



# THE RCN SCOTLAND CONTRIBUTION TO THE CHIEF NURSING OFFICER AND SEND'S REVIEW OF DISTRICT NURSING

FEBRUARY 2016

# The RCN Scotland contribution to the Chief Nursing Officer and SEND's Review of District Nursing

## Executive summary

District nurses are registered nurses who have completed an additional specialist practitioner programme in district nursing leading to a recordable qualification with the NMC. They are leaders in community nursing teams and coordinate increasingly complex care for people at home and in the community. As autonomous practitioners, they use their clinical skills to make assessment and diagnostic decisions, prescribe medicines from the appropriate formulary and develop care plans in partnership with patients and families. This includes recognising and taking action when a person's condition is deteriorating to avoid unnecessary hospital admission. They are key to ensuring effective and timely discharge from hospital.

They work with partner agencies and professionals, making appropriate referrals as part of their management and co-ordination of care. They clinically supervise, delegate and manage work within their team.

Along with their teams of nurses and health care support workers, district nurses are a key workforce for delivering safe, high quality care in the community and ensuring people achieve the best possible health outcomes.

Yet there is a common misrepresentation of the district nurse role as one of discrete task delivery. This view is unhelpful and has devalued the public and professional image of the role. Now is the time to present a better and more accurate representation of what district nurses do which focuses on their role in designing, coordinating and delivering care, taking a person-centred quality and care outcomes approach.

To support this aspiration, this paper has been developed by RCN Scotland as a contribution to the Chief Nursing Officer (CNO) and the Scottish Executive Nurse Directors' Review of District Nursing (DN Review), and provides recommendations for consideration by all the DN Review groups as they develop their final report.

We have developed these recommendations through analysis of the health policy and reform landscape in Scotland, interviews with key stakeholders, previous RCN policy statements and our own professional consideration of how district nursing could help better deliver on the government's vision for integrated, community-based care.

It is important to note that this analysis represents a snapshot in time of a rapidly changing environment and that the required actions may shift as the health and care landscape changes, for example through the testing of the Buurtzorg model or the completion of the new general practice contract. None of the recommendations in this paper can be considered in isolation and many of them relate to a number of different headings. The scope of the recommendations we have included highlight the complex and interwoven policies and reforms that will affect district nurses and community nursing teams.

## District nursing in integrated health and social care

Increasingly, health policy is focused on enabling health promotion, prevention and self-management, rather than treatment of illness alone. The *2020 Vision* and *The Public Bodies (Joint Working) Act* set out the government's aspirations for high quality person centred care which is delivered at home or a homely environment, moving the focus away from healthcare delivered predominantly in hospitals.

Within the Act, the Integration Principles provide a framework for those planning and delivering health and social care to improve the wellbeing of service-users and ensure those services are provided in a way which is person centred and focused on safety and quality. They work alongside the National Health and Wellbeing Outcomes, which are high-level statements which should focus the activity of health and social care partners, in partnership with service users and the community.

The integration reform agenda is designed to better meet the needs of people accessing health and social care services in Scotland, many of whom have increasingly complex needs, including multimorbidity<sup>1,2</sup>. Around a quarter of people in Scotland have more than one long term condition, with particularly complex issues facing many of those living with high levels of deprivation and those living into old and very old age.

As more people with more complex needs receive care in their own homes and other community settings, the expert nursing generalists in the community who have the skills to meet their needs are district nurses. District nurses can help ensure high quality and well-coordinated care in the community, through person-centred approaches which focus on co-creation and self-management support, which anticipate and respond to individual need and which ensure strong collaboration across professions and sectors.

This paper explores the role of district nursing within the current, rapidly developing policy landscape. It looks at four key aims of the government's integration reform agenda and makes recommendations on how the DN Review can add value in relation to each.

Those aims, drawn from the Integration Principles, are:

1. Delivering care which is integrated from the point of view of service users
2. Designing care around the particular needs of people and communities
3. Sustainable, quality services that make the best use of available facilities, people and resources
4. Planning and leading services through engagement with the community.

District nurses and their teams have a central role in meeting all of these aims.

Below are some of the specific recommendations, which RCN Scotland believes will ensure district nursing teams are fit for the future and can demonstrate their role, both nationally and locally, in delivering better, more integrated health and care services in the community. The detailed rationale for each recommendation is included in the main body of this report.

---

<sup>1</sup> ISD Scotland. 2015. Healthy life expectancy in Scotland <https://www.isdscotland.org/Health-Topics/Public-Health/Publications/2015-12-08/2015-12-08-HLE-Summary.pdf?71413820982>

<sup>2</sup> Barnett et al. 2012. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *The Lancet*. Vol 380

## Recommendations

RCN Scotland urges the DN Review to consider the following when developing its final report and recommendations:

### 1. Delivering care which is integrated from the point of view of service users

#### Ensuring high quality person centred care in an integrated environment

- 1.1. To develop a future-proofed vision for district nursing, and to support commissioners in Integration Authorities (IAs), the review must set out clearly how it expects a future district nursing workforce to support IAs to deliver on the National Health and Wellbeing Outcomes and Integration Principles, and where additional resource and support may be required to make this a reality.
- 1.2. To ensure that the right care is delivered by the right person in the right place at the right time, the review should recommend an assessment of the community nursing workload and workforce planning tool to ensure it remains fit for purpose within the context of integration and in the light of the review's recommendations.

#### Care coordination and joint working across health and care agencies

- 1.3. The review should set out advice for IA commissioners on how they can ensure district nurses have the time and tools required to deliver effective care co-ordination in multi-disciplinary and multi-sectoral teams.
- 1.4. The review should ensure that district nurses can benefit from advice from, and can access direct referral pathways to, specialist colleagues across the professions.
- 1.5. The review should clearly state that NHS boards and IAs have a responsibility to facilitate positive working relationships between district nurses and acute hospital teams to ensure co-ordinated and timely discharge of patients.
- 1.6. The review must ensure that any future findings from the evaluations and recommendations arising from the Buurtzorg pilot projects are fully considered in terms of any impact and consequences required of district nursing teams in relation to models of care delivery and ways of working. This includes professional accountability, supervision, clinical decision-making support, continuous professional development, and skill mix.

#### The transformation of primary care

- 1.7. The review must state clearly how district nursing will contribute to the vision of a multi-disciplinary future for primary care, which is currently being developed by the Scottish Government.
- 1.8. Given the potential consequence of general practice reforms, the review must consider and set out the impact of any general practice contract changes to the delivery and funding of services provided by district nursing teams.
- 1.9. The review should recommend that the complementary responsibilities and skills of district nurses and practice nurses are mapped and defined in advance of the general practice contract negotiations concluding.
- 1.10. The review should make recommendations in relation to current funding for long-term conditions interventions following the patient, to ensure a sustainable, whole-systems approach to care in the future.

### **Working across the NHS, third and independent sectors**

- 1.11. To ensure effective joint working with district nursing, a community nursing workload and workforce planning tool (see point 1.2) should be adapted for use by non-NHS community providers, in particular the care home sector or new, evidenced-based tools must be developed specifically for these sectors. Work in other parts of the UK may support such developments.
- 1.12. The review should recommend the development of a national dependency tool for the care home sector to support identification of necessary workforce requirements.
- 1.13. The review should recommend that guidance is commissioned to advise IAs on the parameters of the district nursing contribution to care delivered by other providers across the statutory, independent and third sectors.
- 1.14. In light of the new responsibilities to be undertaken by IAs, the review must clarify the accountability of nurse leaders for the quality of services commissioned from all third party contractors.

### **Advanced practice and district nurse clinical decision making**

- 1.15. The review must ensure that the roles of Advanced Nurse Practitioners (as informed by the work of the CNO's Advanced Practice Advisory Group) are fully embedded in the configuration of future district nursing teams as senior clinical decision makers.

## **2. Designing care around the particular needs of people and communities**

### **Self-management and long term conditions**

- 2.1. The review should embed the *PANEL*<sup>3</sup> principles for applying a human rights based approach in practice (participation, accountability, non-discrimination and equality, empowerment, and legality) into all elements of the future district nursing service, including, but not limited to, future education provision and service evaluation
- 2.2. Linked to point 1.8 the review should, specifically, set out the possible implications of the end of QOF for the district nursing workforce and workload, particularly in relation to management of long term conditions and the reformed focus of the work of GPs expected by 2017.
- 2.3. The review must consider how its plans for future district nursing activity on self-management and long-term conditions in particular should influence current discussion on the reform of primary care.

### **Self-directed support**

- 2.4. The review should recommend that guidance is developed on the scope of district nursing involvement in self-directed support packages, including clear guidance on accountability.

### **Public health and inequalities**

- 2.5. To inform the implementation of the Public Health Review report, the DN Review should define the public health and health promotion role of district nurses, including in supporting self-care and enabling rehabilitation, and in responding to

---

<sup>3</sup> Scottish Human Rights Commission. Online resource: What is a human rights based approach? <http://www.scottishhumanrights.com/careaboutrights/whatisahumanrightsbasedapproach>

the needs of people with significant health needs and who are affected by health inequalities.

- 2.6. Learning from the review of health visiting, the DN Review should consider the impact on district nursing funding, skill mix, capacity, education and caseloads of contributing to reducing health inequalities through an increase in targeted interventions. The ability to profile caseloads through a new weighting tool (see 3.1) will support this recommendation.

