nurses was of concern to the clinical commissioners and this is reportedly impacting on recruitment, with one commissioner saying:

*‘It is evident that year on year savings are seen by taking out front line staff.’*

In some areas the commissioners had given the Community Matron the responsibility of leading the District Nurse teams. However, not all commissioners agreed with this and expressed their concern that the District Nurse, by definition, is a highly skilled advanced practitioner and has the relevant skill set to lead the District Nurse teams.

One commissioner suggested that all District Nurses with the District Nurse Specialist Practice Qualification (DNSPQ) should be recognised for their level of practice and should at a minimum be employed as a Band 7. They acknowledged that a District Nurse’s workload is very different to that of a Community Matron who potentially has a limited number of patients on their caseload, whereas District Nurses never close their caseloads.

Almost all clinical commissioners did not allow the District Nursing service to close caseloads; however it was suggested that the time had come where some difficult conversations will have to be held regarding this practice. One commissioner from a very large CCG closed the District

Nurse service to new referrals in the winter of 2016/2017 saying:

*'The district nursing teams were on their knees and patients were crawling out of the hospital.'*

In this CCG the whole system was on 'red alert' so the District Nurses had to close their caseloads for a minimum of 48 hours to allow the District Nursing service to care for the patients they already had on their caseloads. The argument that the commissioner put to the hospital wanting to discharge patients was:

*'I understand that you have patients waiting in corridors on trolleys, but you have a nurse walking past them. If you send them home, I cannot guarantee that I can even get a support worker through the door, never mind a nurse.'*

The commissioners also felt that nurse leadership must not be lost.

*'District Nurses are better at seeing the bigger picture than others. A District Nurse looks beyond the condition. They demonstrate confidence by carrying out an accurate risk assessment and are not risk averse ... when entering a patient's home, they intuitively look for risk. They understand risk and are exemplar in risk assessment.'*

A key message suggested that the District Nursing service needed to focus on outcomes and not only the process.

*'If you took away the District Nursing team – how many patients would be admitted to hospital within 48 hours, 1 week or 1 month? This is the real measure of effectiveness and focus should be on the outcomes and not the processes.'*

Currently there is no standardised approach to the assessment of quality of the District Nursing service, so it would be beneficial to obtain systematic evidence both qualitative and quantitative to broaden an understanding of the impact of the service and the District Nurse's role.

*'We are starting from a low base in terms of quality assurance of District Nursing services.'*

There was no consensus from commissioners about the value that District Nurses brought to integrated services. However, many commissioners recognised that learning on the DNSPQ provided District Nurses with strong leadership and engagement skills.

Where these skills were evident, District Nursing teams were supported to enhance the quality of care given to their patients, resulting in a reduced number of complaints and increased number of accolades received from patients and their families. Commissioners felt it would be beneficial for the future commissioning of the District Nursing service if this could be captured in a formal way.

However, as integrated services are being introduced across England, the focus must remain on providing care as close to home as possible as supported by the NHS Long Term Plan (NHS, 2019). The District Nurse is in an ideal place to provide this with the support of the CCGs.

*'This is an exciting time for District Nurses with areas of growth and development. There is a strong and important future ahead.'*



‘Where staff were supported and valued and where patients were involved in the planning of their care, this resulted in ‘good’ and ‘outstanding’ reports.’

### C. Clinical Leads/Managers

40 clinical leads/managers who form part of the National District Nursing Network (NDNN) took part in a workshop discussion. A further 3 focus groups (3 in each focus group) took place, 4 manager testimonials were analysed, and 5 individual interviews were carried out. Many views reflected those of the commissioners outlined previously. However, as a number of the clinical leads and managers worked in closer proximity to District Nursing service and to District Nurses themselves, differing perspectives also emerged.

A major concern in this group was ongoing depletion of the District Nursing workforce. There were concerns that more than half of the District Nurse workforce could retire in three years with many expressing an interest to do so. The clinical leads reported that some District Nurses were considering retiring at 55 years but would be happy to return as 'bank staff' with no leadership role, where they could focus on delivering quality care to patients.

When employing District Nurses, the clinical leads were looking for District Nurses to have or display characteristics as shown in figure 5:

**Figure 5.**  
**Key expectations from clinical leads/managers**

Qualities & Skills
District nurses with the SPQ and an interest in developing team members
District nurses with a patient centred approach to care
Strong leadership & the ability to empower and involve staff
Excellent communicator/coaching skills
Pro-active and visionary
Strategic overview of the impact of policy and local transformation of services on patients
Resilience – demonstrate the ability to 'stand their ground' and be an advocate for their team & patients
A knowledgeable practitioner with advanced clinical and leadership skills
Engagement with changes to services
Motivated
Promote innovation
Lead with compassion & confidence
Ability to manage risk

The clinical leads and managers placed an emphasis on the importance of continually educating the workforce, stating that:

*'Robust education is important as we must not be influenced by dead wood, we must disseminate new knowledge to the whole team and share best practice.'*

Overall responses from the clinical leads and managers claimed that team leaders holding the District Nurse Specialist Practitioner Qualification have teams that provide high quality, safer care to their patients. They work strategically and have a clear perspective on what is best for the patient and can manage risks effectively. These views concur with the findings from the CQC reviews where 'safety' was rated as Outstanding.

Clinical leads and managers recognise that District Nurses see how things fit into the bigger

picture strategically for patients and families. They emphasised too that with integrated services being introduced across England there is an urgent need for an IT system enabling all members of the integrated service to access patient records.

