

District nursing – harnessing the potential

The RCN's UK position on district nursing



Acknowledgements

The Royal College of Nursing (RCN) wishes to thank everyone who has helped in the development of this position statement, particularly:

Professor Ami David

Forum committee members:

Kay Durrant

Rosemary Wheeler

Helen Ballinger

Caroline Dickson

Yvonne Thomas

Candice Pellett.

RCN Legal Disclaimer

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK.

The information in this booklet has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has been made to ensure the RCN provides accurate and expert information and guidance, it is impossible to predict all the circumstances in which it may be used. Accordingly, the RCN shall not be liable to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by what is contained in or left out of this website information and guidance.

Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

© 2013 Royal College of Nursing. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise, without prior permission of the Publishers. This publication may not be lent, resold, hired out or otherwise disposed of by ways of trade in any form of binding or cover other than that in which it is published, without the prior consent of the Publishers.

Foreword

Our population is living longer and an increasing number of people are living with long-term conditions. District nursing therefore has a major role to play in the NHS, empowering people to be cared for in their own homes and in the community.

The evidence that district nursing reduces costs in the long-term and provides more appropriate, patient-centred care is overwhelming. However, despite this, the promises of successive UK Governments to shift care from the acute sector into the community are not being realised.

District nursing – harnessing the potential sets out the RCN's position on district nursing, highlighting the current challenges facing the sector. Crucially, it outlines solutions to realise the intentions of all four UK governments to shift care from the acute to the community sector.

We know that investment in district nursing is declining. The percentage of nurses working in the community remained virtually unchanged between 2001 and 2011, and the actual number of district nurses went down by more than a third during the same period. More recently, in October 2012, just five students took the Specialist Practitioner District Nursing course at both under graduate and post graduate levels at London universities.

In a 2012 RCN survey, 59 per cent of community nurses reported spending less time with their patients than they did a year ago. This raises real concerns for the capacity of community services to deal with current demands.

These cut backs only create a 'revolving door' for many patients. Following discharge from hospital, many find the support they need at home is not on hand, and are readmitted to hospital at great expense. In the meantime, the acute sector is being pushed to its limits, with patients being treated for avoidable illnesses.

The very future of the NHS relies on moving care closer to home, yet this is only possible if we invest in district nursing with appropriate workforce planning, education and training, as well as clinical and leadership support. *District nursing – harnessing the potential* will be a useful resource for health care professionals, workforce planners and commissioners in achieving these goals, as we work towards providing community care which meets the demands of a 21st Century NHS.

Peter Carter
General Secretary & Chief Executive
Royal College of Nursing

Executive summary

The Royal College of Nursing (RCN) is the UK's largest professional association for nurses, midwives, health visitors and health care assistants with more than 410,000 members.

This position paper builds on *Pillars of the community* (RCN, 2010), the RCN UK position on the development of the registered nursing workforce in the community, and the findings of the 2011 RCN survey of district nurse views from the frontline. It offers clarity on the position of the RCN in relation to the potential contribution of district nurses in managing demand for health services and enabling effective and efficient care in the community.

In the view of the RCN, the key messages below are the priorities to be considered for the future so that the potential contribution of district nursing is harnessed and sustained.

Key messages

- There is an increasing need for district nursing expertise if health services are to effectively meet emerging demographic, social and disease challenges. These challenges include a growing number of older people and other vulnerable groups needing nursing at home; the rise in the number of people with long-term conditions requiring complex nursing care; and the associated drive to prevent hospital admissions and to ensure end of life care at home. To rise to these challenges the pivotal role of district nurses and their teams must be acknowledged and developed.
- In the quest and drive to ensure faster throughput from hospitals to the community, over the last 10 years we have witnessed a plethora of initiatives designed to augment services in the community. These include the introduction of intermediate care teams, chronic disease management specialist nurses (often called community matrons), virtual wards, in-reach and outreach teams, and specialist teams. The lack of integration of these services with mainstream district nursing services is believed to have resulted in poor outcomes and some unsuccessful initiatives.
- The RCN believes that through a well-planned and concerted programme of development in district nursing together with better integrated care, the four UK countries can achieve their stated intentions to ensure a reduction in acute care and effective community nursing care.
- Significant resources must be found to ensure we maintain an expert district nursing workforce and a quality service that is fit for the future. It must include all community nursing teams, led by nurses with a specialist practice qualification in district nursing. The RCN wishes this position paper on district nursing to inform workforce planners, commissioners, employing organisations and educators about the current state of the district nursing workforce and the problems that have arisen – and will continue to arise – as a result of the dilution of district nursing expertise in the community.
- To ensure improved integrated care and support the avoidance of unnecessary hospital admissions, it is the RCN's view that commissioners and service planners should see district nursing as a 'must do' priority and ensure its full potential is realised for the benefit of patients.

