Royal College of Nursing Scotland

A Sustainable Future

The RCN Vision for Community Nursing in Scotland

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Foreword

Community nursing in Scotland is at a crossroads. The community nursing workforce is ageing rapidly, with 30 percent of our nurses reaching retirement age within ten years[1]. Our consultation[2] shows us that the profession is uncertain of its future, yet demand for community health services is expected to increase. A rapidly ageing population with complex health needs, greater emphasis on long-term prevention and early years interventions, and a drive to provide more care at home, all require a greater proportion of health care and support to be delivered in the community. A sustainable and vibrant nursing profession working with communities is key to the future of Scottish healthcare delivery.

At the same time, the needs of patients and families are changing as they become increasingly active participants in their own care or the care of loved ones. With this comes a need to ensure that all health services are planned and delivered with the needs of users, rather than providers, in mind. It also requires a move to re-focus all healthcare services on the enablement of patients and carers. Nurses are key to ensuring this culture change is successfully delivered.

The nursing profession has already seen many changes in response to this shifting landscape and there is much good work in progress, of which nurses are justly proud. However, RCN Scotland believes this fragmented momentum must now be gathered together coherently to ensure that nurses in the community can continue to provide high-quality, safe, and patient-centred services across all of Scotland. It is time to re-fresh Scotland's vision for community nursing.

Building on our many consultation responses, our analysis of the policy environment, our learning from the Review of Nursing in the Community[3] (RONC) and the work of Modernising Nursing Careers[4], this document outlines RCN Scotland's vision for a sustainable future for all nurses working in the community in Scotland. We set out six key 'asks' which need to be addressed for this vision to be realised.

We are not suggesting a quick fix that can be summarised in a simple diagram and implemented overnight. Developing and delivering a vision for the future of community nursing is a complex task. I hope that you will take time to reflect on the implications of this document for the profession and the future of a healthcare service on which all of us will call at some point in our life.

As the RCN we have chosen to focus this document on nursing. The future of joint-delivered, outcomes-focused community health services requires nurses to be confident of their specific contribution and role within any partnership. However, in developing our vision we have invited other health and social care professionals, and patients and carers, to contribute. A sustainable future will require working in partnership across disciplines, agencies, and boundaries for the benefit of all communities. I would like to thank everyone who has been involved in the process of developing this vision over the past 14 months.

I look forward to engaging in debate on our vision and continuing to support our members to deliver the very best community nursing services for Scotland.

Theresa Fyffe
Director, RCN Scotland

1 Buchan, J., O'May, F., & McCann, D. *Older…but wiser?: Policy responses to an ageing workforce. A report for the Royal College of Nursing Scotland* (2008)
2 An accompanying analysis of the consultation responses used to inform this vision is also available. Royal College of Nursing Scotland. *A Sustainable Future: Voices on a Vision; a companion to the RCN Vision for Community Nursing in Scotland* (2009) at: www.rcn.org.uk/community_nursing_scotland
3 Scottish Executive, *Visible, Accessible and Integrated Care: The Review of Nursing in the Community* (2006)
4 Department of Health, *Modernising Nursing Careers – Setting the Direction* (2006)

Our vision for a sustainable future

Our vision for community nursing is of a vibrant and rewarding health profession, which is equipped to meet the health and health care needs of communities in Scotland, now and in the future.

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In our vision, all community nurses are core members of integrated multi-professional teams that bring together physical and mental health services to deliver safe, high-quality, person-centred care. Barriers which currently limit joint working – whether between nursing professionals, or between nurses and other health and social care professionals – will have been reduced, so that patients, families, and carers experience a seamless journey through any community service in which nurses play a part.

To achieve this, in our vision we see community nursing as an integral part of locally defined community health teams, designed through CH(C)Ps, in partnership with all sections of the community, around locally assessed profiles of community health need. Nurses are empowered to take leadership roles within these teams, and have access to the resources required to provide the very best services to the people of their local community.

Underpinning our vision for local flexibility in team structure and skills development is a clear and simple National Framework for Community Nursing in Scotland, ensuring that the essence of community nursing retains national currency. Within this framework we see community nursing evolving into two fields – one working with children, young people, and families, from pre-conception through to transfer to adult services, whilst the other field focuses on the needs of adults and older adults. Each field will include nurses working at all levels of practice, including Health Care Support Workers, Staff Nurses and Senior/Specialist, Advanced and Consultant Nurses, equipped with the physical and mental health competencies needed to serve the local population's holistic health needs.

The National Framework, developed in the light of Modernising Nursing Careers, will address issues of a clear Scottish career structure for community nursing and issues of professional regulation that fit the UK context. This will support community nurses to regain confidence in a shared professional identity and allow the Scottish Government, health boards, higher education institutions (HEIs), further education (FE) colleges and professional bodies to nurture a flexible and appropriately skilled workforce that will deliver high-quality, safe and appropriate local patient care in the face of future demand.

Our six key 'asks'

To realise our vision for a sustainable future, we call on the Scottish Government and NHS health boards to work with nurses, allied professionals, communities, HEIs, FE colleges, unions and patient representatives to build incrementally on existing developments and:

- Develop a National Framework for Community Nursing in Scotland
- Design integrated community nursing structures based on local health needs
- Ensure shared ownership of community nursing
- Build a modernised community nursing career pathway, supported by flexible education options
- Invest in community nursing leadership
- Provide resourcing and infrastructure that reflect future demands on community nursing

Background

What do we mean by 'Community Nursing'?