### **Anticipating and preventing health issues**

- 2.7. The review must clearly define anticipatory care in the context of district nursing services, set out expectations for its delivery by district nurses in the future, and ensure that activity related to anticipatory care is included in workforce and workload planning decisions.
- 2.8. The review must ensure that the newly designed district nurse role and ways of working prioritise and allow time to intervene early to provide preventative care and advice and incorporate into every assessment.

### **Palliative and end of life care**

- 2.9. The review must clearly define the scope of district nurses' and their teams' contribution to palliative and end of life care, to inform IA decision making and ensure alignment with the Scottish Government's *Strategic Framework for Action on Palliative and End of Life Care*.

## **3. Sustainable, quality services that make the best use of available facilities, people and resources**

### **Sustainable services provided 24/7**

- 3.1. The review should set a deadline for the delivery of a comprehensive caseload weighting tool for district nursing, as this is required to inform future workload and therefore workforce requirements.
- 3.2. Given the short timescale for delivery, the review should recommend that further work is commissioned to provide a long-term view of the workforce required to deliver on its recommendations and ensure district nursing teams have the right number of staff, with the skills and knowledge they need to deliver for patients.
- 3.3. The DN Review should propose that the Scottish Government review the first set of IA strategic plans to understand the implications for district nursing and the recommendations of the DN Review.

### **Unscheduled care including out of hours**

- 3.4. To ensure the contribution of district nursing is recognised throughout wider government agendas, the review should demonstrate how the district nursing workforce contributes to improving unscheduled care as framed by the Six Essential Actions, in particular actions five and six.
- 3.5. There must be clear alignment between the DN Review's recommendations and the implementation plan arising from the Primary Care OOH Review.

### **Intermediate care**

- 3.6. The review should define the contribution of district nursing to intermediate care and the resources required to deliver this, particularly in light of development of hospital at home and the previous work of the government's intermediate care group.

### **Care-enabling technologies**

- 3.7. Building on work such as the Primary Care OOH Review 'Data and Technology group' report, the DN Review should recommend the development of systems and processes to support timely and consistent sharing of patient information, with real time access to all relevant health and social care information for district nurses and all other relevant care providers to enable them to work effectively and safely with their patients.
- 3.8. The review should recommend Scottish tests of the Buurtzorg model of care include testing use of Buurtzorgweb and the eCare system or a similar electronic integrated care planning, workload and workforce planning system.
- 3.9. The review should set out the most immediate priorities for investment in fit for purpose care enabling technologies to support patients on the district nursing caseload to self-manage their conditions.

### **Evaluation and quality improvement**

- 3.10. The review must commission urgent work, in partnership with ISD, to re-think the current District Nursing Dataset to focus on patient outcomes rather than tasks.
- 3.11. The review should make recommendations to national bodies and IAs on embedding robust evaluation measures, including baselines, at the point of development of any new model of care by, or involving, district nursing.
- 3.12. The review should emphasise the need for continuous research into new models of district nursing practice.

### **Education and continuing professional development**

- 3.13. The review should make a recommendation for funding to be made available to train further nurses to SPQ level.
- 3.14. District nurse education should be informed by the new QNI/QNIS standards, which have been endorsed by the RCN, and the review must recommend the development of a commissioning approach with HEIs for the delivery of SVQ programmes.
- 3.15. To build capacity and capability the review must make recommendations of ways to manage the identified mix of skill sets within the current district nurse workforce and provide access to and investment in a range of CPD opportunities so that teams have the skills, and can practise at a level, which meets the needs and requirements of a growing, more complex patient population.
- 3.16. The provision of continuous clinical supervision and support of practice by recognised mentors, practice teachers and practice educators is essential and the review should make recommendations to ensure this necessary infrastructure is in place and support succession planning to further build capacity and capability on an ongoing basis.
- 3.17. District nurses with the specialist practitioner qualification have a particular role in leading and developing community nursing practice and teams. The review should prioritise learning and development opportunities which will equip the district

nursing team with the skills and expertise to work in new integrated ways with colleagues from across health and social care.

- 3.18. The review should recommend that protected time and investment in CPD is made available to all members of the district nursing team.

#### **4. Planning and leading services through engagement with the community**

##### **Locality planning and engagement with integration authorities**

- 4.1. The review must make recommendations which enable effective district nurse engagement in locality planning and IA strategic planning and support local commissioners to understand what support and skills district nurses will require to engage meaningfully.
- 4.2. In particular we urge the review to recommend protected time for district nurse engagement in locality and strategic planning, through backfill and ensuring responsibilities for locality planning are included in job descriptions.
- 4.3. District nurses with direct responsibility for advising the nurse member of the IA should have protected time to fulfil their duties and have their responsibilities reflected in their job descriptions.

##### **Engaging in national reforms and the development of new models of care**

- 4.4. On publication of the DN Review's final report, the Scottish Government should ensure its recommendations are integrated across all reform agendas.



# The RCN Scotland contribution to the Chief Nursing Officer and SEND's Review of District Nursing

## Main report

In 2010, the RCN's position statement *Pillars of the Community*<sup>4</sup> was developed in response to an identified need to better understand what a modernised registered nursing career pathway in the community could look like, and how to best invest in community nurse leadership. The statement promotes a person-centred multi-disciplinary team approach and a seamless pathway for patients across services. It also emphasises the need to embed nursing expertise within the team, including the skills of specialist, advanced and consultant practitioners.

District nursing teams can deliver on this vision of modern community nursing.

District nurses are registered nurses who have completed an additional specialist practitioner programme in district nursing leading to a recordable qualification with the NMC. They are highly skilled leaders in community nursing teams and expert autonomous practitioners who specialise in:

- Providing a wide range of nursing care in home and community based settings, adapting constantly to changing care environments;
- Assessing and managing unpredictable situations flexibly and responsively;
- Coordinating care, whether anticipated or unscheduled, with individuals and their families, through acute illness, long term and multiple health challenges and at the end of life;
- Working collaboratively and creatively with colleagues in general practice, social care, community pharmacy, nursing specialisms, allied health professionals and others to improve the health and care of individuals, families and communities, particularly the most vulnerable;
- Ongoing management of people with complex needs and multiple long-term conditions, promoting and supporting self-management; and
- Leading and managing a team to deliver care in the home and the community.<sup>5</sup>

However, large workloads and an emphasis in service design on delivering tasks rather than improved patient outcomes means district nurses are often not able to work to the top of their scope of practice. The DN Review is an opportunity to demonstrate how, as more care is delivered in the community, district nurses are the expert generalists who can provide the range and quality of care people will need – particularly for people with multiple complex conditions.

It is also an opportunity to highlight the strengths of the district nursing team structure and skill mix. Scottish territorial NHS boards have a variety of models of skill mix for their district nursing teams, which include roles from level 2 health care support workers through to level 7 team leader roles, and boards have also highlighted the need for level 7 ANP roles as part

---

<sup>4</sup> RCN. 2010. *Pillars of the Community*. London: RCN

<sup>5</sup> QNI/QNIS. 2015. *The QNI/QNIS Voluntary Standards for District Nurse Education and Practice*. [http://www.qni.org.uk/docs/DN\\_Standards\\_Web.pdf](http://www.qni.org.uk/docs/DN_Standards_Web.pdf)

of district nursing teams in the future. District nursing teams also have a significant role in working with other areas of health and social care, across multi-disciplinary teams.

We believe district nurses and their teams are one of the most significant workforces within a contemporary health and care system, which is orientated towards seamless and person centred community based care.

District nursing interventions, when well-planned and co-ordinated, reduce unnecessary hospital admissions, shorten length of inpatient stay, promote self-care and resilience in our communities, and prevent ill health occurring in the first place<sup>6,7</sup> As QNIS have noted, 'Never has the generalist expertise of the District Nursing service been more central to the provision of health and care'.<sup>8</sup> District nursing and other community nursing staff are a mainstay of locally delivered health care, and will play an important role in the delivery of integrated services to improve outcomes, as part of broader teams of highly skilled professionals.

### **District nursing in an integrated care environment**

Scottish Government health policy over the last 15 years has had a focus on health promotion and prevention, rather than treatment of illness alone. The *2020 Vision* and the *Public Bodies (Joint Working) Act* have set in stone the government's aspiration for high quality person centred care which is delivered at home or a homely environment, moving the focus away from healthcare delivered predominantly in hospitals.

A recent Audit Scotland report found that there is widespread support for the principles of integration, but that integration authorities (IAs) still face challenges in delivering on the vision.<sup>9</sup> One of the challenges identified is that current health and social care workforces have been organised in response to budget pressures rather than strategic need.

In our 2015 report *Going the Extra Mile*<sup>10</sup> about community health care for older people in rural and remote Scotland, we discussed the same issue. Among our recommendations from the findings of the report were:

*Long-term investment in community resources is not happening at the pace and scale required. Only with long-term funding and robust, evidence-based planning can we make lasting improvements in access to care for older people in remote and rural communities.*

*Plans to make changes to out-of-hours care and deliver seven day care must be clear, costed and accompanied, if necessary, with additional resources to allow integration authorities to put those plans into action.*

Another message we shared in the same report was the need to take a whole-system approach to recruiting and retaining staff. District nursing is one of the key workforces for the delivery of the *2020 Vision* but as with other areas of practice, they are facing severe shortages of trained staff and a large cohort near retirement.