1 Introduction

The purpose of this document is to set out the RCN's view of current day district nursing, the key challenges it faces, and its potential to be a major part of the NHS reforms and the aim to provide more care closer to home. The RCN believes the district nursing service has significant potential to be further developed and harnessed to realise the ambitions of the health service in the UK. The Department of Health (DH) England's document *Care in local communities; A new vision and model for district nursing 2013* also states clearly that district nurses have a key role to provide care and support in the community by:

- population and case management
- supporting and caring for patients who are unwell, recovering at home and at end of life
- facilitating independence.

In a recent report to the DH England and the NHS Future Forum, The King's Fund stated: 'Our view is the care for people with complex and social care needs must be made a real priority for commissioners and providers as this will be the key to assuring people of high quality care and making the health and social care system more sustainable' (The King's Fund, 2012a). The RCN believes adapting to these new environments requires a shift in expectations on how care will be delivered. District nurses must be seen – and indeed, currently are – at the core of these changes, and are the care providers with the greatest potential to offer direct patient care in the community.

This position paper:

- outlines some of the key challenges facing current service provision
- reaffirms the key contribution of district nurses in three main care domains; acute care at home, complex care at home, and end of life care at home
- recommends strategic priority steps to be taken to strengthen workforce, leadership and quality of care in district nursing.

2 Moving from a robust past to maximising future potential

District nursing services have been in existence for more than 150 years. While the foundations of the specialist practitioner district nurse role remains the same, the complexity of care needs in the community have changed. Contemporary district nurses have a significant leadership and management role, and are well placed to lead service and practice development in order to meet the needs of their particular populations. However, there are concerns, as demonstrated by the findings of the RCN 2011 survey on district nursing. These reveal that the current workforce profiles of district nursing services, in terms of their preparation for the role and skill mix in teams, are clearly insufficient to meet political imperatives. The RCN believes that, through a well-planned and concerted programme of development in district nursing and better integrated care, the four UK countries can achieve their stated intentions to ensure a reduction in acute care.

Current challenges

The key challenges facing the service can be captured under four headings:

- workforce; including skill mix and age profiles
- education and training
- performance data
- quality of care and leadership.

2.1 Challenge 1: workforce issues

An RCN report (RCN, 2011a), based on findings from the RCN 2011 employment survey *Views from the frontline* provides a summary of workforce related statistics relating to district nurses comparing results for this group with all nursing staff.

The survey revealed the older age profile of district nurses compared to the rest of the survey sample, with three-quarters (74 per cent) of all district nurse respondents aged 45 or over, compared to two-thirds (63 per cent) of all nursing respondents. When data for the whole NHS nursing staff in England was analysed it confirmed this finding, with 60 per cent of all district nurses aged 45 or over compared to 44 per cent of all qualified nursing, midwifery and health visitor nursing staff, as at September 2010 (see Appendix 1).

The RCN's UK position on district nursing

These figures raise concerns on the sustainability of the district nurse workforce to meet future demands. In recent years the RCN has been made aware of the increasing pressure that the declining numbers of district nurses have been working under.

While skill mix in itself is not necessarily bad for patient care, if over diluted with insufficient nurse leaders then the quality and outcomes for patients may suffer. Additionally, the deployment of health care assistants to undertake 'extended' roles – including administering insulin to stable diabetics, leg ulcer care and catheter care – is to be welcomed if training, supervision and locally imposed code of conduct systems are in place. However, not all community service providers have the necessary systems in place to ensure such delegated care is delivered safely and effectively.