Nursing has been defined as:

The use of clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death.[5]

Nurses have a broad role, encompassing promotion of health, healing, growth, and development, as well as prevention of disease, illness, injury, and disability. The nature of health demands in the 21st century mean that nurses play an increasingly significant role in empowering people: enabling them to achieve, maintain, or recover independence where possible, and minimising distress and promoting quality of life where it is not.

There are many different types of nurses working within the community. Some are physically based in the community, while others provide outreach services or support, or work from other health facilities. It is therefore important to understand what we mean by 'community nursing' and 'community nurses'.

Previous attempts to define 'community nursing' have often been limited to a traditional core group, such as Health Visitors, School Nurses, and District Nurses. However, we believe that this definition is too narrow. We see community nursing as an interrelated group of roles that deliver a spectrum of services – from public health and anticipatory care, through to palliative and end of life care.

As such, for the purposes of this document, we define 'community nursing' as including the following existing nursing roles:

- Health Visitors
- Community Mental Health Nurses
- Public Health Nurses
- Family Health Nurses
- District Nurses
- Community Midwives
- School Nurses
- Community Children's Nurses
- Community-based Occupational Health Nurses
- Community Learning Disability Nurses
- Treatment Room Nurses
- Community-based disease- or condition-specific Specialist Nurses (e.g. epilepsy or cancer nurses)

We are absolutely clear that General Practice Nurses, as core members of primary care health teams, have a central role in meeting the health needs of communities. Their contractual relationship with GP practices means that we have not included them in our definition of 'community nurses'. However we are fully aware that Practice Nurses are key to the delivery of this vision and we would expect close working relationships between local practices and community health teams to ensure the very best, joined up healthcare is delivered sustainably.

Why develop a vision for community nursing?

[We need] joined up services with clear vision, strong leadership, and focused on health and wellbeing and identified patient needs.[6]

(Health Visitor)

In 2006, the Scottish Executive initiated the Review of Nursing in the Community in Scotland (RONC). The resulting nursing strategy, *Visible, Accessible, and Integrated Care,* suggested a new model of community nursing in which three community nursing specialities – district nursing, public health nursing,

5 Royal College of Nursing, *Defining Nursing* (2003)
6 All quotations from individuals in this document were gathered through the consultation events or online survey, which supported the development of this vision.

Background

and family health nursing – would be absorbed into a new, single Community Health Nurse (CHN) role. The aim of this approach was to 'bring clarity' to nursing roles in the community, and to ensure that community nursing services were 'fit for purpose' to meet the demands of 21st century Scotland[7].

At the time of writing, this model is being piloted in four Scottish health boards. We acknowledge the energy and commitment that has been invested in these reforms and commend the examples of innovative work being developed in individual pilot sites. However, early feedback on the pilots is very mixed, with anecdotal reports that the 'one-size fits all' model is requiring a greater degree of local flexibility than initially anticipated. One of the four pilot areas has decided not to use the CHN model at all. Concerns have been raised by RCN members about elements of the model, such as the scope of the new CHN role, the potential dilution of child protection issues, and the exclusion of other community-based nursing specialities (such as community mental health nursing) from the initial review.

However, *Visible, Accessible, and Integrated Care* is not the only recent development to have an impact on nurses working in the community. As the RONC pilots have progressed, a significant amount of parallel activity has taken place. Other nursing branches have faced their own, separate reform programmes, such as *Rights, Relationships and Recovery*[8] for mental health nursing. Partner professions, such as social workers, have also been reviewing their professional future. Local level developments are resulting in the shape of community health services evolving disparately across Scotland as health boards develop their own solutions to the challenges facing services in their regions.

In addition, Scotland has seen a new Government come to power since the publication of *Visible, Accessible and Integrated Care*. The SNP administration has produced a raft of community-health related policy documents in its first two years, including a new blueprint for the NHS in Scotland, *Better Health, Better Care*, which sets out a different model for the health service from that in which RONC was developed. The vast majority of this Government's community health strategies, set within the context of 'increasing sustainable economic growth'[9], focus on:

- How to deal with the major public health issues facing Scotland
- How to ensure health interventions can be better focused to reduce health inequalities
- How early years interventions can bring about generational change in Scotland's health profile

The Scottish Government is clear that these health issues must be resolved through an agenda of joint working between central and local government agencies. This move to increased partnership working to deliver improved health is most clearly articulated in the development of the Concordat[10]. All community nurses have a key role to play in delivering the new outcomes framework agreed between Scottish Government and the Convention of Scottish Local Authorities and future nursing reforms must take account of the implications of these changes.

Given the range of disparate activities and parallel changes underway, we believe the time is right to take stock of the current direction of travel for community nursing and ensure a coherent, sustainable pathway for the future.

7 Scottish Executive, *Visible, Accessible and Integrated Care; Report of the Review of Nursing in the Community in Scotland* (2006). P. 16 and P.6
8 Scottish Executive, *Rights, Relationships and Recovery: The Report of the National Review of Mental Health Nursing in Scotland* (2006)
9 The Scottish Government, *The Government Economic Strategy* (2007) p.3
10 Scottish Government and CoSLA, *The Concordat between Scottish Government and local government* (2007)

Our six key 'asks'

Develop a National Framework for Community Nursing in Scotland

Design integrated community nursing structures based on local health needs

Ensure shared ownership of community nursing

Build a modernised community nursing career pathway, supported by flexible education options

Invest in community nursing leadership

Provide resourcing and infrastructure that reflect future demands on community nursing

Develop a National Framework for Community Nursing in Scotland

Key messages:

- Concerns over clarity in community nursing identity and roles need to be addressed through the development of a new National Framework for Community Nursing in Scotland
- The Framework will ensure that the core of community nursing in Scotland, including the articulation of a shared nursing ethos and a simplified set of broad national job profiles, retains national currency
- National nursing job profiles should retain a distinction between roles focused on adults and those focused on children and families
- Nursing expertise must be re-focused, and not diluted, to meet Scotland's 21st century community health needs
- The creation of a simplified set of community nursing job profiles cannot be used to downgrade expertise or justify service rationalisation in the current economic climate
- The NMC must be engaged in the Framework development to ensure UK regulation issues are fully addressed

Develop a National Framework for Community Nursing in Scotland

Visible, Accessible, and Integrated Care called for the consolidation of a number of community-based nursing roles into a generic Community Health Nurse position. We agree with the Scottish Government that the existing plethora of community nursing role profiles is unhelpful. Our own consultation has revealed serious concerns about the lack of clarity over existing nursing roles in the community. Variations across the NHS in Scotland are proving confusing to patients, other health and social care professionals, and even nurses themselves.

A challenge is clarity of roles. Do people really know who we are and what we do?

(School Nurse)

However, we do not believe that the current direction of the Government's RONC proposals, with its focus on forming a generic, single-point-of-contact through merging three Level 6 senior/specialist nursing roles, has satisfactorily resolved this issue[11]. The volume and complexity of community nursing interventions are expected to increase as the balance of care is shifted from acute to community settings. In addition, the health needs of the 21st century are changing fast. In light of this, diluting expertise from nursing teams is not the way to a sustainable community nursing service in Scotland. Allowing highly trained nurses to re-focus their expertise through improving support mechanisms, leadership capacity, collaborative working and patient enablement will, we think, be a far more positive way forward.

…many more children with complex needs are surviving. We need expert children's nurses to deliver the complex and technical nursing interventions, supported by a more generic workforce, skilled in working with children and families, who can support wide ranging care packages.

(Community Paediatrician)

This does not mean retaining the large number of different community nursing roles currently in place. Instead, we believe that a simple and comprehensive National Framework for Community Nursing is needed – one based on a shared understanding of the ethos of community nursing with a streamlined range of nationally agreed community nursing job profiles, separated into two population-based fields (children/young people/families and adults/older adults). The Framework should recognise the value of generic and more specialist nursing expertise within each population cohort, appreciate the complementary skill sets of nurses at different levels of practice, and have sufficient built-in flexibility to allow for local implementation to meet local needs. It would help provide the much-needed role clarity and professional identity many of our consultation respondents called for and ensure that nursing education and job mobility is preserved. We think there is much to be learnt here from the work that has developed from the *Rights, Relationships and Recovery* workstream in Scotland.

We add a note of caution and of reassurance on this issue. RCN Scotland is absolutely clear that a simplified framework of job profiles must not mean that expertise or experience is downgraded, or

11 Throughout this document all references to 'levels' relate to the career framework definitions used by Skills for Health and NHS Education for Scotland. For a summary explanation, see: http://www.skillsforhealth.org.uk/js/uploaded/uploadablefile3.pdf. For clarity, any reference in this text to a 'Staff Nurse' equates to a Level 5 'Practitioner' role in the Skills for Health framework; and any reference to a 'Health Care Support Worker' includes all levels from 2 to 4.

Develop a National Framework for Community Nursing in Scotland

that changes to titles can be used as an excuse to rationalise services in the current economic climate. However, in light of the vision to provide holistic, needs-led, person-centred care by community health teams, the debate on community nursing job profiles, within which nurses can flexibly develop expertise and experience, is needed.

We call on the Scottish Government, geographic and relevant specialist health boards, nursing leaders, HEIs, FEs, Scottish unions and patient representatives to build on existing work to draft, consult on, and agree a new National Framework for Community Nursing, against the backdrop of Modernising Nursing Careers, which will define:

- A shared ethos to underpin community nursing
- A set of broad national community nursing job profiles
- A focused modernised community nursing careers framework
- A timetable for phased implementation of reform

Regulation

The NMC must be involved in the development of the new National Framework for Community Nursing in Scotland as it is likely to impact on the future regulation of the Scottish community nursing workforce. Whilst the detail of regulatory needs can only become clear as the framework is developed, RCN Scotland is committed to lobbying to ensure that the regulatory framework for levels of practice within community nursing are given appropriate equity within the register.

Design integrated community nursing structures based on local health needs

Key messages:

- Integrated community health teams should be able to provide the full spectrum of physical and mental health interventions to the local population
- Differentiation should be maintained between community health teams focused on children, young people and families, and those focused on adults and older adults
- The skill mix and detailed structure of each population-focused team should be determined locally by CH(C)Ps, according to the health profile and needs of the individual community
- All local structures must work within the parameters of the National Framework for Community Nursing
- Where multi-agency work best meets local need, this should be pursued, but with sufficient attention paid to the process of productive collaboration
- All teams should work within locally agreed protocols with general practice
- Clinical accountability for the community nursing caseload needs to be provided by appropriate nurses working at Advanced Practitioner level or above
- Service management posts within community health teams must be open to nurses with appropriate competencies and capabilities
- There is merit in pursuing a stepped care approach to the delivery of community healthcare across all teams

Design integrated community nursing structures based on local health needs

We want our vision to challenge the traditional service delivery boundaries between health professions, between acute and community-based services, between health and social care, and most critically between public/physical health and mental health in the community. Neither health service planners, nor nurses, can continue to make traditional divisions between service types or expect to work in isolated services. The holistic needs of patients, families, carers and communities must take precedence over familiar, service-centred roles and agency structures in healthcare delivery. Many NHS boards in Scotland are already moving in this direction. These energies must now be harnessed to ensure we all learn and build on the best local developments.