---

<sup>6</sup> Barrett et al. 2007. Defining the unique role of the specialist district nurse practitioner. *British Journal of Community Nursing*. Vol 12, No 10

<sup>7</sup> QNI. 2015. *The Value of the District Nurse Specialist Practitioner Qualification*. London: QNI

<sup>8</sup> QNI/QNIS. 2015. *The QNI/QNIS Voluntary Standards for District Nurse Education and Practice*

<sup>9</sup> Auditor General and Accounts Commission. 2015. *Health and social care integration*. Edinburgh: Audit Scotland. <http://www.audit-scotland.gov.uk/report/health-and-social-care-integration-0>

<sup>10</sup> RCN Scotland. 2015. *Going the Extra Mile*. Edinburgh: RCN <https://www.rcn.org.uk/about-us/policy-briefings/sco-pol-going-the-extra-mile>

These are crucial areas for action, not just in remote and rural areas but across all parts of the country if we are to have a sustainable service. We need to ensure that planning and investment in our district nursing workforce is not focused on what we have done before, but what we need for the future.

A century ago, Florence Nightingale saw community nursing as a broad discipline that went beyond care delivery alone, and district nurses in particular as having a role in both cure and prevention. These beliefs echo through to what we've heard from people in the sector today.

Our district nurses and their teams deliver quality care to some of the most vulnerable people in our society, with great skill and commitment. Now is the opportunity to build a stronger district nursing service which can meet local needs and support communities to achieve better health and wellbeing outcomes.

RCN Scotland has undertaken extensive work and been in constant dialogue with nurses and others, to understand what will help make Scottish plans to integrate health and social care a success. In our work in 2012 to develop our *Principles for Delivering the Integration of Care*<sup>11</sup>, we found that better integrated working is driven by a shared motivation for improving the wellbeing of service users, by trusting local relationships and by strong, transparent leadership. We concluded that people and their relationships, not organisational structures, are at the heart of successful integration. Making sure all parts of health and social care are engaged, connected and have the right information to make informed decisions will be essential. These remain important principles to guide change in the district nursing workforce.

However, the commissioning of district nursing services is now in the hands of new IAs who have the unenviable task of making available funds meet local needs across Scotland. It is worth noting that, in this new world of integrated budgets 'without identity', the original 2012 Scottish Government consultation on the proposals for integration stated:

*It is our intention that the integrated resource should lose its identity in the integrated budget – so that where money comes from, be it “health” or “social care”, is no longer of consequence. A practical example of the effect we are looking for is that the Jointly Accountable Officer will be able, for example, to spend what is currently categorised as “health” money – used to pay for, say, district nursing – on “social care” activity – to pay for care at home services, for example – or vice versa.<sup>12</sup>*

A core outcome of this review must be to demonstrate, clearly and unambiguously, how district nursing teams can support IAs to deliver on the vision of integration.

In preparation for this DN Review, we spoke to nurse leaders from district nursing, key people in higher education, chief officers of IAs and partner professionals. We wanted to hear their thoughts on the future of district nursing in new models of multidisciplinary 24/7 care and what they saw as the major opportunities and challenges. Their views on the opportunities and challenges ahead for district nursing have informed our thinking in the development of this paper and shaped a picture of the role for district nursing as envisioned by people working in the sector.

---

<sup>11</sup> RCN Scotland. 2012. The RCN Scotland principles for delivering the integration of care. Edinburgh: RCN. [http://www.scottish.parliament.uk/S4\\_HealthandSportCommittee/Inquiries/INTsupp\\_-\\_RCN\\_integration\\_principles.pdf](http://www.scottish.parliament.uk/S4_HealthandSportCommittee/Inquiries/INTsupp_-_RCN_integration_principles.pdf)

<sup>12</sup> Scottish Government. 2012. Integration of Adult Health and Social Care in Scotland Consultation on Proposals. <http://www.gov.scot/Publications/2012/05/6469>

We thank all of our interview participants for their time and insight, as well as our interviewer Jenny Gordon.

## **Setting the scene for the RCN recommendations to the District Nursing Review in Scotland**

Within Scotland's integration legislation, there is a requirement that a set of Integration Principles are taken into account when planning or delivering integrated health and social care services<sup>13</sup>. The main purpose of the principles is to improve the wellbeing of service-users and to ensure that services are provided in ways which are person-centred and focused on safety and quality. They require IAs to take service users' views into account, anticipate needs and work actively to enable co-creation and self-management.

These principles sit alongside the National Health and Wellbeing Outcomes, which those planning and delivering care are required to enable people to achieve. The outcomes are high-level statements of what health and social care partners are attempting via integration, in partnership with service users and the community. The outcomes have a particular focus on the role of health and social care in helping people to manage their own quality of life at home or in a homely setting.

With reference to the Integration Principles, we have identified four key aims from the government's integration agenda, examined the policy context and work underway in each, and identified where the district nursing review could make recommendations to add value in each. Those aims are:

1. Delivering care which is integrated from the point of view of service users
2. Designing care around the particular needs of people and communities
3. Sustainable, quality services that make the best use of available facilities, people and resources
4. Planning and leading services through engagement with the community.

It should be noted that the recommendations and commentary in this paper refer to the policy context at the time of writing. This environment is rapidly changing and the actions required may shift in the future. None of the recommendations in this paper can be considered in isolation and many of them relate to a number of different headings. The scope of the recommendations we have included highlight the complex and interwoven policies and reforms that will affect district nurses and community teams.

---

<sup>13</sup> Scottish Government. 2014. Public Bodies (Joint Working) (Scotland) Act 2014.

<http://www.legislation.gov.uk/asp/2014/9/contents/enacted>

Please note: the full Integration Principles and National Health and Wellbeing Outcomes are attached as annex to this paper

## 1. Delivering care which is integrated from the point of view of service users

### Ensuring high quality person centred care in an integrated environment

While we have made specific recommendations in this paper on how district nursing will support IAs to deliver on the Integration Principles and National Health and Wellbeing Outcomes, it will also be useful for the review to directly map district nursing services against the two, in order to demonstrate areas where the services currently help deliver on priorities, and where additional resource and support may be required. This will support commissioners making decisions on how to invest budgets at partnership level and ensure that the role of district nursing in this new context is fully understood.

High quality, person centred care will require all services to have the right people, with the right skills, in the right place, at the right time. In a truly integrated landscape, and in the context of a radically changed patient profile for community-based services, we will need to be assured that existing tools to plan for the workforce and their workload remain fit for purpose for a re-focused district nursing workforce. This will require further work to review the current community nursing workforce and workload tool in the light of the DN Review's recommendations. The new QNI/QNIS district nurse standards will provide direction for the development of this work.

#### Recommendations

- 1.1. To develop a future-proofed vision for district nursing, and to support commissioners in Integration Authorities (IAs), the review must set out clearly how it expects a future district nursing workforce to support IAs to deliver on the National Health and Wellbeing Outcomes and Integration Principles, and where additional resource and support may be required to make this a reality.
- 1.2. To ensure that the right care is delivered by the right person in the right place at the right time, the review should recommend an assessment of the community nursing workload and workforce planning tool to ensure it remains fit for purpose within the context of integration and in the light of the review's recommendations.

### Care coordination across health and care agencies

The priority of current reform is to make sure care is delivered in a way that is seamless from the perspective of the person receiving care.

We know that this is not always easy given that structures and supports for team-working between district nurses and other care professionals vary across Scotland and between settings. The strength of these relationships will, however, be key to the success of integrated services. The district nurse, who has a vital leadership role in the community, can support making this happen.

The RCN has found from its own work, including joint work with Social Work Scotland, that far more advice and support is required to develop a culture of collaboration as the norm across each and every integrated frontline team. The professional leads in Scottish Government will have a significant role to play in support of local organisational development activities by setting clear expectations for the future for each profession within integrated services.

The district nurse specialist qualification provides nurses with the skills in case management approaches which they use to develop holistic care planning, liaise and communicate with

other care providers, and lead and support members of their team<sup>14</sup>. This is one of the major strengths of the qualified district nurse role and will become increasingly important in a more complex and integrated world. However, to empower district nurses in care coordination across their local area, policy makers and planners will need to consider the support, time and tools needed and how to embed this into ways of working within multidisciplinary and multi-sectoral integrated teams.

As more health care is moved to the community, getting the technology right will also be critical to avoid fragmentation. For district nurses both as autonomous lone workers and as leaders, access to real time communication and sharing of information and decision support with their teams and other professionals will make care coordination easier and more effective and reduce the chance of mistakes or miscommunication. Care enabling technology is increasingly integral to quality care delivery, and is considered in more detail on page 27.

One critical area of focus will be enabling better information sharing and relationships between district nurses and other members of the multidisciplinary team working in both community, acute and social care settings. As expert generalists in the community, district nurses should be able to easily and rapidly draw on the expertise of and, where appropriate, refer to, their specialist colleagues from across the professions. This will be to the benefit of patients, who will experience swifter access to high quality care.