The RCN 2011 nurse survey also revealed that a higher number of district nurse respondents reported a drop in the numbers of registered nurses in their workplace compared to the whole group of nursing respondents. Over two-thirds (69 per cent) of district nurses reported that staffing levels of registered nurses had dropped. When addressing the need to increase qualified district nurses, it will also be imperative to ensure newly-qualified staff are mentored and developed into the role.

2.2 Challenge 2: education and training

According to the Queen's Nursing Institute (2010) and the Welsh Assembly Government (2009), student numbers on programmes leading to a recordable Nursing and Midwifery Council (NMC) specialist practitioner qualification in district nursing have been decreasing since 1999; indeed, some programmes are unsustainable and no longer recruit students. This is due to the lack of demand from NHS organisations which has been influenced by the NMC standards for specialist education and practice, developed in 1994 and subsequently reprinted in 2001 but not reviewed nor updated since.

Although there has not been specific direction from the NMC, there is a sense the new standards for pre-registration nursing education (NMC, 2010) would strengthen the preparation of new registrants to work within the community setting. Although welcome, this preparation will not equip nurses to practice at the level of the specialist practitioner.

In recent years, higher education institutions (HEIs) have worked with colleagues from the NHS to respond innovatively, within the current standards to meet the needs of nurses working in team

leadership roles. These organisations have also been involved in developing community nurses at all levels of the careers framework.

RCN members have reported that while the numbers of staff nurses and health care support workers have increased in some locations, the number of district nurses working with specialist expertise and in leadership positions has significantly decreased.

The RCN 2011 district nurse survey also showed a similar number of district nurses and other nursing staff have completed their first level registration nursing qualifications (around two-thirds) and second level registration. A higher number of district nurse respondents hold a nursing degree (62 per cent compared to 37 per cent of all nursing staff). Around a fifth of district nurse respondents (n=42) reported that they held an 'other' qualification and of these, 76 per cent (n=32) were either district nurse or nurse prescriber qualifications. This demonstrates that the existing workforce is highly qualified, although low in numbers.

For the future, developing newly qualified district nurses and ensuring succession planning is crucial. Support for programmes delivered by HEIs which meet national standards and for district nurse workforce planning is also clearly needed as a matter of urgency. This view is supported by *Care in local communities: A new vision and model for district nursing* (DH, 2013) which states that 'by district nurses, we mean qualified nurses with a graduate level education and specialist practitioner qualification recordable with the Nursing and Midwifery Council.' The DH view is very clear that the specialist qualification should remain.

2.3 Challenge 3: performance data

Historically hospitals have employed approximately 70 per cent of the nursing population and the community 30 per cent. Although the NMC pre-registration programmes aim to prepare newly-qualified nurses to work competently in the community, currently there are insufficient systems in place to ensure supervision and support for these nurses when they enter community settings. Newly-qualified nurses do not manage a busy hospital ward and nor should they be expected to manage the care of patients without senior nurse supervision in the community. Caring for people at home does not have any of the safeguards of a controlled environment (such as a hospital ward or general practice).

The RCN district nurse survey (2011) revealed a high incidence of overtime working across all nursing

staff, with 72 per cent working additional hours at least once a week. This figure is even higher among district nurses (87 per cent). In terms of extra hours worked, almost half the survey's respondents (47 per cent) said they work on average more than four hours a week overtime, compared to a third (36 per cent) of all nursing staff respondents. The impact of staffing level changes is leading to other changes, with half of those surveyed (49 per cent) reporting an increase in patient or client caseload.

These conditions are increasing the work pressures on all nursing staff – and district nurses in particular. The majority of district nurse respondents reported that workload (91 per cent), stress (85.5 per cent) and caseloads (83 per cent) had increased over the last 12 months, while team morale had decreased (80 per cent). District nurse respondents were also more likely to state that the quality of care has decreased compared to other nurse respondents, with 50 per cent stating that quality had stayed the same.