Community health teams: one for children and families; one for adults

[I would like to see] teams of nurses working with a defined population cohort, interacting with designated other agencies for the same population cohort with shared bases and good communication channels…

(District Nurse)

At the local level, a sustainable future requires an approach structured around multi-disciplinary (and potentially multi-agency) community health teams. We believe there is significant benefit in retaining differentiation in these teams between those focused on children, young people, and families (i.e. from pre-conception through to transition to adult services); and those focused on adults and older adults. Level 6 Senior/Specialist Nurses, with their age-specific expertise, will be key to delivery in these teams.

Each community health team should encompass strong community nursing capacity, capability and leadership, and bring together the full spectrum of physical and mental health services, from health promotion to palliative and end of life care. Community services should be accessible on a 24/7 basis with clear and productive links with NHS24, GP out-of-hours services and acute outreach/crisis teams to ensure a seamless patient experience as levels of need change. Comprehensive transition arrangements between the age-focused teams are key and these should be set and monitored through the nursing leadership within the two teams and the overall nurse lead in the CH(C)P.

Depending on local needs and capacity, we expect that community health teams would include a full range of registered nursing experience, including Staff Nurses, Senior/Specialist Practitioners, and Advanced Practitioners, with access to Consultant Nurses. In addition, a community health team is likely to include Health Care Support Workers, Allied Health Professionals, and Midwives working together to serve their local population. Each team should have a transparent and locally negotiated relationship to general practice, without which no community health service can be successfully delivered.

[There should be] a team composed of a mix of 'specialities' with the ability to allocate work as relevant to patient needs and team expertise. There should be sufficient number of staff qualified in the various community specialties, supported by staff nurses…

(Nursing Lecturer/Tutor)

Community health teams could be co-located, or could operate, in whole or in part, as a virtual team. This should be determined by local circumstance. However, it is important that CH(C)Ps have clear responsibility for community health teams, and that teams have a transparent line of accountability to a CH(C)P. Professional team leads for community

Design integrated community nursing structures based on local health needs

nursing, for example, should continue to be accountable to the CH(C)P nurse lead.

Community health teams: multi-agency working

My personal view would be that as many opportunities for placing community staff together from health, social work and voluntary sector should be taken.

(Voluntary Sector Worker)

We are aware that excellent examples already exist of community nurses working as part of multi-disciplinary and/or multi-agency teams. We know that many nurses, as well as other health and social care professionals from both statutory and voluntary agencies, would like to strengthen these relationships.

Our approach does not preclude community health teams being included formally in wider health and social care teams with local authority and third sector partners if that is considered appropriate at a local level. Indeed, we support this where it best meets local needs and acknowledge increasing drivers to such collaboration through the Concordat process. However, effective multi-professional or multi-agency teams are not created by co-location or shared management alone. Whatever configuration is deemed locally appropriate, the team must be clear in its shared vision for service delivery and have clear mechanisms for regular engagement as a staff group. Time for such collaboration is essential for effective delivery.

Professional leadership, clinical leadership, and service management

Clinical leadership and service management positions for the community health team could be configured in any number of ways, but must not be considered synonymous. Clinical accountability and supervision for nursing staff and overall responsibility for management of the nursing caseload must be provided by appropriate Advanced Practitioners (Level 7 and above), regardless of whether ultimate management of the service is undertaken by a nurse or another professional. This will ensure patient and staff safety as the volume and complexity of community nursing interventions, and their associated risks, increase.

At the same time however, nurses wishing to develop a career in service management should be empowered to take up such positions. We would expect all such posts within community health teams to be open to competition from nurses with the right competencies and capabilities.

We emphasise our position that, whilst local health boards must be given the latitude to design team structures and focus skills mix and post-registration education packages according to local need, this must be done within the context of a simple and coherent National Framework for Community Nursing, including nationally agreed job profiles.

Services matched to level of need

Health care in the community consists of a range of services, from core universal services, through to specialist or targeted services that meet more specific needs. Whilst the pressures on the workforce will continue to rise as the balance of care shifts to the community, Community Nurses and Health Care Support Workers need to be enabled to respond to a range of needs, from minor health interventions to situations of high complexity and vulnerability.

There is merit in pursuing a ‘stepped’ or ‘tiered care’[12] approach within community nursing that

Design integrated community nursing structures based on local health needs

allows universal services to continue to be provided for the people of Scotland, but with clear pathways for those individuals with additional or complex needs. Whilst we know that some parts of the community nursing workforce already operate in such a way, we would like to see work carried out at a national level to review and/or support the development of good practice in this area for the whole community health team.

Tiered care approaches, if adopted, must be planned for carefully in the development of the community health team skill mix. Nurses and Health Care Support Workers with a range of skills, experience, and capabilities from Level 2 through to Level 8 should therefore be included in the team to support service delivery at different levels. Senior/ Specialist Nurses will have a particularly crucial role in delivering a tiered care approach in terms of assessment and case management.

In planning a stepped or tiered care approach, careful consideration must be given to referral practices between nurses, between all professionals within the team, and with link services and agencies. For example, nurses should be permitted to refer directly to each other and to other health (and social care) professionals within locally agreed protocols. Operating relationships with wider health and social care services, including acute / crisis services, primary care, secondary care, and specialist services must also be explicit. This is too often where continuity of care becomes fragmented. Gate-keeping roles must be challenged, and referral pathways clarified, if patients are to receive a timely and smooth transition between professionals.