One significant barrier to person centred care pathways is poorly coordinated discharge planning, and developing better mechanisms for district nurse engagement with colleagues in acute hospital settings will help to remove this barrier. The implications of the newly published Clinical Strategy<sup>15</sup> in potentially regionalising or centralising certain specialist inpatient care will have profound implications for the ability of district nurses to engage in effective co-ordination of discharge back into home settings. Therefore the need to establish effective communication and integrated working between hospital and community care teams will be essential.

Finally, as the Buurtzorg model is to be tested in Scotland, it will be important for the DN Review's groups to engage with the pilots to ensure they reflect the Scottish community nursing context including district nurses' integrated care coordination role, the skill mix within district nursing teams, and career pathways.

### **Recommendations**

- 1.3. The review should set out advice for IA commissioners on how they can ensure district nurses have the time and tools required to deliver effective care co-ordination in multi-disciplinary and multi-sectoral teams.
- 1.4. The review should ensure that district nurses can benefit from advice from, and can access direct referral pathways to, specialist colleagues across the professions.
- 1.5. The review should clearly state that NHS boards and IAs have a responsibility to facilitate positive working relationships between district nurses and acute hospital teams to ensure co-ordinated and timely discharge of patients.
- 1.6. The review must ensure that any future findings from the evaluations and recommendations arising from the Buurtzorg pilot projects are fully considered in terms of any impact and consequences required of district nursing teams in relation to models of care delivery and ways of working. This includes professional

<sup>14</sup> QNI. 2015. The Value of the District Nurse Specialist Practitioner Qualification. London: QNI

<sup>15</sup> Scottish Government. 2015. A National Clinical Strategy for Scotland. Edinburgh: Scottish Government. <http://www.gov.scot/Publications/2016/02/8699>

accountability, supervision, clinical decision-making support, continuous professional development, and skill mix.

## The transformation of primary care

Other parts of the changing health and social care landscape will impact on the future of district nursing. The Scottish Government is currently exploring and testing new models for primary care, as well as negotiating the first entirely separate Scottish GMS contract, which will be in place by April 2017. We know that the newly reconfigured primary care division in Scottish Government is keen to ensure a broad primary care vision is developed, and this was recently reflected in a parliamentary speech by the Cabinet Secretary for Health and Wellbeing, Shona Robison MSP:

*Our model of multidisciplinary working has implications right across the workforce... Our community nurses can lead and co-ordinate care management and specialist services, and in many instances are already doing so. I want to see more of that, and the chief nursing officer has recently begun work to transform and develop nursing roles so they meet current and future needs of Scotland's people.<sup>16</sup>*

However, as this transformation of primary care begins, it is critical that the government is able to consider potential consequences for the wider primary care sector of changes to the GMS contract in particular, especially in regard to management of long term conditions and other public health activity post-QOF. This review will need to ensure that, in this context, the district nursing profession remains resourced and focused to be fit for the future and that the contribution of district nursing to the wider landscape is clear.

The DN Review will need to consider what changes to general practice might mean for the responsibilities and roles performed by district nursing and map the complementary skill sets and responsibilities of practice nurses and district nurses and their teams across localities, in order to deliver the most appropriate care where and when it is needed.

Furthermore, if IAs have the lead on planning and delivering against the National Health and Wellbeing Outcomes, they will also require some levers to ensure a coherent and collaborative vision is delivered effectively across the entire local health and care system, however this is contracted for. As QOF comes to an end, we will need to ensure that funding for interventions related to current QOF activity to improve health – often delivered by practice nurses – continues to follow the patient, whoever is responsible for delivery in the future.

### Recommendations

- 1.7. The review must state clearly how district nursing will contribute to the vision of a multi-disciplinary future for primary care, which is currently being developed by the Scottish Government.
- 1.8. Given the potential consequence of general practice reforms, the review must consider and set out the impact of any general practice contract changes to the delivery and funding of services provided by district nursing teams.
- 1.9. The review should recommend that the complementary responsibilities and skills of district nurses and practice nurses are mapped and defined in advance of the general practice contract negotiations concluding.

<sup>16</sup> Redesigning Primary Care – Debate on motion S4M-15172. Scottish Parliament. 15 December 2015. [http://www.scottish.parliament.uk/parliamentarybusiness/report.aspx?r=10277&mode=html#iob\\_94546](http://www.scottish.parliament.uk/parliamentarybusiness/report.aspx?r=10277&mode=html#iob_94546)

1.10. The review should make recommendations in relation to current funding for long-term conditions interventions following the patient, to ensure a sustainable, whole-systems approach to care in the future.

### **Working across the NHS, third and independent sectors**

Third and independent sector providers are central to delivering integrated care. Scotland's population is aging and – as care moves into communities – more people will be living in care homes or accessing care at home services.

Providers are currently gearing up for a new care home contract with COSLA. The availability of nurses, and their pay and conditions, will be a significant focus area. Scottish Care reports that the homes they represent are having great difficulty in recruiting and retaining registered nurses, and the organisation has been lobbying for increased government funding to support better pay, in order for the sector to be more competitive with the NHS.

At the same time, government<sup>17</sup> and IAs are interested in delivering new forms of care in care homes which will include greater acuity and complexity – for example in the delivery of step up and down beds. It is unclear how ready care homes are to deliver on this vision.

To deliver a step change in the integration of third and independent sector providers, first we need to plan for our nursing workforce in a co-ordinated way to ensure supply of the right nursing numbers and skill mix, wherever care is delivered. There is not currently any robust and evidenced based nursing workforce and workload planning tool for providers outside the NHS. There is also no nationally agreed and applied dependency tool to support identification of care home workforce requirements to meet the needs of individual residents. The lack of both of these tools must be addressed if we are not only to get our nursing workforce right, but also if we are to understand how district nursing teams and wider workforce will work together.

Care home staff have told us they face a significant barrier in the variable quality of connections and relationships with NHS staff, including district nurses; many district nurses say the same of relationships to care home staff. The district nursing review needs to consider the expectations for district nursing teams to contribute to care in care home settings in future.

We also know from our own work to support nurse leaders make the transition to integrated care that their accountability for the care commissioned by any third party provider remains unclear and this remains a concern. The RCN has recently produced a guide to integrated care and clinical governance for senior nurses<sup>18</sup> which touches on this point, but further clear guidance is required from the Scottish Government if patients and residents – as well as nurses – are to understand the limits of their own accountability.

### **Recommendations**

1.11. To ensure effective joint working with district nursing, a community nursing workload and workforce planning tool (see point 1.2) should be adapted for use by non-NHS community providers, in particular the care home sector or new,

<sup>17</sup> Task force for the future of residential care in Scotland. 2014. The Future of Residential Care for Older People in Scotland. Edinburgh: Scottish Government.

<http://www.gov.scot/Publications/2014/02/6217>

<sup>18</sup> RCN Scotland. 2015. Clinical governance and integration guide. Edinburgh: RCN. <https://www.rcn.org.uk/about-us/policy-briefings/sco-pol-clinical-governance-guide>



evidenced-based tools must be developed specifically for these sectors. Work in other parts of the UK may support such developments.

- 1.12. The review should recommend the development of a national dependency tool for the care home sector to support identification of necessary workforce requirements.
- 1.13. The review should recommend that guidance is commissioned to advise IAs on the parameters of the district nursing contribution to care delivered by other providers across the statutory, independent and third sectors.
- 1.14. In light of the new responsibilities to be undertaken by IAs, the review must clarify the accountability of nurse leaders for the quality of services commissioned from all third party contractors.

### **Advanced practice and district nurse clinical decision making**

All of the above aspects of care require a district nursing team which is empowered and has the capability within it to make effective and timely clinical decisions and referral to other areas of health and social care, to ensure delivery of high quality interventions to support achievement of the desired outcomes for patients.

District nurses are already autonomous practitioners, however there is an important place for advanced practice here. Many district nursing teams already work with advanced nurse practitioners (ANPs) but in the future including these roles within the skill mix of district nursing teams will be essential to enhance the autonomous senior clinical decision making capacity within the team, enabling care to be delivered swiftly and seamlessly and ensuring patients are seen in the right place, at the right time, by the right person with the right skills.

With the increasing complexity of patient care needs within the district nurse caseload, ANPs with their advanced knowledge, skills and expertise can complement the teams and can take senior clinical decisions that support timely achievement of patient outcomes and provide a point of access for other members of the multidisciplinary team.

The recommendations of the Primary Care OOH Review report<sup>19</sup> sets a strong foundation for this skill mix reform. The CNO's parallel ANP Review now has an important task in setting out the future for the role on a 24/7 footing across all settings.

#### **Recommendations**

- 1.15. The review must ensure that the roles of Advanced Nurse Practitioners (as informed by the work of the CNO's Advanced Practice Advisory Group) are fully embedded in the configuration of future district nursing teams as senior clinical decision makers.

---

<sup>19</sup> Sir Lewis Ritchie (2015) Pulling together: transforming urgent care for the people of Scotland – The report of the Independent Review of Primary Care Out of Hours Services. Edinburgh: Scottish Government. [www.gov.scot/Resource/0048/00489935.pdf](http://www.gov.scot/Resource/0048/00489935.pdf)

## 2. Designing care around the particular needs of people and communities

Scottish Government health policy has a stated aim of moving the design of care away from what suits those who fund and deliver care and towards design in response to the needs of the individual and community.