### D. General Practitioners

An online questionnaire was sent to all members of the General Practitioner Committee (GPC) of the British Medical Association (BMA) across England. 110 GPs responded and the feedback from them was overwhelmingly positive in recognising the value of the District Nursing service. Only 30% of the GPs were aware that a District Nurse held a post qualifying District Nurse Specialist Practice Qualification. Nevertheless, they recognised the strengths of the District Nursing service as listed in Figure 6:

**Figure 6.**  
**Strengths of the District Nursing service as seen by GPs**

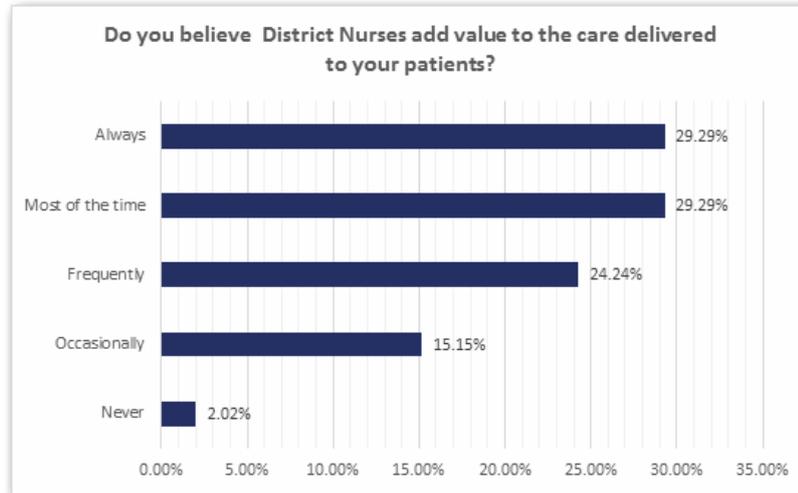
Strengths of the District Nursing service
Pro-active, flexible & responsive
Quality skilled nursing
Good leadership
Excellent collaborators, not just with GPs but with other agencies
Expertise in a variety of medical conditions – long term conditions
Experts in end of life care
Knowledgeable
Social prescribers
Invaluable resource
Integral and huge part of the Primary Care Team
Real potential to make a difference to patients being cared for at home
Hard working in the face of adversity
Competent in providing excellent patient care, promoting safety and preventing hospital admissions

One GP said that the District Nurses were: *'The eyes and ears of our elderly patients.'*

When asked what added value the District Nurse brought to their patient population, the responses were varied. Some stated that they have received amazing feedback from patients and families praising the way that the GPs and the District Nurses work as a team, creating a confidence for their patients and families. Eighty percent of GP respondents acknowledged that the District Nurse works in a highly skilled way, using the phrase *'going that extra mile'* ensuring all the patient's needs are met, and noting their skills of collaboration with the multi-disciplinary team and voluntary agencies. They recognise that the District Nurse consistently carries out holistic patient assessments and that they ensure the relevant resources and services are provided and co-ordinated to enable patients to remain at home. One GP said:

*'I cannot think of a time when District Nurses did not add value.'*

**Figure 7.**  
**GP responses to District Nurses adding value:**



Regrettably several GPs acknowledged that the District Nurses were so stretched that they found it difficult to comment very favourably as the District Nurse was no longer able to spend time with patients, beyond the task in hand, and this concerned them because they saw the impact that this was having on their patients. They recognised that understaffing leads to substitution of the District Nurse with support staff, which has adversely impacted patient outcomes. They recognised that District Nurses were severely impacted by lack of resources resulting in less flexibility and an increase in patient emergencies. Many GPs stated that the opportunities for District Nurses to make a difference had been radically reduced due to limited and variable services, which have seen a systematic and sustained reduction in funding in recent years.

GPs see the District Nursing service struggling and where they are not co-located with the GPs they find it difficult to actively support them. If they were co-located with the District Nurses, the GPs commented that they would be able to work better as an integrated team and the patient would receive an improved service. One GP who no longer has a co-located District Nursing service commented:

*'I don't know who the District Nurse is anymore, it feels like them and us, we are no longer a team.'*

Another said:

*'It used to be fantastic working with the District Nurses, they are now removed from us to a hub and the working relationship is non-existent. Previously there was better integration with Primary Care.'*

The GPs' view is that the District Nursing service averts crises and provides excellence in social prescribing and in recognising conditions such as social isolation; they also agreed that the District Nurse plays an essential part in the health promotion of their patients. Their enhanced long-term conditions management skills were also acknowledged, recognising that the District Nurse role is vital in keeping patients at home. One GP claimed that:

*'Without the District Nursing service, the frail and housebound would receive a second-class service.'*



'District Nurses are better at seeing the bigger picture than others. They demonstrate confidence by carrying out an accurate risk assessment and are not risk averse.'

Whilst the GPs are supportive of the District Nursing service they have concerns about the rapid turnover of staff and the diminishing workforce. One GP commented that currently, *'The main contributor of the excellence is leaving, with no clear plan to replace her.'* They are also worried about the loss of expertise for end of life care and the co-ordination of services which enable patients and families struggling to cope with a terminal illness to remain at home.

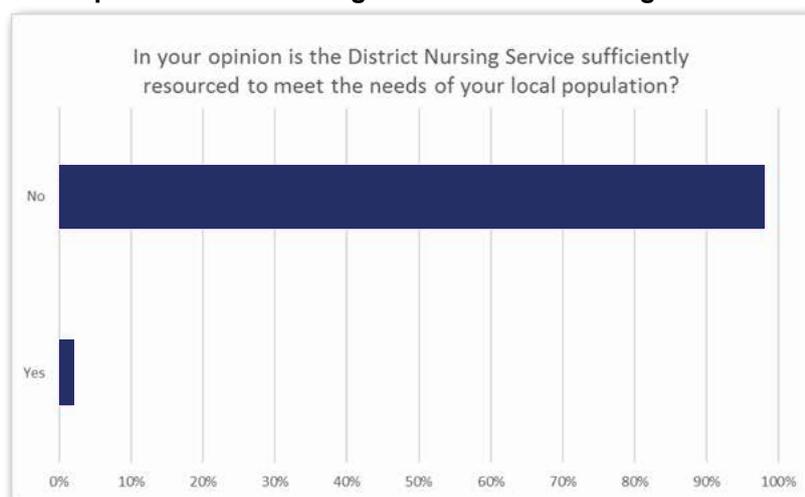
**Figure 8.**  
**Additional concerns voiced by the GPs**

Fears for the District Nursing service
Further centralisation of services
Over worked and under resourced
Recruitment & retention
Diluted service
Low morale
Community services run by hospital trusts who do not appreciate local population needs
Silo working
Disconnection from Primary Care resulting in lack of continuity of care
Job increasingly unattractive
Lack of understanding and appreciation of the District Nurse role
Risk averse due to policies impinging on the District Nurse service

The consensus from the GPs was that more District Nurses were needed and that without the District Nursing service the NHS would disintegrate, stating they are: *'the backbone of community healthcare services'*.