In the acute sector the currency for health care is relatively well developed and supports service line reporting and service line management. This is not the case in the community as block contracts are used to procure community services and there are no standard tariffs for community nursing. One of the fundamental reasons for this lack of refined data collection is that stratification systems for district nursing, for example caseload reviews and profiling, have not been used in a consistent manner across the UK.

There is an urgent need for a dependency classification system that can demonstrate to providers, commissioners, service planners and district nurses the profile of each caseload and the intensity of care being provided by each team. Such a system would assist with a common currency for the service. This would enable more robust service line reporting. In its recent report on service line management, The King's Fund (2012b) advocates the use of such systems to support wider opportunities for quality and productivity improvements.

2.4 Challenge 4: quality of care and leadership

As more complex care is delivered in the community urgent action is required to ensure the capability and capacity of district nursing services. New ways of managing long-term conditions and the advent of telehealth and telemedicine require advanced clinical decision-making skills in managing the care of patients with complex care needs and at the end of their life (see Appendix 2). Many of today's district nurses are also non-medical prescribers, have the ability to perform advanced physical assessment, and increasingly are delivering nurse-led services.

District nurses, along with other nursing colleagues employed by Marie Curie, local hospices and Macmillan, strive to enable those people who wish to die at home to do so. Despite the development of national end of life care strategies, in view of the increased numbers of people destined to die in the next decade (due to the UK's ageing population) there has been insufficient investment to enable district nurses to meet the projected demand for end of life care.

Measuring the quality of care received by patients in the new world of community service delivery will be extremely important. The introduction of Commissioning for Quality and Innovation (CQUINs) and Quality Innovation Productivity and Prevention (QIPP) programmes goes some way to addressing this. However, more robust clinically led performance indicators are required together with caseload data as described in the previous section of this paper.

Effective leadership and management ability are crucial to managing complex care and complex skill-mixed teams. Much can be learnt here from the acute sector ward sister/senior charge nurse developments taking place across the UK. District nurse leaders are the link between management and frontline staff such as registered nurses and health care support workers, and are the interface between management and personal care delivery.

Changes within the workplace over the last 12 months: district nurses compared to all nursing staff

| | District nurses % | All nursing staff % |
|------------------------------------|-------------------|---------------------|
| Workload has increased | 90.7 | 81.2 |
| Stress among my team has increased | 85.5 | 76.4 |
| Caseload has increased | 82.9 | 73.3 |
| Team morale has decreased | 79.9 | 69.1 |
| Quality of care has decreased | 38.1 | 30.6 |

Source: RCN district nurse survey 2011

The RCN's UK position on district nursing

However, district nurses can only be effective if they have the support, the time, authority and respect necessary to competently and visibly lead their teams on the delivery of high quality care (RCN, 2009).

Efforts must be made to rebuild district nurse leadership in the community. Strong, visible and influential district nurse leadership is needed to plan and manage change and to ensure the safe and effective nursing practice of frontline nurses and health care assistants.

3 Defining district nursing

The RCN believes the fundamental goal of district nursing to be:

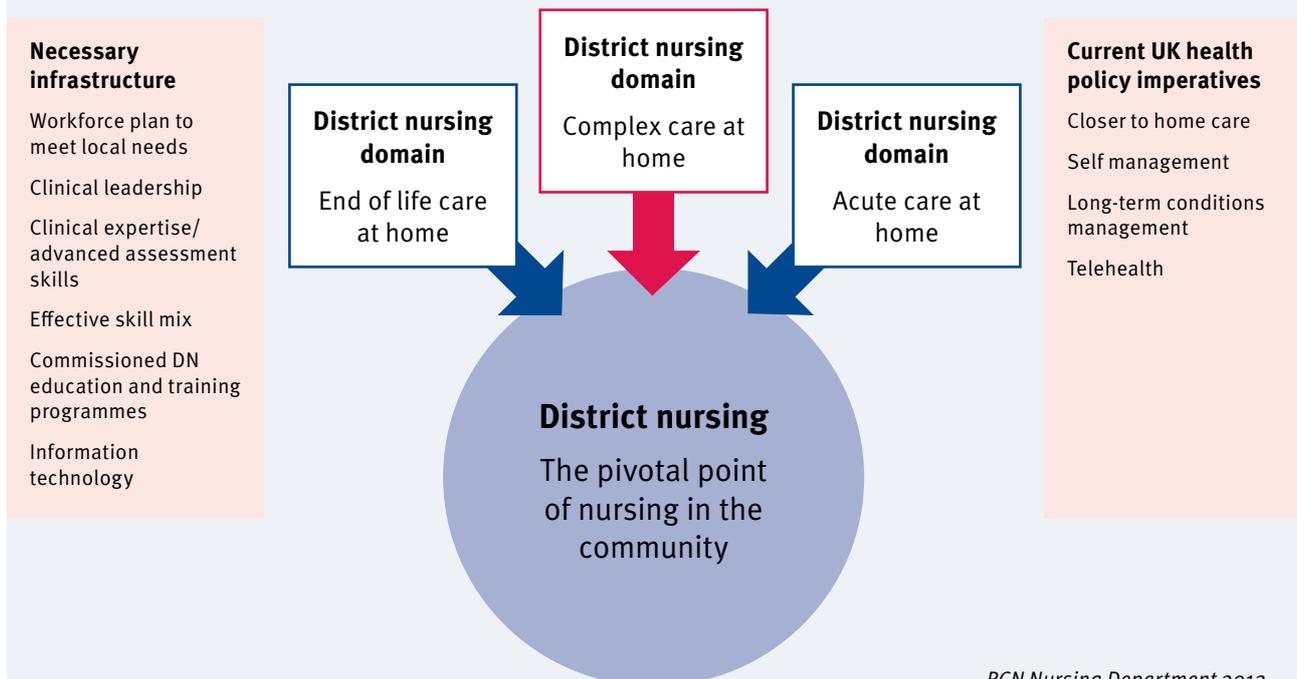
'The planning, provision and evaluation of appropriate programmes of nursing care, particularly for people discharged from hospital and patients with complex needs; long-term conditions, those who have a disability, are frail or at the end of their life.'

In developing this position paper the RCN has identified the three care domains for the effective delivery of district nursing services such as:

- acute care at home
- complex care at home
- end of life care at home.

Integral to all three domains is the key role of the district nurse in delivering public health, as outlined in the RCN publication *Going upstream* (2012b) on the contribution of all nurses to public health.

The three care domains form the basis of the conceptual framework below. The framework depicts the complexity of care provision in the community and the commensurate skills and infrastructure required to deliver care effectively in the community.



RCN Nursing Department 2012

4 Recommended pre-requisites for district nursing services

To improve workforce planning

The pre-requisite: given the demographic trends, there is a need to ensure plans are in place to replace the number of district nurses who are soon to retire. Each of the four national health departments must support the development of district nursing roles so that the current and future health needs of people requiring community services can be met. There needs to be the right skill mix within district nursing teams to enable them to safely nurse patients at home and for district nurses to supervise the nursing care they delegate to health care assistants and community staff nurses.

To enhance the environment of care

The pre-requisite: the RCN argues that the balance between acute and community care must shift if people's health and nursing needs are to be met and the aims of the various health policies and reforms in the UK achieved. The need for robust leadership, support and supervision infrastructures for district nursing continues and needs to be enhanced. The RCN therefore calls for significant investment to be made into building district nurse capacity so that patients have access to expert district nurses and their teams, who are skilled at delivering safe and high quality nursing care. There is also the requirement for the robust support and supervision of nurses new to working in the community setting which includes access to essential mentorship and leadership.

To demonstrate efficiency and productivity

The pre-requisite: the RCN believes there is an urgent need to agree a UK-wide caseload classification system that assists with demonstrating the intensity of cases within each team, and also assists with service line reporting and service line management.

To embed nursing expertise

The pre-requisite: higher education institutions (HEIs) must also be supported and commissioned to provide the programmes essential to ensure the education and development of the appropriate skill mix within district nursing teams. District nurse roles and education programs should evolve locally and nationally, but should be sufficiently consistent across the UK and aligned to the UK's Modernising Nursing Careers programme (DH, 2006). This will enable UK-wide recognition and regulation of nurses who work in the community by the NMC, compliance with EU regulations and a flexible nursing labour market.