### Self-management and long term conditions

To achieve the 2020 Vision, the integration of health and social care must lead to the delivery of care in a way that better meets the individual needs of patients and communities.

This will include a much greater focus on complexity, frailty and multimorbidity. People in Scotland are living longer, but are increasingly likely to have multiple long term conditions as they age<sup>20</sup>. A cross-sectional study of Scottish general practice found that as of 2007<sup>21</sup> over 23% of the Scottish population had more than one long term condition. The likelihood of developing multiple conditions was much more common and earlier among people living with high levels of deprivation. And increased age brings increased prevalence of health conditions: 65% of those aged 65-84 and nearly 82% of those over 85 are likely to be living with more than one health condition.

The study's authors concluded that their results challenge the single-disease framework which informs most health care, research and education: 'A complementary strategy is needed, supporting generalist clinicians to provide personalised, comprehensive continuity of care, especially in socioeconomically deprived areas.'

A recent report from the Kings Fund<sup>22</sup> also argued that integrated care for older people must fundamentally shift towards care that is coordinated around the individuals' broader needs, rather than a single condition, and which prioritises maintaining independent living. This is critical in the context of district nursing. As expert generalists working with people in the community, district nurses must be supported to deliver the personalised care required by the people they work with, who will have increasingly complex health needs and require longer and more intensive visits.

One major theme that emerged from our interviews was the need for more emphasis on self-management support and prevention in the district nurse role profile. District nurses have a valuable relationship with patients and their families and carers, who they work within the home to treat and manage symptoms, but more can be done to enhance their role through further training in methods of supporting patients in the self-management of their long term health conditions.

Increasingly, the focus for district nurses when working with people with long term conditions – as well as leading and supporting their teams to do so – will be on co-production and patient enablement. In an integrated system, district nurses will use asset-based approaches to connect their patients with local services and resources. Their work, including use of all of these approaches, should be informed by the *PANEL* principles for applying a human rights

---

<sup>20</sup> Information Services Division. 2015. Healthy Life Expectancy in Scotland. Edinburgh: NHS Scotland. <https://www.isdscotland.org/Health-Topics/Public-Health/Publications/2015-12-08/2015-12-08-HLE-Summary.pdf?71413820982>

<sup>21</sup> Barnett et al. 2012. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *The Lancet*. Vol 380

<sup>22</sup> Kings Fund. 2014. Making our health and care systems fit for an ageing population. London: Kings Fund. <http://www.kingsfund.org.uk/publications/making-our-health-and-care-systems-fit-ageing-population>

based approach in practice – participation, accountability, non-discrimination and equality, empowerment, and legality<sup>23</sup>.

In part, developing the best possible care and support for people with long term conditions will be about professionals using and sharing skills appropriately. At present, many practice nurses undertake management of complex long term conditions – and in particular, self-management support – as part of their daily work within general practice and district nurses are focused on management of long term conditions with people in their own homes. We are also aware that general practitioners are negotiating a new role as the senior medical decision maker in the community with a particular focus on clinical leadership around complex long term conditions. The timing of the DN Review and the new GMS contract therefore provides an opportunity to look at these crucial relationships between district nursing, practice nursing and general practitioners in providing and supporting management of long term conditions, and to set a clear vision for district nursing to shape the future.

#### **Recommendations**

- 2.1. The review should embed the *PANEL*<sup>24</sup> principles for applying a human rights based approach in practice (participation, accountability, non-discrimination and equality, empowerment, and legality) into all elements of the future district nursing service, including, but not limited to, future education provision and service evaluation.
- 2.2. Linked to point 1.8 the review should, specifically, set out the possible implications of the end of QOF for the district nursing workforce and workload, particularly in relation to management of long term conditions and the reformed focus of the work of GPs expected by 2017.
- 2.3. The review must consider how its plans for future district nursing activity on self-management and long-term conditions in particular should influence current discussions on the reform of primary care.

#### **Self-directed support**

The Social Care (Self-directed Support) Act came into force in April 2014 and is about delivering person-centred, co-produced care planning to support independent living for people eligible for social care. While the focus of self-directed support (SDS) is mainly on social care provision, the guidance includes the potential for delegation of care to health professionals.

Nurses have reported concerns around how this will impact them and their teams, one concern being what their responsibilities are for the delegation of health tasks to personal care assistants employed by individuals as part of their SDS package. This impacts particularly in district nursing teams and, to ensure they are able to work safely and effectively in the future, the review must support district nurses to understand their work in this context, as leaders of community nursing teams.

#### **Recommendations**

- 2.4. The review should recommend that guidance is developed on the scope of district nursing involvement in self-directed support packages, including clear guidance on accountability.

<sup>23</sup> Scottish Human Rights Commission. Online resource: What is a human rights based approach? <http://www.scottishhumanrights.com/careaboutrights/whatisahumanrightsbasedapproach>

<sup>24</sup> Ibid

## Public health and inequalities

Scotland has high levels of deprivation and health inequalities which will continue to present a challenge for IAs, local authorities and NHS boards. We also have a cohort of people who are entirely disengaged from health and social care services.

Although one of the Health and Wellbeing Outcomes requires that 'Health and social care services contribute to reducing health inequalities', our interview participants felt that current services are 'only scratching the surface' of health inequalities and deprivation. They felt that this is exacerbated by negative attitudes from health and social care professionals, a general underestimation by professionals of the impact of social inequalities on health and wellbeing outcomes, and an over-reliance on services from some patients.

It is important that when IAs – including board members who may not have health experience – make planning and commissioning decisions on how to prioritise parity of outcomes for all who need health interventions, they understand the public health role of district and other community nursing. Many of our interviewees felt that while it is significant, the public health role of district nurses is not well understood.

Furthermore, learning from experiences with health visiting and the Deep End Practices, if district nursing is to play its part in a generational step change on inequality, the review will need to consider the option of increasing targeted interventions from nursing staff to address the inverse care law. The ability to robustly profile caseloads through a new weighting tool (see 3.1) will support this recommendation.

The government's Public Health Review has just reported and has made recommendations for the development of a future public health strategy. This report noted the need for the Scottish public health function to be clearer about priorities and delivered in a more coherent manner. Throughout this paper RCN has emphasised the public health approaches which district nurses use in their practice. As implementation of the Public Health Review advances, it will be important to keep at the forefront the hugely significant role of the broader public health workforce, which includes district nurses, as well as their GP and social work colleagues and others.

This district nursing review must link in with the public health review implementation to ensure the public health role of district nursing is made clear and included in implementation of any changes.

### Recommendations

- 2.5. To inform the implementation of the Public Health Review report, the DN Review should define the public health and health promotion role of district nurses, including in supporting self-care and enabling rehabilitation, and in responding to the needs of people with significant health needs and who are affected by health inequalities.
- 2.6. Learning from the review of health visiting, the DN Review should consider the impact on district nursing funding, skill mix, capacity, education and caseloads of contributing to reducing health inequalities through an increase in targeted interventions. The ability to profile caseloads through a new weighting tool (see 3.1) will support this recommendation.

## Anticipating and preventing health issues

There is a common misrepresentation of the district nurse role as one of discrete task delivery. This view is unhelpful and has devalued the public and professional image of the

role. A better and more accurate representation of what district nurses do would focus on their role in designing, coordinating and delivering care on the basis of person-centred quality and care outcomes. This includes prevention, early intervention and self-management support approaches. But much of the prevention and health promotion delivered and led by district nurses is embedded in their daily work rather than being clearly visible, making it difficult to articulate and evaluate<sup>25</sup>. Anticipatory care is core to the district nurse role; district nurses are experts in its delivery and it is incorporated into the way they work as leaders within community nursing teams. The review could do much through its recommendations to enhance the focus this part of the district nurse role and support its prioritisation in the future commissioning of services.

‘Anticipatory care can take many forms. It helps reduce avoidable unscheduled acute admissions for people with pre-existing conditions, particularly older people, and those with mental health conditions’<sup>26</sup>. This includes, but is broader than, the completion of anticipatory care plans (ACPs), and involves working with people throughout their illness trajectory to identify early any circumstances which may negatively impact on their health in the future.

An ACP is a dynamic record that is part of broader anticipatory or advance care planning, and which is developed over time through conversation and shared decision making<sup>27</sup>. Analysis of work carried out in NHS Shetland<sup>28</sup> has shown that people with ACPs who were seen out of hours were cared for according to their plan without introducing alternatives which may have resulted in an inappropriate admission to hospital. Such early intervention can reduce over or under treatment, and for people at the end of life can help ensure their place of death reflects their wishes<sup>29</sup>.

Given the priority set on ACPs by the Scottish Government and the evidence of their effective use, the DN Review must recommend a key role for district nurses in the development of ACPs for patients on their caseload.