Service should be locally based, involve all the helping agencies and should be lead by the most appropriate person for the client. Expertise should be valued but not be considered [so] precious that flexibility is lost. Care should be given or services provided by practitioners who have the correct skills and knowledge and clients' safety and wellbeing should be paramount.

(Looked After Children's Nurse)

Where responsibilities for care and support are held jointly by nurses and other health or social care professionals, mechanisms must be in place to ensure that shared assessments and case management are led by the most appropriate professional.

12 Stepped (or tiered) care is already widely used in some clinical fields, such as mental health or long term conditions management. It refers to a patient-focused approach in which the intensity or complexity of professional intervention, at any point in time, is determined by the intensity or complexity of individual patient need.

Ensure shared ownership of community nursing

Key messages:

- Staff, patient and public engagement should be integrated into ongoing service development and delivery as a process not an event
- The expertise and experience of nurses need to be acknowledged and built on in service development and delivery
- Formal partnership processes between unions and employers must be respected
- All ages and sectors within a community need meaningful opportunities to engage in line with current best practice guidelines on patient/public involvement

Ensure shared ownership of community nursing

A truly person-centred approach to community health care must be shaped, understood and owned from the grassroots up if it is to be meaningful. Changes to community nursing will mean challenging previous roles and structures, and these changes cannot be successful or sustainable if their design, development, implementation, and even evaluation, are not undertaken in meaningful partnership with the very people whom the changes will most affect – nurses, other health and social care professionals, the third sector, and members of the public of all ages. Engagement must be integrated into ongoing service development and delivery as a process and not an event.

[Designing services should] involve more people in changes prior to decisions being made e.g. patients, nurses….

(Staff Nurse)

Recognising and engaging with nurses

In consulting on the development of this vision we found nurses of all levels and all branches wanting to contribute to finding solutions to the issues faced by community nursing. This desire, and the experiences on which nurses' views are based, must be acknowledged and built on when considering future community nursing practice, job profiles, or team structures. Formal partnership processes between nursing employers and unions must also be respected whatever format future community health teams take.

Working with the community

Similarly, individuals and groups within communities, from children to older people, and local health, social care, and third sector agencies, must be engaged as stakeholders as their knowledge and experience is invaluable. They must be given meaningful opportunities to be heard, and their ideas and concerns reflected in the development, implementation and evaluation of all plans for community-based nursing reform. We would expect all plans for ongoing engagement with staff and the public to be able to demonstrate that they are based on current good practice guidelines[13].

More work should also be done to evaluate the impact of parallel consultative reform processes focused in other sectors (such as the *21st Century Social Work Review*[14]) on the future of community nursing, and vice versa.

13 For example: Communities Scotland, *National Standards for Community Engagement* (2005)
14 Scottish Executive, *Changing Lives: Report of the 21st century social work review* (2006)

Build a modernised community nursing career pathway, supported by flexible education options

Key messages:

- Community nursing should be promoted as an exciting career option from day one of any pre-registration nursing course, supported by meaningful student placements
- RCN Scotland supports the principle of developing a generic post in the community at Staff Nurse level
- A programme of enhanced mentorship and learning opportunities should be available to all Staff Nurses entering the community
- Post-registration community nursing education needs to be provided on a modular basis, with protected time available to all, to develop a flexible workforce responsive to local need
- Post-graduate education packages must be fully funded from protected budgets, including resource for backfill, and allocated on authoritative workforce planning projections
- We call on the Government and Scottish health boards to implement the six recommendations of *Older….but Wiser?* in full to ensure nursing expertise and experience is retained

Build a modernised community nursing career pathway, supported by flexible education options

The changing demands on community-based nursing services mean that the vision for the future must include a plan for equipping community nursing with the capacity and capabilities to develop over the long-term. Ensuring community nursing has the skill mix and leadership capabilities needed will require a clear career pathway, built on the Modernising Nursing Careers workstream, that: grows nurses from novice to more advanced practitioners; is linked with the NHS Scotland Careers Framework; is supported by formal education and practice-based learning and development, and is appropriately funded. Without investment in a community career pathway now, we question whether any Scottish Government can be successful in sustainably shifting the balance of care.

Growing community nursing from day one

Our vision is for community nursing to be a vibrant and rewarding health profession. This is about more than just aspirations; it is also about necessity. The sustainability of community health services in years to come depends on increasing numbers of nurses and health care support workers working in the community. To achieve this, nurses and health care support workers need the right education, support, and opportunities to gain the skills and expertise that community and public health demands.

Our consultation shows that working with people in the community can already be a varied, exciting, and deeply satisfying role for nurses – but we want to see this flourish further by encouraging nurses of all branches to consider the possibilities that a community nursing career can offer from the moment of pre-registration sign-up. We would expect the new National Framework for Community Nursing to influence the ongoing development of pre-registration courses. In particular, placements during pre-registration education should include a diverse range of meaningful and high-quality community learning environments – both within and outwith a student's own branch. Community health teams in the future need to be better supported to be able to offer the necessary time and expertise to support such placements.

From pre-registration to beginning a community career

If the community health nurse role is to be developed, this should be done at the staff nurse level…

(District Nurse)

Discussions within and outwith RCN membership have demonstrated interest in developing a generic community nursing role for Level 5 Staff Nurses, working to deliver care across different elements of a community health team, or even across a whole team, depending on local structures.