One GP claimed: *'I am a better GP when I am working alongside the District Nurse that I know and trust.'*

**Figure 9.**  
**GP responses to resourcing of the District Nursing Service:**



This project has demonstrated that the District Nursing service is highly valued by GPs and co-location has been identified as a key theme with many GPs suggesting that working together as a team and being co-located would improve patient satisfaction and patient outcomes.

## **E. District Nurses**

An online questionnaire was also designed for District Nurses. The Queen's Nursing Institute had a readily available database of all District Nurses in England who have been awarded the title of Queen's Nurse (QN). The QN title which is accessible to community nurses who are committed to high standards of practice and patient-centred care (QNI, 2017). This resulted in 285 responses.

### **Autonomous Practice**

It was undisputed that the District Nurses who were supported by their line managers or clinical leads were enabled to work as autonomous practitioners, promoting their creative and innovative skills. They display the highly relevant skills of assessment, risk management and risk enablement thus taking responsibility for their actions.

As one District Nurse commented: *'When you are a District Nurse you cannot ignore 'one off' comments made by patients. A patient I was visiting made a statement that concerned me as he was suicidal, he was not being seen by the mental health team because his condition was not acute, however I spent extra time and listened to him. My interventions, which meant I was behind with other visits, virtually saved this man's life and prevented an accident & emergency admission.'*

A variety of support mechanisms were identified as assisting District Nurses to work effectively. The key message was the recognition of the importance of the District Nurse Specialist Practice Qualification (DNSPQ) as this provides skilled nurses who are responsive to the needs of the local population. Preceptorship and clinical supervision were highlighted as additional methods of support that gave the District Nurse time to reflect on their daily work.

An increase in staffing levels would enable additional support for newly qualified District Nurses, and it was identified from the responses that without this support they frequently leave due to the pressure of work. The District Nurse role is unique in that once qualified a District Nurse is frequently required to make 'on the spot decisions' about a patient without having other health professionals at hand as they would if they were in a hospital. One District Nurse commented that: *'Support is so important, we have a WhatsApp group where staff (Band 3 – Band 7) can keep in touch and support each other. This is essential as we work remotely, and the sheer volume of patients prevents everyone meeting at the same time each day.'*

Another District Nurse said: *'Everyone meets daily at 1.30 to handover. In sensitive circumstances it is not always appropriate to document every detail, so we all need support and to bounce ideas off each other.'*

### **Delivering an Outstanding Service**

All District Nurses who replied to the survey wanted to deliver an outstanding District Nursing service and were capable of doing so if the following elements were in place (Figure 10).

The responses highlighted the importance of maintaining high quality care, regardless of any external factors. Being able to work with adequate resources, both staff and equipment, and having a safe staff to patient ratio enables the District Nurse to take pride in their work. This level of support also promotes their health and well-being, reducing the sickness and absence rate amongst staff.

**Figure 10.**  
**District Nurse views**

Requirements for an Outstanding District Nursing service
Robust leadership
Appropriate resources
Professionalism across teams
Commitment & dedication
Compassion, courage & caring
Ability to implement new initiatives and embrace change
Person-centred care
Integration & collaboration (despite barriers)
Good links with other services, e.g: Hospices, Specialist Nurses, Macmillan, Social Care
Support for DNSPQ and ongoing CPD education
Quality of care maintained
Staff are valued
Supportive management

Several District Nurses valued the ability to have flexible working hours, with many areas delivering a 24-hour District Nurse service. Bank staff were employed by some District Nurse teams and where there was continuity of bank staff, this was preferable for the team, patients and families. Predominantly respondents said that working in integrated teams or neighbourhood teams enabled them to seek support from each other. Being supported to apply for the Queen's Nurse title was mentioned by several of the District Nurses as being the pinnacle of their career. Having the accolade of being a Queen's Nurse had raised their profile with patients and their professional colleagues.

At the same time a proportion of the District Nurses felt that there was a lack of appreciation from secondary and primary care of the challenges that District Nurses face daily. These challenges were principally brought on by financial constraints resulting in depleting staffing levels and increasing caseloads. Secondary care staff did not always realise the implications of discharging a patient home on a Friday night when they had not informed the District Nursing service and no assessment had been carried out. One District Nurse described the service as: *'Being like a tap that never turns off.'*

All respondents commented that never closing their caseloads created difficulty for them in delivering an outstanding service. One commented that: *'As a group of nurses, we put patients first and would go above and beyond the constraints of our role to deliver high quality care, but we are stretched beyond belief and are only firefighting.'*



‘Patients spoke about how the District Nurse cared for their ‘whole’ person, not just the medical condition they were being treated for, and that the District Nurse always gave them undivided attention.’

### **Importance of the Specialist Practitioner Qualification**

When asked what impact the DNSPQ had on their practice the following comments were made:

- Promotes an 'aerial view' – reflecting on local and national drivers/ bigger picture
- Importance of understanding demographics/public health
- Provides skills in leadership and the consolidation of practice supports this
- Enhances team working/ delegation/skill mix/prioritising care
- Encourages multi-disciplinary working/collaboration/integrated working
- Promotes critical thinking – becoming more dynamic in thought processes and evolving with the service
- Challenges bad practice and assumptions
- Prepares in leading change and empowering staff to enhance their role
- Extensive experience of patient assessment and complex care
- Caseload management
- Promotes autonomous practice
- Enhances clinical skills and long- term conditions
- Wider understanding of Population Health and the social economic influences and determinants of health
- Increased understanding of social policy and politics influencing health and service delivery
- Increased understanding of commissioning
- Supports visionary individuals
- Promotes evidence-based practice / importance of research/ongoing CPD
- Improves attention to detail
- Promotes safe working, risk management, risk enablement
- Enhances individual emotional intelligence/self-awareness & that of others
- Prepares and equips for the complexity of the District Nurse role
- Instils confidence to know that as a District Nurse there are opportunities to influence practice through involvement in policy/ governance/commissioning

This list is not exhaustive but is the result of analysing and summarising individual responses that were given by more than 70% of the District Nurse respondents.