Looking at anticipatory approaches more broadly, there is an established literature but not yet a consensus on what it should look like in community health services. A 2014 paper from the Kings Fund looked at how services in England could work better for older people, and concluded that a fundamental shift is needed towards care that ‘prioritises prevention and support for maintaining independence’<sup>30</sup>. In 2010 a qualitative case study<sup>31</sup> engaged practice nurses, district nurses and health visitors and their patients within one Scottish Community Health Partnership to develop an understanding of community nurses’ role in anticipatory care. One finding was that some district nurses saw this as a role they ‘have done for years’

---

<sup>25</sup> Runciman, P. 2014. The health promotion work of the district nurse: interpreting its embeddedness. *Primary Health Care Research and Development*; 15: 15-25

<sup>26</sup> NHS Scotland Shifting the balance of care: Anticipatory care and crisis prevention. Edinburgh: Scottish Government. <http://www.shiftingthebalance.scot.nhs.uk/improvement-framework/high-impact-changes/anticipatory-care-and-crisis-prevention/>

<sup>27</sup> See NHS Education for Scotland definition: <http://www.palliativecareinpractice.nes.scot.nhs.uk/advance-anticipatory-care-planning-toolkit/faqs.aspx>

<sup>28</sup> NHS Shetland case study: <http://www.jitscotland.org.uk/example-of-practice/247-community-nursing-service-model>

<sup>29</sup> Baker et al. 2012. Anticipatory care planning and integration: a primary care pilot study aimed at reducing unplanned hospitalisation. *British Journal of General Practice*

<sup>30</sup> Kings Fund. 2014. Making our health and care systems fit for an ageing population. London: Kings Fund. <http://www.kingsfund.org.uk/publications/making-our-health-and-care-systems-fit-ageing-population>

<sup>31</sup> Kennedy et al. 2010. Investigating the contribution of community nurses to anticipatory care: a qualitative exploratory study. *Journal of Advanced Nursing*

without the anticipatory care label, but that growing workloads mean they no longer have the time or service capacity. The refreshed vision for district nursing set out by this review must encompass explicit recommendations for commissioners to ensure district nurses and the teams they lead have the time to deliver preventative care.

### **Recommendations**

- 2.7. The review must clearly define anticipatory care in the context of district nursing services, set out expectations for its delivery by district nurses in the future, and ensure that activity related to anticipatory care is included in workforce and workload planning decisions.
- 2.8. The review must ensure that the newly designed district nurse role and ways of working prioritise and allow time to intervene early and provide preventative care and advice and incorporate into every assessment.

### **Palliative and end of life care**

People who require palliative care should experience care which is delivered in a timely and seamless way, and alongside active treatment where needed. Where possible, services should also be able to meet the needs of people who choose to die at home. However progress in shifting palliative and end of life resources to the community has been slow.

The Scottish Government has recently launched its *Strategic Framework for Action on Palliative and End of Life Care*<sup>32</sup> with the following aims:

- Access to palliative and end of life care is available to all who can benefit from it, regardless of age, gender, diagnosis, social group or location.
- People, their families and carers have timely and focussed conversations with appropriately skilled professionals to plan their care and support towards the end of life, and to ensure this accords with their needs and preferences.
- Communities, groups and organisations of many kinds understand the importance of good palliative and end of life care to the well-being of society.

As IAs will be responsible for decisions around the delivery of palliative care, it is important that they understand the role of district nursing within multi-professional models of palliative and end of life care in the community across 24/7 and across health and social care.

District nurses have a central role in planning and delivering generalist end of life care in dialogue with patients and their family, and supporting the person to die in the place of their choice. As elsewhere, their care coordination role is essential in ensuring patients can access the specialist and other resources required. It is also essential that other members of the district nursing team have the skills and knowledge to work with people at the end of their life.

People have difficulty talking about death and dying, and nursing staff need to have the communication skills which enable sensitive conversations. The Scottish Government has tasked NES with establishing multidisciplinary health and social care workforce education on palliative and end of life care<sup>33</sup>. As district nurses and their teams are central to community

---

<sup>32</sup> Scottish Government. 2015. Strategic Framework for Action on Palliative Care and End of Life Care. Edinburgh: Scottish Government. <http://www.gov.scot/Publications/2015/12/4053>

<sup>33</sup> Shona Robison, cited Official Report of Scottish Parliament. 26 January 2016 <http://www.scottish.parliament.uk/parliamentarybusiness/report.aspx?r=10336&i=95106&c=1905216#ScotParlOR>

provision of generalist palliative care, it needs to be clear how the recommendations of this review fit with the education programme.

When the RCN surveyed our members about end of life care in 2014, we found that nursing staff want more information on this area of practice. In response we developed an online learning resource on the fundamentals of caring for people at the end of life, with an additional resource on nutrition and hydration, which was one of the areas where our members felt they needed more specific guidance<sup>34</sup>. These resources are another educational support for nursing staff to deliver the best possible end of life care.

Embedding skills and competencies around end of life care into the district nursing team will be critical to ensure they continue to deliver quality care and keep people at home.

#### **Recommendations**

- 2.9. The review must clearly define the scope of district nurses' and their teams' contribution to palliative and end of life care, to inform IA decision making and ensure alignment with the Scottish Government's *Strategic Framework for Action on Palliative and End of Life Care*.

---

<sup>34</sup> RCN. 2015. Online learning resource: Getting it right every time: Fundamentals of nursing care at the end of life. London: RCN. <http://rcnendoflife.org.uk>

### 3. Sustainable, quality services that make the best use of available facilities, people and resources

#### Sustainable services delivered 24/7

Last year, the RCN joined up with the Academy of Medical Royal Colleges to call for action to be taken to ensure our NHS remains sustainable into the future<sup>35</sup>. No single profession is the solution to quality 24/7 care. A multi-disciplinary team approach that trusts, equips and enables all professionals to work across the full range of their expertise can better help meet the needs of patients and improve patient outcomes. However, as we noted in our Nurse Innovators report<sup>36</sup>, there are opportunities for nursing staff to be deployed more effectively to build sustainable services and address Scotland's health and social care workforce crisis.

We believe that there are significant opportunities in a new, integrated environment for district nurses to think differently, take on more leadership roles, co-ordinate care and direct integrated teams, where appropriate. For this to become a reality, we must ensure that funding is appropriate and sustained for a vibrant 24/7 community nursing service which has the skill mix, capacity, training, leadership, connections, infrastructure, resources and support to co-ordinate and deliver safe, high quality scheduled and unscheduled care services.

The recent review of health visiting provides an important model for how the DN Review can take this forward with a view of sustainability. District nursing does not currently have a caseload weighting tool to allow them to manage caseloads effectively and to support decisions on workforce capacity according to need. The DN Review must set clear timescales for the development of a district nursing caseload weighting tool. Once such a tool is designed the results of implementing it should be collated to give a clearer picture of required district nurse capacity and capability and supporting planning of the future workforce on the basis of robust evidence.

The timing of the DN Review does mean that IAs will have signed off their first set of three year strategic plans by the time the CNO's work completes. As such IAs will not, in this first round of integrated commissioning, be able to take into account fully the changes proposed by the review. In order to ensure the review's recommendations can be honed and have as much influence as possible from April 2016 onwards, there will be value in the Scottish Government reviewing the 31 strategic plans to understand how the review's recommendations will fit into the new landscape.

#### Recommendations

- 3.1. The review should set a deadline for the delivery of a comprehensive caseload weighting tool for district nursing as this is required to inform future workload and therefore workforce requirements.
- 3.2. Given the short timescale for delivery, the review should recommend that further work is commissioned to provide a long-term view of the workforce required to deliver on its recommendations and ensure district nursing teams have the right number of staff, with the skills and knowledge they need to deliver for patients.

<sup>35</sup> RCN Scotland, Academy of Medical Royal Colleges and Faculties in Scotland and Royal College of Surgeons of Edinburgh. 2015. Building a more sustainable NHS in Scotland: Health Professionals lead the call for action. Edinburgh: RCN and the Academy. <https://www.rcn.org.uk/about-us/policy-briefings/sco-pol-building-a-more-sustainable-nhs-in-scotland>

<sup>36</sup> RCN Scotland. 2015. Nurse Innovators. Edinburgh: RCN. <http://www.rcn.org.uk/aboutus/scotland/professionalissues/nursinginnovations>



3.3. The DN Review should propose that the Scottish Government review the first set of IA strategic plans to understand the implications for district nursing and the recommendations of the DN Review.

### Unscheduled care, including out of hours

Differentiating and planning for the delivery of both unscheduled and scheduled care will help to define what district nursing needs to deliver into the future.

A focus on unscheduled care must include both in and out of hours care. Demonstrating how district nursing responds effectively to unscheduled need 24/7, by improving health outcomes and preventing unnecessary hospitalisation<sup>37</sup>, will support local commissioners to make the case for investment in the future. Current policy priorities create a fertile landscape for district nursing in this regard.

The government's *6 Essential Actions to Improving Unscheduled Care* set out the work that health services and others are currently undertaking to deliver on the unscheduled care target and assure compliance with the national standard<sup>38</sup>. District nursing services are critical to this work, particularly with regard to:

- Essential Action 5 – Seven day services appropriately targeted to reduce variation in weekend and out of hours working; and
- Essential Action 6 – Ensuring patients are optimally cared for in their own homes or homely setting.

The review would support efforts to demonstrate the benefit of district nursing services to wider Scottish Government priorities, by clearly including the contribution of district nursing to deliver on these actions.