We agree that a new generic role, focused on Level 5, and not Level 6, nurses has the potential to provide a valuable source of flexible nursing capability and capacity within community health services. Over the long-term the experience of working in a generic role would allow community nurses to better integrate within wider teams, share understanding of colleagues' areas of expertise, and develop the range of skills needed to make career choices across the nursing profession. It could particularly help to increase the potential future workforce for specialities and/or branches where capacity is currently severely limited, such as child and adolescent mental health, by exposing Staff Nurses to the work in these areas early in their careers.

The opportunity to establish a generic community Staff Nurse role should be incorporated into the development of the National Framework for

Build a modernised community nursing career pathway, supported by flexible education options

Community Nursing in Scotland to ensure national consistency in job opportunities for community nurses at this level.

Whether newly qualified nurses work in a new generic Staff Nurse role or support a particular speciality within a large team they should benefit from a clear community nursing career pathway. A programme of mentorship and learning opportunities, building on Flying Start, should be available to all nurses starting their career in the community as part of their formal PDP process. Opportunities and community health needs will vary depending on locality, but an emphasis on experiencing a wide variety of activities within the nursing team and structured work-shadowing opportunities across fields and services (including acute), as well as more traditional forms of education, is important.

All nurses in the team would have a [post grad] education programme offered to them as part of the condition of their post…the education would ensure a rotation into health visiting, practice nursing, school nursing, terminal care, intermediate care and care of the adult. Such a programme [should be] funded by the health board and seen as investing in staff…

(Staff Nurse)

Developing a community nursing career

Post-registration community education in Scotland is in a precarious position. Too few registered nurses are applying for existing courses to develop a sustainable future workforce. For example, the numbers undertaking district nursing and health visiting courses have fallen every year since 2001/2 – for health visiting from 296 in 2001/2 to 124 in 2007/8, and for district nursing from 156 in 2001/2 to 82 in 2007/8. Numbers undertaking specialist community nursing practice post registration courses have also steadily reduced from a peak of 414 in 1999/2000 to 216 in 2007/8[15]. Funding availability for nurse education is variable across the country, and is non-existent in many areas. Our HEIs must be better supported to re-invigorate postgraduate community nursing education.

We advocate more flexible approaches to post-graduate education being developed to allow nurses to continuously develop their career through completing modular, accredited, post-graduate courses, in protected time, alongside work-based learning opportunities. Within this approach we support moves to ensure that all community nurses working at Specialist Practitioner level or above have completed an appropriate level of mandatory post-registration training. These changes will allow community health teams to develop a flexible, skilled workforce according to changing local need and allow nurses to build portfolios of relevant competencies and capabilities as they become more expert and/or specialised in their practice according to their career aims. Mechanisms that enable health boards to work more closely with NHS Education for Scotland (NES) should be explored, so that HEIs are able to plan education programmes that respond to changing community health and workforce needs.

[There should be] a standard set of foundation modules for all community nurses and top up modules that give the knowledge and skills for the service you provide i.e. pre-school, elderly, school child. These top ups can be taken as required. A staff nurse would take foundation modules but could study for top ups if they wish to progress on to being a case load holder....

(School Nurse)

15 ISD Scotland, *NHS Scotland Workforce Statistics 'Nursing and midwifery - student intakes and students in training'* (Dec 2008)

Build a modernised community nursing career pathway, supported by flexible education options

Such an approach would allow nurses to build formal education and knowledge in a particular area in which they work, or in a different field of community nursing to facilitate horizontal career shifts within their level of practice. As such, a career in community nursing could involve accruing the modules needed to apply for more senior nursing posts or allow nurses to find new challenges within their current level of practice as opportunities arise. This approach will also create more opportunities and flexibility for career development for acute nurses at any stage of their career wishing to move into community nursing.

Places on post-registration courses must be fully funded (with funding for backfill included) from protected budgets and based on authoritative workforce planning projections, to ensure the sustainability of capacity and capability in the community based workforce and the future of HEI provision.

Towards retirement

We know that many community nurses are nearing retirement age, but a sustainable future for community nursing means harnessing the valuable skills and experience of our older nurses – both for patients and for younger nurses entering the profession. RCN Scotland recently commissioned a report, *Older…but Wiser?* which stated that: *'*Any attempt to improve the retention of older nurses has to take account of [the] context of emotionally challenging and physically demanding work.'[16] We must all become much more creative in finding ways to celebrate and retain the experience and skills of nurses who are approaching retirement, but wish to remain active within the profession. Our report made six key recommendations, including establishing a national forum on the ageing workforce, to improve retention among older nurses in Scotland. We call on the Government and NHS boards to implement the findings of this report in full.

16 Buchan, J. (2008) p.2

Invest in community nursing leadership

Key messages:

- Strong nurse leadership is essential to delivering on nursing reforms in the community
- Increased development opportunities should be funded for nurses who wish to take on leadership roles
- Community nurse leaders must be engaged in developing local health profiles and in planning, agreeing, delivering and evaluating service change
- Insufficient numbers of nurse consultants have been appointed. The Scottish Government, with NHS boards, need to fund and support more of these enhanced roles
- Community nurse leaders require increased opportunities to engage in developing research and conducting evaluations so that nurses can provide services for local people based on the best understanding of what works

Invest in community nursing leadership

The redesign of community nursing requires strong nursing leadership to plan change and to take the vision for community nursing forward.

