Nursing in Primary & Community Care Settings

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Current issues

- Increased demand for skilled, competent primary and community workforce due to:
  - Ageing population with increasing long term and/or complex conditions
  - Push to move services into the community and integration
  - Focus on patient centred care, self care and prevention

- District and community nurses are critical to plans to deliver more care in homes and the community, however numbers are declining and workforce ageing

- But it’s more than just about numbers, it’s also about having the right skills in the right place

- Francis effect vs CQC State of Care
Nursing staff levels

FTE qualified nursing, midwifery and HV staff, NHS hospital and community services, Apr 2010-Nov 2013 (HSCIC, 2014)
Community services 2010-14

Jan-10 to Jan-14

- Community services total
- Community services without health visitors
Five year trends by specialist role 2010-14

Data source: NHS Hospital and Community Health Service (HCHS) Workforce Statistics in England, Non-medical staff – 2003-2013, as at 30 September (March 2014)
Practice staff: 2013 annual figures

- 3,228 Advanced Level
- 2,947 Extended Role and Specialist
- 8,772 Practice nurses

Total practice nurses: 14,943
Community services by role 2013

- Nurse consultant: 59%
- Modern matron: 1%
- Registered sick-childrens' nurse: 3%
- District nurse: 3%
- Registered midwife: 1%
- Community matron: 20%
- Other 1st level: 12%
- Other 2nd level: 0%
- Manager: 0%
- Health visitor: 0%
- Community matron: 0%

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Community working

- Working in the community requires a different skill set – more autonomy as the environment is less contained and controlled than the hospital setting.

- The community nursing workforce is older - 38% are aged over 50 compared to 23.6% of the acute and general nursing workforce (RCN, 2012).

- Need to make community nursing more attractive as a profession for registered nurses and student nurses.

- Debunk existing myths regarding community working.
Some Solutions

- Don’t assume a medical fix
- Don’t necessarily need to create new roles but do need to support existing nurses to transition
- CPD money to support organisational change
- Student placements
- Mentorship
- Rotational working
- Roles that follow care pathways
- Career pathways
- IT solutions e.g. tablets
Key players

- Providers
- HEE/LETBS; closer service and w/force planning
- NICE
- Lord Willis (HEE/NMC)
- CQC “its jobs or pay”
- Commissioners
I'm breaking the rules... and the door!

BREAKING THE RULES!