Although the District Nurses have demonstrated that the DNSPQ course has provided them with an array of skills, there are some regions that are not supporting the DNSPQ programme. One District Nurse commented that: *'This is worrying because the District Nurse (SPQ) is a critical qualification which provides leadership promoting a high quality, safe responsive service to be delivered to the most vulnerable of our population. We need more District Nurses to improve the standard of care in the home – there are not enough of us.'*

Similar comments were reiterated claiming that the current level of provision for DNSPQ training is insufficient to provide a high-quality District Nursing service in the future. There needs to be more investment in the DNSPQ. The course provides the skills to be able to deliver high quality care under pressure during difficult times. *'The programme produces a more rounded individual with a solid base to draw from.'*

### Current Risks and Challenges

The District Nurse respondents commented that morale was low and their role was not understood, resulting in an undervalued service which is not sustainable in the long term. However, without the District Nursing service, patient care and safety would be compromised and the NHS would face collapse if there were no District Nurses.

The District Nurses pointed out that some staff were becoming ill due to being overworked. *'District Nursing used to be a popular career choice and it was difficult to get a job as there was so much competition, no one wants to become a District Nurse now as we are undervalued.'*

**Figure 11.**  
**The key themes from the District Nurse responses were:**

Quality	<ul style="list-style-type: none"> <li>• Unable to deliver outstanding care with a limited workforce</li> <li>• Safe staffing levels must be considered</li> <li>• Quality outcomes effected by lack of resources</li> <li>• Currently re-active not pro-active</li> <li>• Unable to give population health the attention it requires</li> </ul>
Funding	<ul style="list-style-type: none"> <li>• The number of patients increases but the funding does not</li> <li>• District Nursing needs ongoing investment</li> <li>• Transfer funds to meet the needs of patients being cared for at home</li> <li>• Resources to follow the patient</li> </ul>
Education	<ul style="list-style-type: none"> <li>• Without qualified District Nurses it will be much harder to sustain a truly integrated model</li> <li>• Clarity on future training urgently needed</li> </ul>
Context	<ul style="list-style-type: none"> <li>• Continue to commission District Nursing service</li> <li>• Be open and honest – stop pretending that a service can be delivered on minimum resources</li> <li>• Look at long term goals, not just short – term fix</li> <li>• Are people aware that this is a service in crisis?</li> </ul>
Policy	<ul style="list-style-type: none"> <li>• Five Year Forward View – requires more investment to promote self -care</li> <li>• Long Term Plan – District Nurses to lead teams</li> </ul>

### The Potential of Information Technology

It was perhaps surprising that IT systems did not emerge with any prominence in the responses from the District Nurses. This may be because the use of technology has become a recognised way of working, and as detailed in the QNI (2018) report, nearly three quarters of community nurses find IT supported systems more reliable than paper-based systems. Robust IT systems enable District Nurses to use their laptops and phones remotely to assess patient requirements working with them to plan care and promote independence, record care delivered, plan visits, monitor and report patient outcomes and inform improvement, workforce planning and commissioning (QNI, 2016).

This was highlighted in the report Nursing in the Digital Age (QNI, 2016) where the importance of investment in technology to support District Nurses was emphasised, reinforced by the findings of the RCN (2018), where respondents to an RCN-led consultation were also generally positive about the direction of technology enhanced care. Frequently the lack of interoperability of systems across health and social care and poorly designed systems often imposed on healthcare professionals without consultation or attention to the complexities of

implementation can be impervious to nursing workflows across all nursing care settings. The District Nurses suggested that weaknesses in the current IT infrastructure frequently result in a delay in communication, frustration and potentially poorer patient outcomes, a view also held by the clinical leads and managers.

However, The Long Term Plan (NHS 2019) emphasises that digital services must be rolled out to enhance health care in the home, promoting an increase in digital technology to patients and all healthcare professionals working to support patients to stay at home. The planned enhancement of digital working in the community will be a welcome addition to the District Nursing resource, providing them with the tools to serve their population.

### **Summary of District Nurse Perceptions**

District Nurses see their role as crucial in enabling patients to be cared for within their own homes. They acknowledge that it is a privilege to be accepted as a guest on a regular basis into patients' homes and claim that 'It is one of the most rewarding jobs there is'. They see themselves as dedicated, knowledgeable, professional nurses who are passionate about the care they deliver achieving positive outcomes for their patients. They represent the pinnacle of community care and are key to delivering high quality, cost effective care in the community.

District Nurses see themselves as the '*backbone of community services*', the '*go-to person*' and yet they also believe that they are frequently overlooked. There may be many reasons for this, but as one District Nurse stated: '*We are just busy making sure our patients are receiving the care they deserve.*'

### **F. Educators and students**

The Association of District Nurse Educators (ADNE) is a national organisation whose membership is made up of academics who lead and deliver the DNSPQ programme and contribute to other nursing programmes in universities across the United Kingdom. It is the only organisation where District Nurse academics come together to discuss how DNSPQ programmes can be developed to meet government policy recommendations and prepare students undertaking the DNSPQ to be equipped and lead future District Nursing teams. This group of representatives share their knowledge and programme content with each other providing an opportunity to share best practice and innovative ways of delivering the DNSPQ programmes whilst complying with the NMC (2001) standards of education. The universities work with providers and are in a unique position to be able to prepare future District Nurses for the various models of care delivery that are being developed within organisations where District Nurses are employed.

There are currently 42 universities in the United Kingdom that are approved by the Nursing & Midwifery Council (NMC) to deliver the DNSPQ (QNI, 2018) and 16 of the universities were represented at a meeting in November 2018 when the Outstanding Models of District Nursing project was presented to them. Those present were asked how they were preparing future District Nurses to work strategically in what is at present, in many areas, an underfunded, overstretched service. Currently, all District Nurse courses which lead to a recordable SPQ must meet the NMC 2001 Standards for specialist education and practice. The majority of the universities have also mapped their DNSPQ programme to the Voluntary standards for District Nurse Education and Practice (QNI and QNIS, 2015).

All universities map the NMC (2001) standards of education to the current District Nursing service. In order to meet the current service demands, additional focus is also given to risk management and risk enablement, emotional intelligence and resilience, advanced communication skills, leadership, working with technology and remote working, the principles and practice of case management along with a broad array of other topics such as mental health across the lifespan, working with long term conditions and end of life care.



‘I have been working as a community staff nurse for 2 years but did not realise the amount of responsibility and decisions that have to be made by the District Nurse – I am in awe of my District Nurse.’

Universities use 'Values Based Recruitment' as a means of recruiting nurses to the District Nurse SPQ programme who demonstrate the required skills, values and characteristics to support effective team working in delivering excellent patient care. Some universities jointly interview with their local provider and service users, which assists in identifying individuals that meet the required professional criteria and the values of their organisation.