In addition, Sir Lewis Ritchie's recent Independent Review of Primary Care Out of Hours Services (Primary Care OOH Review) has established strong recommendations on the role of nurses, particularly with reference to the CNO's paper<sup>39</sup> to the Primary Care OOH Review, endorsed by the Scottish Executive Nurse Directors (SEND) and RCN Scotland. Sir Lewis writes:

*The role of district nurses is essential to support 24/7 community healthcare. The CNO review is seeking to underpin a nationally consistent district nursing role, where nurses have the capacity, capability, infrastructural support and access to resources, enabling them to meet patient need.*

The vision outlined in the Primary Care OOH Review's report will now be implemented, initially through large scale tests of change to which the government has allocated £1 million in funding so far. A full implementation plan for the Primary Care OOH Review report is expected by spring 2016. The report notes that this should take account of related work streams such as the district nursing review<sup>40</sup>. As such, the DN Review's groups will need to

<sup>37</sup> Barrett et al. 2007. Defining the unique role of the specialist district nurse practitioner. British Journal of Community Nursing. Vol 12, No 10

<sup>38</sup> Scottish Government. 2015. 6 essential actions to improving unscheduled care. Edinburgh: Scottish Government. <http://www.gov.scot/Topics/Health/Quality-Improvement-Performance/UnscheduledCare/6-Essential-Actions-To-Improving-Unscheduled-Care>

<sup>39</sup> Scotland's Chief Nursing Officer. 2015. Paper into the Independent Review of Primary Care Out of Hours Services. Edinburgh: Scottish Government

<sup>40</sup> Lewis Ritchie. 2015. Pulling together: transforming urgent care for the people of Scotland.

engage with the development and implementation of the review and tests of change to ensure that the roles and responsibilities of district nurses and the teams they lead, in and out of hours, are fully understood and embedded.

#### **Recommendations**

- 3.4. To ensure the contribution of district nursing is recognised throughout wider government agendas, the review should demonstrate how the district nursing workforce contributes to improving unscheduled care as framed by the Six Essential Actions, in particular actions five and six.
- 3.5. There must be clear alignment between the DN Review's recommendations and the implementation plan arising from the Primary Care OOH Review.

### **Intermediate care**

Intermediate care is an essential function of an integrated care system, and will be an ongoing focus for those funding and planning health services. There is evidence that where comprehensive intermediate care services are in place, there are greater reductions in rates of emergency bed days and delayed discharge<sup>41</sup>. For example, a recent audit of intermediate care in England, Wales and Northern Ireland showed that all models of intermediate care service – crisis response, home based, bed based and re-ablement – were effective in helping people regain normal daily living and functional independence<sup>42</sup>.

There has been concerted Scottish work over recent years to develop a framework for the delivery of intermediate care in different care settings. *Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland*<sup>43</sup> set out what is expected of intermediate care, and JIT has established principles for intermediate care<sup>44</sup> which should underpin its delivery throughout Scotland.

The government's intermediate care group made extensive progress in regard to data and benchmarking of intermediate care, including hospital at home and the role of different health and social care providers. The group's work, which came to an end last year, flagged the district nursing review as one of the crucial work streams to continue developing intermediate care in the community.

While its overall impact is better health outcomes for the patient and lower health and social care costs, at the point of delivery intermediate care is resource and time intensive for the district nursing team and their colleagues across professions and sectors. There is a need to better describe the role district nurses and their teams play in intermediate care, where this fits with other services across the patient journey, and how to plan and measure intermediate care service delivery in terms of patient outcomes, with a realistic appraisal of resources required for an effective service.

#### **Recommendations**

- 3.6. The review should define the contribution of district nursing to intermediate care and the resources required to deliver this, particularly in light of development of hospital at home and the previous work of the government's intermediate care group.

<sup>41</sup> Task force for the future of residential care in Scotland. 2014.

<sup>42</sup> NHS Benchmarking Network. 2015. National Audit of Intermediate Care: Summary report

<sup>43</sup> Scottish Government. 2012. Maximising Recovery, promoting independence. Edinburgh: Scottish Government. <http://www.gov.scot/Publications/2012/07/1181>

<sup>44</sup> Joint Improvement Team. 2015. Intermediate Care: locality integrated care. Edinburgh: Scottish Government. <http://www.jitscotland.org.uk/resource/summary-definitions-principles/>

## Care enabling technologies

In order to make the best use of the resources available, we must ensure the right enabling digital technologies are in place.

The technological solutions that will enhance the work of district nurses, will include those which allow nurses to develop and use person centred care plans while in the community, share information with other care providers' systems, identify changes in health status, and undertake complex assessment<sup>45</sup>. Too often lone-working district nurses, like their colleagues across professions and sectors, are hampered in their attempts to provide seamless, safe patient services by separate data systems which do not speak to each other.

Sometimes blocks to sharing data are cultural, with Caldicott and other safeguards used inappropriately to obstruct, rather than enable, effective collaboration to support the patient. We appreciate the prohibitive cost of creating a single health and social care record for every citizen in the current financial climate, but the review must make clear the need for innovative links between existing systems if future district nurses are to be supported to do the best possible job, 24/7.

There are important lessons for Scotland to take from Buurtzorg with regard to the use of technology. In particular the review should focus on how any pilot in Scotland can test the advantages of Buurtzorgweb and their eCare system.

Focusing on the technological empowerment of patients and carers, it is also clear that without an acceleration in the availability of innovative care enabling technologies for both staff and people using services, many of the Scottish Government's priorities to increase self-management will be extremely hard to implement effectively by district nursing teams. And as well as having the right digital investment and infrastructure, boards and others also need to consider what works for staff and patients, how to develop confidence and competence in the use of technologies, and what devices can genuinely make care easier.

There is an important role for district nurses to proactively shape the development of digital strategies and care enabling technologies that are fit for purpose for their patient groups. The district nursing review has a particular opportunity to influence in this arena following the publication of both the Primary Care OOH Review recommendations on data and IT infrastructure and Scotland's updated eHealth strategy.

### Recommendations

- 3.7. Building on work such as the Primary Care OOH Review 'Data and Technology group' report, the DN Review should recommend the development of systems and processes to support timely and consistent sharing of patient information, with real time access to all relevant health and social care information for district nurses and all other relevant care providers to enable them to work effectively and safely with their patients.
- 3.8. The review should recommend Scottish tests of the Buurtzorg model of care include testing use of Buurtzorgweb and the eCare system or a similar electronic integrated care planning, workload and workforce planning system.
- 3.9. The review should set out the most immediate priorities for investment in fit for purpose care enabling technologies to support patients on the district nursing caseload to self-manage their conditions.

---

<sup>45</sup> QNI/QNIS. 2015. The QNI/QNIS Voluntary Standards for District Nurse Education and Practice.

## Evaluation and quality improvement

For IAs to make informed decisions about commissioning district nursing services, they will need robust information on how those services contribute to improving person-centred outcomes. Most people we spoke with in our interviews highlighted the challenge of effective evaluation and the need to move towards quality and outcomes-focused measurement. To a large extent, this change will be about ensuring the right data is collected nationally, locally, and at the point of care to inform planning and quality improvement.

In the past there has not been a robust source of data on the community nursing workforce but in recent years significant work has been undertaken by government, ISD and territorial boards to enable quarterly reporting. This is a sound beginning in understanding our current workforce. The District Nursing Dataset, developed as the first stage of the ISD Community Health Activity Data project, has the potential to provide even more data on district nursing care in the community. However, given that this data is still focused heavily on task, there is significant risk that this dataset will be used in blunt and inappropriate ways to challenge investment in district nursing services, particularly as cost reductions are sought. The implications of this for the future commissioning of district nursing services are profound. We appreciate the limits placed on ISD in gathering only existing data sources, but a radical reform of services requires a radical rethinking of evaluation.

We understand that the evidence and quality improvement work stream of the district nursing review intends to work with ISD to tailor the dataset to better reflect the work of district nursing. In light of this we urge the review to support the refocusing of the ISD activities towards outcomes, not district nursing tasks.

There are resources available to support organisations in embedding an outcomes approach in the way they commission, plan and deliver care services, such as the Scottish Government's Joint Improvement Team's *Talking Points*<sup>46</sup> personal outcomes approach. The *Talking Points* guidance<sup>47</sup> highlights how implementing a personal outcomes approach can support organisations to 'deliver on policy goals, including increased independence, personalisation, enablement, prevention, improved integration and a shift in the balance of care from hospital to the community.' Embedding this kind of approach could support a step change in evaluation of the contribution of district nurses to improving patient outcomes.

Too often service re-designs, or entirely new services, are not well evaluated, with the collection of baseline data in particular considered too late to genuinely measure improvement. The DN Review should make recommendations to both national agencies and IAs on embedding robust evaluation against clear outcomes and indicators, from the moment of developing any new model of care by, or involving, district nursing.

There will also continue to be a need for research which supports the development of new models of nursing practice. The review should urge government and academic institutions to consider investing in research to evaluate current and develop new models of district nursing practice which will meet the needs of Scotland's people and communities now and in the future.

---

<sup>46</sup> Joint Improvement Team. 2012. Practical Guide - Talking Points: Personal Outcomes Approach. Edinburgh: Scottish Government. <http://www.jitscotland.org.uk/resource/talking-points-personal-outcomes-approach-practical-guide/>

<sup>47</sup> Ibid

## Recommendations

- 3.10. The review must commission urgent work, in partnership with ISD, to rethink the current District Nursing Dataset to focus on patient outcomes rather than tasks.
- 3.11. The review should make recommendations to national bodies and IAs on embedding robust evaluation measures, including baselines, at the point of development of any new model of care by, or involving, district nursing.
- 3.12. The review should emphasise the need for continuous research into new models of district nursing practice.

