District Nursing
Shaping future care delivery

@RCNDN forum

Five year forward view

- “NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health & social care”

- NHSE 2014 p3
Transforming primary care

- Plan of action to provide personalised proactive care
  - GPs and the wider primary health care team
  - Risk register
  - Development of care plans & regular reviews
- Requires seamless access to care
A community of care

The RCN and DN

- 2014 call for Action
- The DN service: transformation or fragmentation? (conference NI)
- RCN Scotland commented on the draft DN dataset
- QNI & RCN roundtable discussion (2015)
- Response to the Primary Care Workforce Commission
HEE & wider workforce development

- Workforce planning - numbers
- Alignment of roles
- Blended training matrix
- IPE where possible
- Priorities for funding
- Mentor & supervision development

District Nurse standards for practice and education

- NMC standards for specialist practice (DN) 20+ years old
- QNI/QNIS partnership to develop “QNI/QNIS voluntary standards for DN practice and education”
- Publication date September 2015
- Support from 4 countries
**District Nursing Education and Career Framework**

<table>
<thead>
<tr>
<th>Role</th>
<th>Level</th>
<th>Minimum professional and educational requirements for the role</th>
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<tbody>
<tr>
<td>Health Care Apprentice</td>
<td>Level 1</td>
<td>Under further development with HEE Talent for Care Programme</td>
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<tr>
<td>Health Care Assistant</td>
<td>Level 2</td>
<td>Care Certificate to include, or have as an addition, training for working alone in community settings and specific skills needed for the role. Level 2 brief intervention training. QCF level 3 diploma in clinical healthcare support or the equivalent. Level 2 brief intervention training (See NICE guidelines)</td>
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<tr>
<td>Health Care Assistant</td>
<td>Level 3</td>
<td>Care Certificate to include, or have as an addition, training for working alone in community settings and specific skills needed for the role. Level 2 brief intervention training. QCF level 3 diploma in clinical healthcare support or the equivalent.</td>
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<tr>
<td>Assistant Practitioner</td>
<td>Level 4</td>
<td>Care Certificate: Foundation degree (level 5) to include level 2 brief intervention training. QCF level 5 diploma</td>
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<tr>
<td>Community Staff Nurse</td>
<td>Level 5</td>
<td>Registered on part 1 of the NMC register.</td>
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<tr>
<td>District Nurse/Team Leader</td>
<td>Level 6</td>
<td>Registered on Part 1 NMC register. First degree and working toward a Master’s degree. NMC Specialist Community Practitioner Qualification Practice Teacher award or mentorship award.</td>
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<tr>
<td>Senior District Nurse-Team Leader</td>
<td>Level 7</td>
<td>Registered on Part 1 NMC register. NMC Specialist Community Practitioner Qualification.</td>
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<tr>
<td>Advanced Community Nurse Practitioner</td>
<td>Level 8</td>
<td>Registered on Part 1 NMC register. NMC Specialist Community Practitioner Qualification. Postgraduate diploma. Practice Educator award if role focused in education. V300 Independent Prescribing qualification</td>
</tr>
</tbody>
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- **QNI & RCN roundtable discussion (2015)**
  - National education and workforce context
  - District nurse and the integrated team
  - Commissioning of DN services
  - What is the DN contribution?
  - Defining a District Nurse service
  - What should the immediate priorities be?
Discussion

- What are the models of care across the four countries?
- What unique strengths do DNs bring to these models of care?
- How can DNs articulate their strengths to others?
- How can DNs influence ongoing services?

Letter to the Times April 1876

- A district nurse…. Must be of a yet higher class and of a yet fuller training than a hospital nurse, because she does not have the doctor always at hand; because she has no hospital appliances at hand at all; and because she has to take notes of the case for the doctor, who has no one but him to report to him. She who is his staff of clinical clerks, dressers and nurses