Inspiration, guidance, direction, support

Nursing leadership is a critical element of all our proposals – from professional leadership and clinical management within community health teams, through to participation in strategic and population level planning, succession planning, workforce planning and development of the community nursing profession through research. All community nurses should be supported, guided and inspired by nurse leaders throughout their careers. Increased development opportunities to strengthen competencies in leadership must be made available and funded for nurses who wish to progress their career in this way.

We also call for existing community-based nursing leadership to be fully engaged at an early stage in the planning processes around further local or national redesign of community nursing. Community based nurse leaders must be involved in local health profiling, as well as in developing, implementing, and evaluating subsequent changes to practice, roles or structures. This fulfils the dual purpose of ensuring shared ownership for changes with the nursing community, as well as adding a level of expert scrutiny to changes that will directly affect the nursing profession.

Delivering on the promise of Nurse Consultants

In addition, nurses working in the community should be able to call on the high-level expertise of appropriate Nurse Consultants to challenge and enhance their practice and improve services in Scottish communities. Such opportunities should also be viewed as a clear part of a community nursing career pathway. Whilst there has been some progress in this area, insufficient numbers of Nurse Consultants have been appointed across Scotland and we call on the Scottish Government to work with the NHS to ensure that these enhanced roles are funded and supported.

[In the future I would like to see] investment in nurse consultants who work within teams rather than a single voice in a health board or area of patient care. Stronger leadership voices with more nurse research and audit to demonstrate the nursing role and benefits…

(Senior Nurse/Matron/Manager)

Developing evidence-informed nursing practice

Innovation through strong leadership is crucial to the future of the profession if nurses in the community are to continue to adapt to provide the very best services for local people based on the very best understanding of what works. Nurse leaders must be enabled to authoritatively evaluate existing and innovative interventions, share their learning and demonstrate the impact of nursing on patient care and health outcomes. They must also be supported to engage in formal research, in partnership with HEIs, which will push the bounds of our understanding of effective community health care interventions to help inform ongoing change within the profession.

Provide resourcing and infrastructure that reflect future demands on community nursing

Key messages:

- Health boards must clearly demonstrate how resources are following the drive to provide more healthcare in the community
- Reformed or enhanced service delivery plans should realistically reflect the full costs of successful delivery; nurse leaders must be supported to speak out where budgets and expectations do not match
- Shared budgets must be transparent with clear audit processes
- Improvements in community workforce planning need to be accelerated by both Scottish Government and NHS boards if we are to plan adequately for a sustainable future
- All community health teams must have administrative support if they are to be cost-effective
- IT provision for community nurses must be clear in all redesign plans. This should include adequate availability of relevant technology, improvements to shared IT systems and training provision
- Utilising the possibilities of eHealth in community healthcare will support nurses in enabling patients to better manage their own health issues

Provide resourcing and infrastructure that reflect future demands on community nursing

A lot of our time is taken up with routine phlebotomy, ordering equipment, continence pads… which could be better used to give patients the care and treatment they deserve…

(Staff Nurse)

As demands on community nursing services increase, nurses working at all levels in the community need to be prepared to re-examine their practice, and delegate work appropriately, to ensure that they are not masking systemic failings or becoming unsustainably overstretched. However, service redesign within existing budgets alone will not support a sustainable and safe service in which the volume and complexity of demands on community nurses will increase.

Resourcing the drive to increase community delivery

Community [nurses] are getting more and more work to do and not any more staff members or an increased budget to cover…

(Staff Nurse)

To date, the NHS in Scotland has not been able to demonstrate clearly that health board budget allocations have followed the policy driver of 'shifting the balance of care'[17]. We appreciate that the Scottish Government is now working to address this issue. However, with ever-greater expectations being placed on the community-based nursing workforce, the apparently slow pace of NHS resource transfer to community-based services is not sustainable.

Nurses working in the community, and indeed the Scottish public, should expect that reformed or enhanced service delivery plans will realistically reflect the full costs of successful delivery of a nursing-specific or integrated service. Specifically, community nurse leaders must be involved in the development, agreement and management of relevant budgets, and be supported to speak out during the budgeting process if resources and expectations do not match. Shared budgets, where agreed across health and local authority sectors, should be transparent with clear audit processes.

Workforce planning

The Scottish Government has focused on developing increasingly robust workforce planning tools. However, we remain concerned about: the accuracy of board level data; gaps in appropriate clinical scrutiny of projections; the lack of policy modelling in the workforce process; a focus on available finance rather than assessed nursing need, and the inadequate representation of voluntary/private sector and GP practice nursing workforce data. Unless improvements in the area of workforce planning in the community are accelerated by both Scottish Government and NHS boards, we risk failing to adequately plan for the appropriate nursing workforce to deliver a sustainable future.

Administrative support

It is not an effective use of resources for nurses, or indeed any clinical member of a community health team, to spend a significant proportion of their time in completing administrative tasks such as appointment booking, route mapping and routine supply ordering.

17 Audit Scotland, *Financial Overview of the NHS in Scotland 2007/08* (2008), p.9

Provide resourcing and infrastructure that reflect future demands on community nursing

All community health teams should have access to sufficient dedicated administrative support to allow health professionals to deliver healthcare.

…provide [an] admin assistant to assist with ordering of equipment, supplies, paperwork… referrals and telephone interruptions. Also by improving IT systems we would be able to work more efficiently and effectively as a team…

(Staff Nurse)

IT and eHealth

Staff should have better access to IT equipment and be highly trained in use of same.