## Education and continuing professional development

Ensuring district nurses and their teams can continue delivering quality care in a new integrated environment, will include investment in the district nurse specialist practitioner training which is core to ensuring new district nurses have the expertise required to deliver as autonomous expert practitioners and to lead community nursing teams. However there will also be ongoing CPD and development required specifically for district nurses and their teams that will need to be adapted and developed to meet changing patient need and workforce.

Access to continuous clinical learning and development will ensure all members of the district nursing team remain skilled in all clinical and technical aspects of care. Ongoing education and development must enable district nursing teams to be able to lead and deliver care designed around the Integration Principles.

In the short to medium term, CPD should ensure our existing district nurse workforce have the skills and knowledge to work in integrated and person-centred ways. This must include a focus on care coordination within multidisciplinary services, and on the development of capabilities to support patients in their self-management of long-term conditions, utilising approaches such as co-production and motivational interviewing. The need for a refresh of district nursing CPD is inherent in many of our recommendations, and the new QNI/QNIS standards for district nurse education and practice, which the RCN has endorsed, should be taken into account as CPD is developed<sup>48</sup>.

There have been a number of different district nurse training programs over the years, set at different levels of academic attainment with content including nurse and independent prescribing. This has led to a mixed skill set among district nurses which needs to be taken into consideration when planning a future workforce. As we develop a district nurse cohort that is fit for the future, there is a need to build capacity in the supervision and support infrastructure<sup>49</sup> in practice for learners which includes qualified district nurse mentors, practice teachers and practice educators, as a significant number are due to retire.

Further, as localities undertake strategic assessment of their community's needs, local learning and development approaches will need to be developed which address local health inequalities and population need, particularly where that need does not chime with the knowledge base of district nursing staff in that area.

In the long term, we need to ensure that CPD is continually developed to be flexible and resilient in – and allows district nurses and their teams to adapt to – an ever changing future. It will be pivotal that academic institutions are responsive to this and are supported by boards and IAs to design and deliver training for a fit-for-purpose workforce.

---

<sup>48</sup> QNI/QNIS. 2015. The QNI/QNIS Voluntary Standards for District Nurse Education and Practice.

<sup>49</sup> NHS Scotland. 2014. Setting the Direction. Edinburgh: Scottish Government

### **Recommendations**

- 3.13. The review should make a recommendation for funding to be made available to train further nurses to SPQ level.
- 3.14. District nurse education should be informed by the new QNI/QNIS standards, which have been endorsed by the RCN, and the review must recommend the development of a commissioning approach with HEIs for the delivery of SVQ programmes.
- 3.15. To build capacity and capability the review must make recommendations of ways to manage the identified mix of skill sets within the current district nurse workforce and provide access to and investment in a range of CPD opportunities so that teams have the skills, and can practise at a level, which meets the needs and requirements of a growing, more complex patient population.
- 3.16. The provision of continuous clinical supervision and support of practice by recognised mentors, practice teachers and practice educators is essential and the review should make recommendations to ensure this necessary infrastructure is in place and support succession planning to further build capacity and capability on an ongoing basis.
- 3.17. District nurses with the specialist practitioner qualification have a particular role in leading and developing community nursing practice and teams. The review should prioritise learning and development opportunities which will equip the district nursing team with the skills and expertise to work in new integrated ways with colleagues from across health and social care.
- 3.18. The review should recommend that protected time and investment in CPD is made available to all members of the district nursing team.

## 4. Planning and leading services through engagement with the community

From April, much of the authority to plan and commission health and social care services will shift from NHS boards and local government to IAs.

The Joint Strategic Commissioning Plans for older people, developed in 2013/14, gave some indication of the national trends we can expect. For district nursing, potential relevant changes were: a greater focus on re-ablement with more robust coordination with care homes and hospitals; increased support for palliative care; integrated care planning and management across services; and strengthened out of hours services<sup>50</sup>.

Many of our interview participants felt that district nurses aren't engaged in strategic processes, to a large degree because they are busy 'getting on with the job' and don't feel they have the time or energy to become involved in 'political machinations'. This review must consider how nurses are enabled to confidently contribute to locality planning and other strategic processes.

### Locality planning and engagement with integration authorities

Locality planning will engage staff, service users and communities to keep the focus of integration on improving care and addressing inequality locally. The government's *Localities Guidance* provides principles on which they should operate and which emphasise co-production, multi-disciplinary and multi-sectoral team working, and asset based approaches.

The expectation of the Scottish Government is that health professionals will be standard consultees in locality planning in the future, and that they will be actively involved in planning – both in localities and through the wider strategic planning group for the IA. One recommendation of the government's *All Hands on Deck* report is that for health professionals to be involved in localities, steps should be taken to free up time and make best use of time so that involvement in localities is a regular activity<sup>51</sup>.

When we surveyed nurses about locality planning last year, many did not feel confident that their nursing colleagues understand the role of localities in integration<sup>52</sup>. There was a sense that awareness of locality planning among staff needs to improve and concern about the need for protected time for nurses to understand and engage in the process. This can be secured through backfill and by ensuring responsibilities for locality planning are included in job descriptions. The review should further consider what skills and additional support nurses will need to engage at a strategic level in commissioning decisions.

Following extensive and successful campaigning by RCN Scotland, the integration legislation now includes a requirement that every IA must have a nurse member on their board. This is professional non-voting seat, and this nurse will sit alongside voting board members who may not have previous experience of making decision related to health care. IAs will have a direct role in commissioning future district nursing services and therefore it is imperative that the nurse member is equipped with robust advice, clear evidence and the

---

<sup>50</sup> RCN Scotland. 2014. A review of Joint Strategic Commissioning Plans for Older People. Edinburgh: RCN. [http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0009/564228/Feb-2014\\_Review\\_of\\_JSC\\_plans\\_for\\_older\\_people\\_FINAL.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0009/564228/Feb-2014_Review_of_JSC_plans_for_older_people_FINAL.pdf)

<sup>51</sup> Scottish Government. 2013. All hands on deck.

<sup>52</sup> RCN Scotland. 2015. Nursing and the engine room of integration. Edinburgh: RCN. <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/policies-and-briefings/scotland/policies/2015/sco-pol-nursing-and-the-engine-room-of-integration.pdf>

time to influence effectively. As such senior district nursing staff will have a clear role in supporting the sole nurse member on the IA board and will also need the time and resources to do this to help ensure commissioning decisions result in high quality services.

#### **Recommendations**

- 4.1. The review must make recommendations which enable effective district nurse engagement in locality planning and IA strategic planning and support local commissioners to understand what support and skills district nurses will require to engage meaningfully.
- 4.2. In particular we urge the review to recommend protected time for district nurse engagement in locality and strategic planning, through backfill and ensuring responsibilities for locality planning are included in job descriptions.
- 4.3. District nurses with direct responsibility for advising the nurse member of the IA should have protected time to fulfil their duties and have their responsibilities reflected in their job descriptions.

### **Engaging in national reforms and the development of new models**

There are currently numerous intersecting reform processes and national work streams underway. Health professionals must engage with and understand what is happening at a national level and how this will influence their work and the health care and outcomes for their patients – but a lack of co-ordination between differing policies and strategies can frustrate attempts to implement reforms by practitioners.

New models are being tested across the country which will inform what primary care looks like in the future, as are tests of the Buurtzorg and new out of hours models of care. District nurses need to be given the opportunity to understand and contribute to developments in their local area. The review recommendations will need to have direct influence on all of these nationally.

Whilst it is unlikely that the many disparate reforms, reviews and test of change will be streamlined as the RCN has called for, the Scottish Government must embed the vision and recommendations from the DN Review across all health and social care strategies, to ensure coherence in strategic direction and to give important leverage to those attempting to effect positive change on the frontline.

#### **Recommendations**

- 4.4. On publication of the DN Review's final report, the Scottish Government should ensure its recommendations are integrated across all reform agendas.



## Annex 1: Integration principles and National Health and Wellbeing Outcomes

### Integration principles

The integration planning and delivery principles are that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users, and that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible:

- Is integrated from the point of view of service-users
- Takes account of the particular needs of different service-users
- Takes account of the particular needs of service-users in different parts of the area in which the service is being provided
- Takes account of the particular characteristics and circumstances of different service-users
- Respects the rights of service-users
- Takes account of the dignity of service-users
- Takes account of the participation by service-users in the community in which service-users live
- Protects and improves the safety of service-users
- Improves the quality of the service
- Is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
- Best anticipates needs and prevents them arising
- Makes the best use of the available facilities, people and other resources

### The National Health and Wellbeing Outcomes

- **Outcome 1:** People are able to look after and improve their own health and wellbeing and live in good health for longer
- **Outcome 2:** People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
- **Outcome 3.** People who use health and social care services have positive experiences of those services, and have their dignity respected
- **Outcome 4.** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- **Outcome 5.** Health and social care services contribute to reducing health inequalities
- **Outcome 6.** People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being
- **Outcome 7.** People using health and social care services are safe from harm
- **Outcome 8.** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
- **Outcome 9.** Resources are used effectively and efficiently in the provision of health and social care services



The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

February 2016

[www.rcn.org.uk](http://www.rcn.org.uk)