To improve the provision of end of life care

The pre-requisite: to provide expert nursing care at home, the district nursing service must receive the essential investment to make this possible. Having well developed 24-hour district nursing services in place ensures that even patients with complex health needs can die well at home and in the way that they choose.

The RCN endorses the national action plan for palliative and end of life care in Scotland (Scottish Government, 2008). This includes the recommendation that NHS boards and their partners should ensure equitable, consistent and sustainable access to 24-hour community nursing and home care services to support patients and carers at the end of life (where the care plan indicates a wish to be cared for at home), and that this is compatible with diverse and changing patient and carer needs.

In addition, all NHS organisations should work towards the early implementation of a 24-hour community nursing service to support existing medical out of hours arrangements. These same principles apply to the end of life strategies specific to all four UK countries.

The RCN's UK position on district nursing

5 Action plan for practitioners, employers, workforce planners and commissioners

In summary, the RCN believes the key requirements for an effective and efficient district nursing service are:

- a well prepared, capable workforce
- qualified specialist practitioner district nurses in leadership roles

- commissioners and service planners aware of the skills and knowledge necessary to respond to complex long-term conditions care
- a supportive infrastructure and corresponding shift of resources from acute to community care
- a consistent approach to measuring caseloads and workload using caseload stratification systems
- technical and technology investment to support intensive care at home.

The RCN wishes key change agents to be made aware of the data collated by the RCN on the district nursing workforce and to understand its implications for patients requiring nursing at home, and calls for a number of actions.

| Key change agent | Actions required |
|--|---|
| Workforce planners | Workforce planning to include the district nursing workforce. The community nursing workforce receives the attention and investment needed for it to provide essential high quality care in communities within a modern health service. This should include investment for staff to undertake specialist training to proceed to qualified district nurse status. |
| Commissioners and service planners | Commissioners and planners of district nursing services must make it quite clear what standards of care and patient outcomes are expected and that the appropriate workforce is employed to provide that care to the required standard. Develop a consistent caseload classification system with providers to enable more efficient service line reporting. |
| Provider organisations | Organisations providing home nursing services must work to ensure that the skill mix implemented is right for patients, carers and staff. Ensure supervision and leadership for district nursing services are robust and effective. Develop a consistent caseload classification system with commissioners to enable more efficient service line reporting. |
| Nurse educators and commissioners of education | Nurse educators to provide the right programs underpinned by national standards to ensure that nurses working in the community are prepared to take on the demanding district nurse leadership, clinical expert role. A commitment to invest in adequate numbers of nurse educators in higher education institutions (HEIs) and practice educators so that there is a comprehensive training and development infrastructure to prepare and skill up the district nursing workforce. Post registration district nursing programs are sufficiently commissioned and/or planned throughout the UK. |
| District nurses | District nurses to ensure they have the preparation necessary for delivering on the three key domains of district nursing (acute care at home, complex care at home and end of life care) and that they are capable of taking on a leadership role in the communities within which they work. |

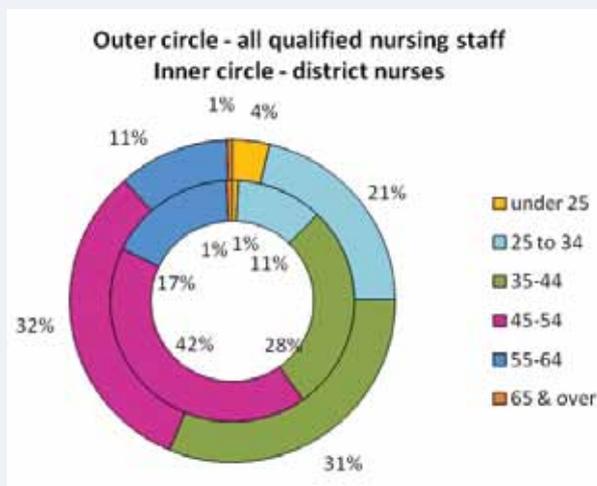
7 Concluding statement

The demands for home nursing will become greater as the health and social care landscape evolves. The RCN wishes to reconfirm that, regardless of the way politics evolve, the need for services to invest in high-quality, home-nursing services is far greater than it has been in the past.