It is acknowledged that to invest in the future workforce of District Nursing all student nurses should be given the experience of working with a District Nursing team during their training. The opportunities given to pre-registration nurses varied across the HEIs with some students only having one day with a District Nurse, some having a four-week placement with a District Nursing team and others having their final placement in a community setting (the number of days/weeks spent with a District Nursing team will vary). However, for the purpose of this project the focus was on the current District Nursing workforce that ADNE support and students on the DNSPQ only.

The project was presented at the National Association of Primary Care Annual Conference in October 2018, attended by General Practitioners, Practice Nurses, District Nurse lecturers, District Nurse students, Community Practice Teachers and District Nurses. An extensive discussion stressed that there needs to be more investment in the role of the District Nurse, promoting it as a career choice for more nurses. One student claimed that the District Nurse (SPQ) programme had: *'...opened my eyes to a whole new world in the community. I can give complete holistic care and really see that my input is making a difference – I am really enjoying the course, it is hard, but I know all I am learning will help me to become a good District Nurse.'*

Another DNSPQ student said: *'I have been working as a community staff nurse for 2 years and thought I knew what District Nursing was all about. I did not realise the amount of responsibility and decisions that have to be made by the District Nurse – I am in awe of my District Nurse.'*

The DNSPQ students were aware of the pressures facing District Nursing, but they were keen to gain their Specialist Practice Qualification so that they could utilise the knowledge and skills gained on the programme to make a difference to their local community.

The District Nurses and Community Practice Teachers had similar comments to those of the Queen's Nurses, however some additional and previously unspoken views were shared which relate to Oleksa-Marewska & Springer's (2017) work regarding 'faking' emotions at work to fit in with organisational rules.

*'Organisations expect certain emotions and surface acting is exhausting, displaying emotions you don't normally feel. This is detrimental to outcomes as it starts to affect how you feel about your work and yourself and frequently results in 'burnout' which puts more strain on the service.'*

*'Socio-economic factors are important for survival when working as a District Nurse and where corporate bullying is evident the District Nurse must be resilient and utilise emotional intelligence and deep acting responding in a positive and genuine manner.'*

This District Nurse spoke about the skills of resilience that she had acquired during her District Nurse training and subsequently in leading teams, which had enabled her to articulate and be assertive with her employing organisation which had shown little insight into the pressures she was working under. This view was supported by another District Nurse who commented that: *'Because of my determination to maintain quality care to my patients I informed my organisation that I would not be able to attend any additional meetings as my priority had to be my patients.'*

It is apparent that the DNSPQ provides an extended range of skills to equip nurses to promote

productivity, and efficiency in improving patient care. Green (2018:447) implies that the DNSPQ programme will *'impact on the delivery of excellent patient care and will serve to strengthen the argument for the importance of the programme as an essential educational route to becoming a District Nurse'*.

## **G. Patients**

The QNI database provided 104 anonymised patient testimonials for review. There was a 100% satisfaction rate from this group. All responses displayed confidence in the District Nurse's knowledge and ability to provide individual care that was personal to them. They all felt able to ask questions and voice any concerns they had. All testimonials confirmed that the District Nurse was a good listener which allowed them to ask questions, which were not always linked to their medical condition, but the District Nurse was the professional they consistently confided in. One patient stated: *'My District Nurse understands my anxiety and allows me to ask lots of questions, which she answers promptly. She has the ability to deconstruct quite difficult medical concepts in layman's terms which I had previously not understood.'* Another patient said: *'My District Nurse is the one professional I can talk to about how I am feeling. I have had some dark moments in the past year and I always went to her for help and support. She has been a great listener and taken my concerns to the right people to resolve them.'*

Confidence in their decision making and referrals was mentioned in all the patient responses. Patients recognised that the District Nurse would not be able to resolve all their problems, but they did use the District Nurse as a confidante and knew that they would refer them to the most relevant services required.

All patients confirmed that the District Nurse showed respect and always gave them time, never rushing them. *'During the time I was being treated I wanted for nothing. I was given great care and the District Nurse was always interested in my welfare ..... She seems to have her finger on the pulse because she is always two steps ahead of me in her answers.'*

The patients acknowledged that the District Nurse was leading a team of community nurses and were aware they may not always be visited by a qualified District Nurse. This was supported by the view of one patient who said: *'My District Nurse runs a team of motivated nurses who come across as having trust and respect for her. You don't achieve that unless you are a highly motivated professional in your field. Respect is reciprocal.'* *'My District Nurse leaves me in a positive frame of mind..... She is a true professional and a credit to the nursing community.'*

Overwhelmingly the patients spoke about the things that were important to them whilst being cared for by the District Nurse. In essence this could be described as being cared for by a calm, knowledgeable, confident practitioner and being treated with dignity, respect and compassion. They spoke about how the District Nurse cared for their 'whole' person, not just the medical condition they were being treated for, acknowledging that the District Nurse always gave them undivided attention, never rushing to complete a visit, even if that meant going beyond their shift, which is an observation that GPs also made. They also highlighted the excellent leadership qualities demonstrated by their District Nurse which concurs with the findings of the CQC reviews.

**Figure 12.**

**Patient Views: Key Messages regarding their experience of the District Nursing service**

Descriptors and phrases used by patients in support of the District Nursing service
<ul style="list-style-type: none"><li>• Dedicated</li><li>• Professional care – top class</li><li>• Enhances well-being</li><li>• Compassionate, empathetic</li><li>• Respect &amp; dignity</li><li>• Never rushes</li><li>• Answers my questions and concerns</li><li>• Good listener</li><li>• Confidante</li><li>• Amazing</li><li>• Interested in my whole well-being</li><li>• Should be cloned</li><li>• Leads a respectful team</li><li>• The best nurse I have ever met</li><li>• Non-judgemental</li><li>• A friend</li><li>• An exemplary role model</li><li>• A credit to the community nursing profession</li></ul>

It is apparent that where the public have direct contact with District Nursing services, they recognise the value and benefits of having a District Nurse care for them.

### **H. Carers**

District Nursing services collate responses from the NHS Friends and Family Test, which was created to help service providers and commissioners understand whether their patients are happy with the service provided (NHS, 2013). These revealed that the District Nursing service was meeting the needs of patients and carers as confirmed by those District Nurses interviewed. This was triangulated with the views of carers; eight carers were interviewed, and 11 testimonials were analysed, obtained from the Queen's Nursing Institute database. Both interviews and testimonials from carers were based around the quality of care, skills of the District Nurse, confidence and reassurance shown to carer, family and patient and there were coherent results from both methods.