(Staff Nurse)

Likewise, nurses can no longer work in the community and meet all the requirements of their roles without adequate access to information and communications technology. IT provision must be clear in all local redesign plans. This is not just about providing enough computer terminals for nurses, and other community health team colleagues, to access – though this is important. Technology should be harnessed to improve efficiency through, for example, using route mapping software. Moreover, whilst we appreciate there are technical and confidentiality difficulties in improving shared access to records between agencies, our consultation clearly raised this as a barrier to joined-up patient care in the community.

As new models of long term care management and self care emerge, the role of eHealth technologies, such as remote diagnosis facilities and telecare systems, should become ever greater.

Such advances will support nurses in focusing interventions on promoting independence and enablement among patients in the community.

IT also offers nurses in the community an opportunity to take on the role of 'knowledge broker', actively helping patients to access the information they need, and deciding how to use it. As the Scottish Government's eHealth programme develops[18], community nurses must be fully engaged in eHealth developments at local and national level.

However, not all community healthcare staff will be sufficiently IT literate. Community nurses, and their colleagues, must be supported to upskill to a level of IT literacy that will enable them to utilise technology and support patients to take full advantage of eHealth developments. All new technology introduced must come with full training and support, including training in safe data management and budgets for software and hardware upgrades included.

18 Scottish Government eHealth programme, www.ehealth.scot.nhs.uk/

Conclusions

As we have developed this vision document over the past 14 months we have been impressed by the resilience and enthusiasm of many community nurses who are determined to adapt their profession to meet future health needs, despite the difficult and uncertain landscape they are working in. The ideas that have evolved through our consultation process have mixed pragmatism with innovation. Our vision has followed this lead. Some of our proposals build on sound existing structures and excellent ongoing work; others challenge the profession to take a distinctly new approach to ensure a sustainable future for our profession and our communities.

This vision must be developed, and implemented, incrementally if it is to be successful. It requires both top-down and bottom-up engagement. Expectations of the pace of reform must be realistic with transition planned for carefully. Many nurses who responded to our consultation, for example, have commented on the lack of leadership in the community profession in many areas; leadership that was stripped out through previous change processes. Without focusing on developing current and aspiring leaders, this RCN vision cannot be realised. However, incremental change is possible if the goal we are working towards is clear. The National Framework will be key to this.

Additionally, throughout the change process work must be done to enable public confidence in the health service to stay high, and to allow nurses, families, and patients to continue working in partnership. The job of nursing in the community cannot stop whilst this vision is realised.

[The] public needs to understand the changes and the benefits to them if the health improvement agenda is to be addressed as community nurses will have to deliver this alongside delivering care to those who are unwell and being kept at home…

(Community Children's Nurse)

Given that we have 10 years before 30% of the profession is due to retire, we realistically have 5-7 years to re-invigorate the community nursing workforce in Scotland. Now is the time for community nurses across Scotland to find the common ground, and the reserves of energy, needed to reclaim our profession and build sustainably for the future. We hope this vision will support a new way forward for nurses and for patients in all of Scotland's communities.

A summary of RCN Scotland's key messages

Develop a National Framework for Community Nursing in Scotland

- Concerns over clarity in community nursing identity and roles need to be addressed through the development of a new National Framework for Community Nursing in Scotland
- The Framework will ensure that the core of community nursing in Scotland, including the articulation of a shared nursing ethos and a simplified set of broad national job profiles, retains national currency
- National nursing job profiles should retain a distinction between roles focused on adults and those focused on children and families
- Nursing expertise must be re-focused, and not diluted, to meet Scotland's 21st century community health needs
- The creation of a simplified set of community nursing job profiles cannot be used to downgrade expertise or justify service rationalisation in the current economic climate
- The NMC must be engaged in the Framework development to ensure UK regulation issues are fully addressed

Design integrated community nursing structures based on local health needs

- Integrated community health teams should be able to provide the full spectrum of physical and mental health interventions to the local population
- Differentiation should be maintained between community health teams focused on children, young people and families, and those focused on adults and older adults
- The skill mix and detailed structure of each population-focused team should be determined locally by CH(C)Ps, according to the health profile and needs of the individual community
- All local structures must work within the parameters of the National Framework for Community Nursing
- Where multi-agency work best meets local need, this should be pursued, but with sufficient attention paid to the process of productive collaboration
- All teams should work within locally agreed protocols with general practice
- Clinical accountability for the community nursing caseload needs to be provided by appropriate nurses working at Advanced Practitioner level, or above
- Service management posts within community health teams must be open to nurses with appropriate competencies and capabilities
- There is merit in pursuing a stepped care approach to the delivery of community healthcare across all teams

Ensure shared ownership of community nursing

- Staff, patient and public engagement should be integrated into ongoing service development and delivery as a process not an event
- The expertise and experience of nurses need to be acknowledged and built on in service development and delivery
- Formal partnership processes between unions and employers must be respected
- All ages and sectors within a community need meaningful opportunities to engage in line with current best practice guidelines on patient/public involvement

A summary of RCN Scotland's key messages

Build a modernised community nursing career pathway, supported by flexible education options

- Community nursing should be promoted as an exciting career option from day one of any pre-registration nursing course, supported by meaningful student placements
- RCN Scotland supports the principle of developing a generic post in the community at Staff Nurse level
- A programme of enhanced mentorship and learning opportunities should be available to all Staff Nurses entering the community
- Post-registration community nursing education needs to be provided on a modular basis, with protected time available to all, to develop a flexible workforce responsive to local need
- Post-graduate education packages must be fully funded from protected budgets, including resource for backfill, and allocated on authoritative workforce planning projections
- We call on the Government and Scottish health boards to implement the six recommendations of *Older….but Wiser?* in full to ensure nursing expertise and experience is retained

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