Overall comments were positive as noted below: *'My son and his family always felt confident in the District Nurse's knowledge and ability to provide the care that my son needed. The last four weeks of my son's life would have been so much worse if the District Nurse and her team had not attended to his care. I cannot put into words the knowledge and ability she has.'*

An additional comment was made by a carer whose husband has diabetes:

*'I have always felt at ease with my District Nurse. She has always been attentive and answered my worries, however small I think they are. She has shown my husband and myself how to administer my husband's injection easily and confidently and has been patient whilst we learnt.'*

Similar comments were voiced by the remaining carers with all commenting on the patience and tolerance that the District Nurse displayed when caring for their family. Seven of the carers interviewed said that the District Nurse always gave them time even though they knew the



‘The District Nurse stayed with my mother till she died, even though her shift had finished 4 hours earlier. Nothing was too much trouble, and everything was done to make her last few weeks comfortable and as pain free as was possible.’

District Nurse had many other patients to visit. One carer said: *'It was so hard watching my husband become dependent on other people but between the District Nursing service and the hospice at home team my husband was treated with respect and compassion, as were my whole family, this enabled him to die peacefully at home with his family surrounding him. My husband was central to all of their decisions and I cannot thank them enough for providing us with their expert knowledge, empathy and care during this difficult time.'*

Another carer said: *'The District Nurse stayed with my mother till she died, even though her shift had finished 4 hours earlier. Nothing was too much trouble, and everything was done to make her last few weeks comfortable and pain free as was possible. She laughed and cried with us.'*

It was apparent from the carers' responses that they had been involved in the decisions and care provided to their loved ones. Another key message was that whilst the District Nurse often becomes integral to the family dynamics around care delivery, particularly in end of life situations, they remain professional and objective throughout. One carer said: *'She is always polite and respected our privacy, she felt like a family member. She spoke with the greatest of respect to us even when we were upset and angry.'*

One carer whose wife had Parkinson's disease made the following statement: *'I think that I was the one who needed reassurance - we knew that my wife's condition was life threatening and I was always anxious to know that I was doing all that I could to assist the nurses and my wife in the day to day tasks. The District Nurse always had time, no matter how busy she must have been to give advice, support and encouragement in a very caring way. She could not have demonstrated the profession she represented in any better way than she did. She was always exemplary.'*

**Figure 13.**  
**Carers' Views: Key Messages regarding the District Nursing service**

Descriptors and phrases used by carers to describe the District Nursing service
<ul style="list-style-type: none"> <li>• Highly skilled &amp; knowledgeable</li> <li>• Approachable &amp; professional</li> <li>• Compassionate &amp; caring</li> <li>• Good listener &amp; easy to talk to</li> <li>• Tailors care</li> <li>• Engaged family</li> <li>• Wonderful professional care</li> <li>• Courteous &amp; respectful</li> <li>• Maintains dignity</li> <li>• Kind &amp; patient</li> <li>• Reassuring</li> <li>• Pro-active</li> </ul>

### **I. Professional Organisations**

An interview took place with a senior member of The National Association of Primary Care (NAPC). The NAPC objective is to pursue collaborative models of care by integrating health and organising health services around patients, suggesting that the District Nurse plays a critical role in building the workforce that meets the needs of the population. The NAPC recognises that the DNSPQ is essential in providing a strategic vision, saying that it would be unthinkable to envisage a community service without qualified District Nurses. However, they promote flexibility within the workforce, regardless of the employing organisation, to support a greater working partnership between all services in the community. This model, based on the 'Primary

Care Home' (NAPC, 2019) promotes a population based workforce design and supports the 'shared ownership' of service delivery.

Age UK were contacted by email and telephone and a regional officer representing the Age UK view spoke about the connections they have with the District Nursing service. They commented that the District Nurses were exceptionally good at social prescribing as they are seeing referral rates increase, particularly in relation to social isolation and bereavement.

The project was also presented to RCN professional leads, Hospice UK members and specialist nurses. Each of these groups worked within a specialist field so their connections with District Nurses were varied. Members of Hospice UK had worked with District Nurses to deliver seamless end of life care, as was demonstrated from carers' testimonials. However, in some areas the District Nurse often retained all aspects of end of life care delivery and so did not always involve the palliative care teams. Two of the members of Hospice UK had previously worked as District Nurses and were able to appreciate why not all District Nurses referred patients to them. They recalled that end of life care was an aspect of District Nursing that gave them immense satisfaction, knowing that they had made a difference in the end of life experience for the patient and family. However, where organisations work together the patient can receive outstanding nursing care and the members thought that this positive message must be disseminated across all District Nursing teams.

## Reflection and Summary

### Enabling District Nurses to meet patient needs under the Long Term Plan

#### A. Education and Continuing Professional Development

Reflecting on the responses from District Nurses who participated in the project, it is evident that many are not currently being supported to attend additional programmes to enhance their evidence-based knowledge, and of even greater concern, some areas of England are no longer supporting the development of the District Nurse role through the DNSPQ. There were concerns in areas where the DNSPQ was not being supported and clinical leads, managers and GPs gave examples of unregulated staff were visiting in place of District Nurses which frequently resulted in either a GP call out or an additional visit by a District Nurse creating further pressure on the District Nurse workforce.

Health Education England funding for the one year DNSPQ programme is not guaranteed after 2019/20 and the planned District Nurse SPQ apprenticeship programme, expected to commence in 2020/2021 is only to be delivered as a two-year programme. This requires employers to be fully engaged with the apprenticeship programme and to comprehend the specialist nature of this programme requiring future District Nurses to have had the opportunity to lead a team under the supervision of their Community Practice Teacher or mentor. This will leave a 'gap year' in which there will be no District Nurses qualifying in 2021 for the whole of England (Thomas, 2018). This is causing uncertainty for employers, commissioners, District Nurses, universities and the NMC.

Whilst this uncertainty continues the current method of funding support for year-long DNSPQ programmes should continue to ensure that there will be no gap in the District Nurse training which would leave community services greatly under resourced. In fact, going beyond 2020, it is recommended that both routes to the District Nurse SPQ continue, allowing a responsive and flexible method of developing the workforce in order to deliver the aspirations of the Long Term Plan.

Moving forward with continuing professional development (CPD) there are plans within the Long Term Plan to support current staff, promoting career development (Charles, 2019). The current community nursing workforce should avail of these plans to support CPD and increase the numbers undertaking the DNSPQ programme providing them with the additional leadership, caseload management skills, risk management and reablement skills that are required to lead an effective District Nurse team.

Currently community placements for pre-registration nurses vary from spending one or two days with a District Nurse to four weeks with a District Nursing team (this will vary across England). To instil the importance of the District Nursing service to students more opportunities must be open to students to work with District Nurses, providing them with insight into the essential role they play in preventing hospital admissions and keeping patients safely and expertly cared for at home. With the additional resources promised in the Long Term Plan it is anticipated that there will be increased capacity and therefore additional opportunities for student nurses to spend quality time with District Nursing teams.

## **B. The Capacity Needed to Deliver High Quality Patient Care**

Interviews with student District Nurses have shown how enthused they are about wanting to make a difference to patients in the community. This message needs to be extended to pre-registration student nurses, encouraging newly qualified nurses into District Nursing teams, promoting this as an exciting career with opportunities to become involved in influencing population health and developing the strategic direction of care in the community. Universities and District Nursing teams must work together to promote these changes.

District nurses have reported that they are being reactive, and task-driven due to the number of patients being discharged from hospital onto their caseloads. Phrases like, 'only just coping' are an indication of the pressures that staff are facing every day. They have identified that the public health element of their role is decreasing due to other pressures such as additional administrative work, which in the words of one district nurse 'is relentless'.

District nurses, patients and carers have reported that the District Nurse frequently works beyond their shift to ensure that the patient is given the quality care that they deserve, and the District Nurse wants to provide. This is not poor time management but rather reflects the professionalism and dedication of the District Nurse. However, where District Nurses were valued and able to work autonomously, where possible, they could deliver an 'outstanding' service.

Interviews with commissioners, clinical leads and District Nurses have demonstrated that integration of services is already underway and in areas where integrated services are well established, aspects of the Long Term Plan, such as bringing together different professionals to coordinate care better, have already commenced. District Nurses would argue that they are already helping more people to live independently at home for longer as stated in the Long Term Plan, however with additional funds directed at Primary and Community services this will assist them further in keeping people at home and preventing unplanned hospital admissions. Many responses from District Nurses and General Practitioners also expressed concerns about the separation of their locations that disrupted the flows of communication between them. As a result of the lack of co-location they felt that opportunities to discuss patient care were frequently missed.

Providing high quality care remained the focus throughout this project. With the support of the Long Term Plan and its recommendations of 'Doing things differently' it is anticipated that the District Nurse will play a key role in leading integrated teams working across health and social



‘We need more District Nurses to improve the standard of care in the home – there are not enough of us.’

care, promoting population health and reducing unplanned hospital admissions. The Long Term Plan also emphasises the role of digital technologies in promoting and enhancing health and wellbeing over the next decade and this will be key in supporting integration.

The Topol Review (HEE, 2019) goes further. It reports on a longer timeline when technologies and science (digital tools, artificial intelligence and genomics) accelerate the paradigm shift from a medical model to one supporting self-management and active participation in wellbeing. This will be dependent, as the Topol Review acknowledges, on a 'culture shift in learning and innovation with a willingness to embrace technology for system-wide improvement'. District Nurses are in a unique position to work with patients to promote self-management and active participation in their wellbeing through digital technology.

### **C. Understanding the Role of the District Nurse**

The supporting evidence throughout this report has captured the essence of what it is to be a District Nurse and brings attention to the current plight of the District Nursing service. In 2002 the Queen's Nursing Institute wrote about 'The Invisible Workforce' and in 2016 The King's Fund reported that serious failures could go undetected because cuts are happening in services that work 'behind closed doors'. This situation will continue unless more investment is provided to prepare a highly skilled District Nurse workforce to deliver quality care in the home.

This project has built upon the findings within significant publications from the RCN (2013), QNI (2002, 2009, 2014), The King's Fund (2016, 2017), NHSI (2016) and NHS (2018). From the QNI '2020 Vision' publication of 2009 the following question was asked: 'How did district nursing ... arrive at this state of anxiety and uncertainty?' Ten years later the same question is still being asked.

In 2009 the QNI stated that the District Nursing profession was in transition and needed to be supported in four key areas:

1. Professional and role identity
2. Vision and leadership
3. Influence and engagement
4. Image and profile

The situation appears to be unchanged ten years later and this project has highlighted some of the key reasons why these problems continue today. Evidence from this project has shown that District Nurse numbers are declining with many only having time to carry out tasks and their population health role is being diminished. There is uncertainty about the future education of District Nurses and the added value that a District Nurse role delivers is not fully understood.

These are some of the reasons why the question of 'How did district nursing arrive at this state?' is still being asked. Yet, evidence from this project has shown how highly the District Nurse is valued by patients and carers, GPs, commissioners and other health and care professional agencies. This is not enough however; there needs to be a consistent message and understanding across England about the role of the District Nurse and what value both in terms of the quality of care and the economic value they bring to the NHS and to their local communities.

*'We have been busy doing the job, less busy saying what we do.'*

## D. Identifying Strengths and Weaknesses

The findings of this project identified the following strengths and weaknesses in the current District Nursing service. The recommendations that follow are made in response to the issues identified.

### Strengths:

- Where the District Nurse is supported by their manager and given freedom to work as an autonomous practitioner outstanding patient care has been delivered
- Areas that value the importance of the DNSPQ programme have seen excellent leadership qualities demonstrated by the District Nurse team leaders, where outstanding patient care has been delivered from all members of the District Nursing team
- Where there has been excellent communication between the District Nurse and the General Practitioner, improved patient satisfaction has been evident.

### Weaknesses:

- The District Nursing service is under resourced
- District Nurses are working to capacity without measures to support staffing for safe and effective care
- District Nurses are unable to provide consistent high-quality care due to the pressures on their service
- Retention and recruitment challenges, with an older workforce and a decline in new recruits
- There is uncertainty around the future education for the District Nurse role
- The District Nurse role is not fully understood by all stakeholders.
- There is a lack of evidence to prove the added value that a District Nursing service provides
- Location of District Nurse teams away from the General Practice has resulted in disjointed care delivery across primary and community services.

## E. A Service Fit for the Future

*'We are not a for life service.....only until the patient can get better and leave the house – it is about empowering the patients, many then become expert patients.'*

Transformation of community services brings together integrated teams of health and social care professionals which creates an ideal opportunity for District Nurses to promote their skills of leadership, collaboration and holistic assessment to a wider audience.

Effectiveness is frequently measured on key performance indicators (KPIs) and District Nurses should be able to prove their 'value' through positive patient outcomes such as preventing unplanned hospital admission, providing care in the comfort of the patient's home, enhancing patient wellbeing, providing seamless high-quality care and providing reassurance and confidence to patients. Commissioners are encouraged to acknowledge this and position the District Nurse to lead cost effective, evidence-based community teams. The District Nurse is an important resource and must not be overlooked in the various models of care being introduced in communities across England.

Models of District Nursing service delivery were addressed in this project; however it was not necessarily simply the model that enabled the delivery of an outstanding service, but the cognitive and interpersonal skills that were required to develop relationships within teams and integrated services. Successful partnership working is essential to the success of improved patient outcomes as Keen (2018) mentions. Nevertheless, where the District Nurse was supported by their organisation and valued for their contribution in delivering high quality care to patients, these were seen to be the contributing factors in recognising an outstanding District Nursing service.

This project provides an opportunity for the voice of the District Nursing service in 2019 to be heard and to be presented to the Department of Health and Social Care at an opportunistic

time in view of the recent publication of The Long Term Plan (NHS, 2019). It is also imperative that District Nurses work in collaboration and in partnership with other professional services, commissioners, sustainability and transformation partnerships (STPs) and integrated care systems (ICS) without losing their unique professional identity and contribution to patient, carer, family and community care, and the nursing profession.

In working across services, the District Nurse will be recognised as the key professional in delivering safe, high quality and cost-effective care at home. There is an opportunity for a renewed commitment by all to support the development and growth of the District Nursing service, led by District Nurses in order to most effectively meet the current and future needs of communities within England.

## Recommendations

In meeting the needs of patients, families and carers in the community, the key recommendations of this project are:

- **To create a workforce fit for purpose it is essential that District Nurses continue to gain a post qualifying District Nurse Specialist Practice Qualification (DNSPQ)** which develops their personal and professional growth and enhances their clinical skills to lead and educate teams, patients and families, promoting autonomy and independence and consequently having a greater impact on the delivery of high quality care and improved patient outcomes.
- **To develop a strategy which will expand commissioners', providers' and the public's understanding and knowledge of the District Nurse role**, enabling them to critically analyse the current role and recognise the added value they bring to the economy and particularly to the wider Health and Social Care system where they are central to the future growth in modern, integrated health care.
- **To promote the population health element of the District Nurse role.** Whilst this is frequently opportunistic it plays a crucial role in personalising care, promoting the prevention of ill health, changing the patient's lifestyle to benefit their well-being.
- **To develop a national standardised data collection system and data set within England**, collecting meaningful data that recognises 'value for money' and is not just seen as a 'notional saving', thus promoting a strong economic case for investment in the District Nursing service and providing systems at an operational level nationally, regionally and locally to prepare, support and maintain a sustainable District Nursing service.
- **To develop a national standardised approach to the assessment of quality** in order to measure the effectiveness of the District Nursing service in England, providing structured methods and reliable data, enabling innovation and cost-effective practice to be captured, recognised and disseminated.
- **To support safe staffing and safe caseloads** to ensure that the principles of safe staffing in the community meet the RCN (2017), QNI (2018) and NHSI (2018) recommendations for safe staffing and safe caseloads.
- **To actively explore the co-location of District Nursing teams within Primary Care Networks** to provide personalised care, continuity of care and enhanced working relationships across primary and community care teams.



‘To create a workforce fit for purpose it is essential that District Nurses continue to gain a post qualifying District Nurse Specialist Practice Qualification (DNSPQ).’

# Appendix

## Glossary of Terms

### **Outstanding:**

- Exceptionally good (Oxford Dictionary)
- Distinguished from others in Excellence (Free Dictionary)
- Remarkable, Impressive (Collins Dictionary)

### **District Nurse**

A District Nurse is a registered nurse, who has undertaken additional training to obtain the Specialist Practice Qualification (SPQ). This programme ranges from 36 weeks to 52 weeks and is currently delivered in universities at Level 6 (BSc) or at Level 7 (PG Diploma/MSc). The Specialist Practice Programme comprises 50% theory and 50% practice and concentrates on four areas:

- Clinical nursing practice
- Care and programme management
- Clinical practice development
- Clinical practice leadership

The current NMC Standards for Specialist Practice (NMC, 2001) requires a 50% attendance at University and 50% attendance within a clinical practice setting where the students will have the opportunity to enhance their clinical practice skills and utilise their theoretical knowledge and leadership skills in preparation for their new District Nurse role.

After successful completion of this programme the District Nurse Specialist Practice Qualification (DNSPQ) is recorded with the Nursing Midwifery Council (NMC).

### **Community Nurse**

The term community nurse is used to describe a registered nurse who works in any one of a range of services in community settings.

For the purposes of this project, the term community nurse is used when referring to a registered nurse who has completed the adult field of nursing. They are employed as a staff nurse to work in the District Nursing team which is predominately led by a District Nurse.

### **Queen's Nurse**

A Queen's Nurse is a community nurse who acknowledges that they are providing a high standard of practice to their population and self-nominate to be considered for the title of Queen's Nurse. Their application must be supported by testimonials from their manager and patients. These testimonials confirm that the individual nurse has shown commitment to high standards of practice and patient-centred care. Following a comprehensive scrutiny of the applications by the Queen's Nursing Institute the successful applicants are awarded the title 'Queen's Nurse'.

### **District Nursing Team**

The District Nursing team is led by a District Nurse and comprises community staff nurses (registered nurses), health care assistants and assistant practitioners (unregulated workforce). This may include nursing associates as they are deployed into the workforce from January 2019. In some areas the Community Matron is also part of the District Nursing Team. Intermediate care, rapid response and specialist nurses do not form part of the District Nursing team.

### **Clinical Commissioning Groups**

Clinical Commissioning Groups (CCGs) are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

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