The RCN believes it is time to make the shift from acute to community health services happen, and that district nursing will play a central role in the delivery of health care in the community. This RCN UK position statement on district nursing includes a set of key requirements and pre-requisites that will make it possible to realise the potential of district nursing across the UK.

Appendix 1 NHS England workforce census, September 2010

Chart 1: Age profile of district nurses compared to all nursing staff respondents



Appendix 2 Case studies

Telehealth in Argyll and Bute, Scotland

Over three years ago a plan was established to pilot telehealth in Argyll and Bute, one of three demonstration pilots funded by the joint improvement team. There were a number of challenges to be overcome, including:

- identifying and procuring suitable equipment
- data governance
- geographical issues
- project management
- evaluation
- training and development of the identified team
- specialist support
- IT support and involvement.

The model agreed on for the chronic obstructive pulmonary disease (COPD) pilot was that it would be supported by district nurses.

Bute was selected as a pilot site as it had little access to specialist support. Any access it had required patients to travel off the island to services provided by acute providers and covered by a service level agreement with NHS Highland. Bute also has a high proportion of people with COPD.

Training was delivered by a respiratory nurse to all the community nurses; one community nurse was further developed to deliver pulmonary rehab classes in conjunction with the physiotherapist and became a local champion for the project.

Patients were given a home iPad and asked to do their daily test at around 11am, in the knowledge that the allocated community nurse would review the data and alerts sent through after lunchtime every day. The community nurse triages the alerts and decides on the appropriate action; this could involve a telephone call, a visit or arranging a GP appointment (no action is taken on patients with no alerts, unless for some reason the test has not been completed). Work is allocated on a daily basis and the nurses allocate telehealth in place of one home visit.

Feedback has been excellent from both nurses and patients alike. GPs were unsure of its effectiveness in the early days but have confirmed that it has improved management of patients with COPD.

In 2011, phase one of the roll out commenced across Argyll and Bute; a further 20 units were purchased and split between four localities, using the same community nurse model. Training was delivered and a handbook developed to support teams with the tele-equipment installations, triage and management. A further purchase of another 40 units has been made to enable phase two of the roll out.

Phase one of the roll out focused mainly on extending the COPD monitoring programme to other areas of Argyll. Phase two will continue with COPD and heart failure, but will also include palliative care delivery. There are plans to review how the technology can be used to support people with education, exercise and peer support.

Some continuing challenges have been identified including obtaining full community team support and engagement; role definitions of specialist versus the generalist, particularly with heart failure patients; harvesting the champions and sharing their enthusiasm; sharing good practice across the service and embedding it into the team's work so that it is not seen as an add-on responsibility.

Palliative and end of life care in South West Lincolnshire, England

Lincolnshire Community Health Services NHS Trust

South West Lincolnshire continues to set high standards of end of life care and enables over 90 per cent of people who have expressed a wish to die at home to do so compared to the national average of 35 per cent. This is made possible through close integrated working between the primary health care team, which uses the Gold Standard Framework tool to identify people who may be in the last 6 to 12 months of their lives irrespective of their diagnosis.

Patients' needs are discussed in regular meetings between community nurses, Macmillan nurses and GPs; these discussions make it possible to anticipate future needs of patients, including pre-emptive prescribing. Proactive care also allows the team to anticipate potential problems and plan how to deal with them. The carer's needs are also recognised and every carer receives a supportive care plan alongside the patient's care plan.

The entire team recognise that having involvement at the end of a person's life is a privilege and believe there is only one opportunity to get the care right, and to ensure that the person has a dignified death and their family and carers are well supported before and after the death has occurred.

District nurses are often able to build relationships with their patients over many months, particularly where a patient has a cancer diagnosis, and may have had their treatments supported at home by the community nursing team. With open and honest

communication the district nurse can discuss the future wishes of the patient and their family when the time is appropriate, and support people to die in the place of their choice.

John's story is an example of this, as described by the Senior Case Manager of the district nursing team that cared for John.

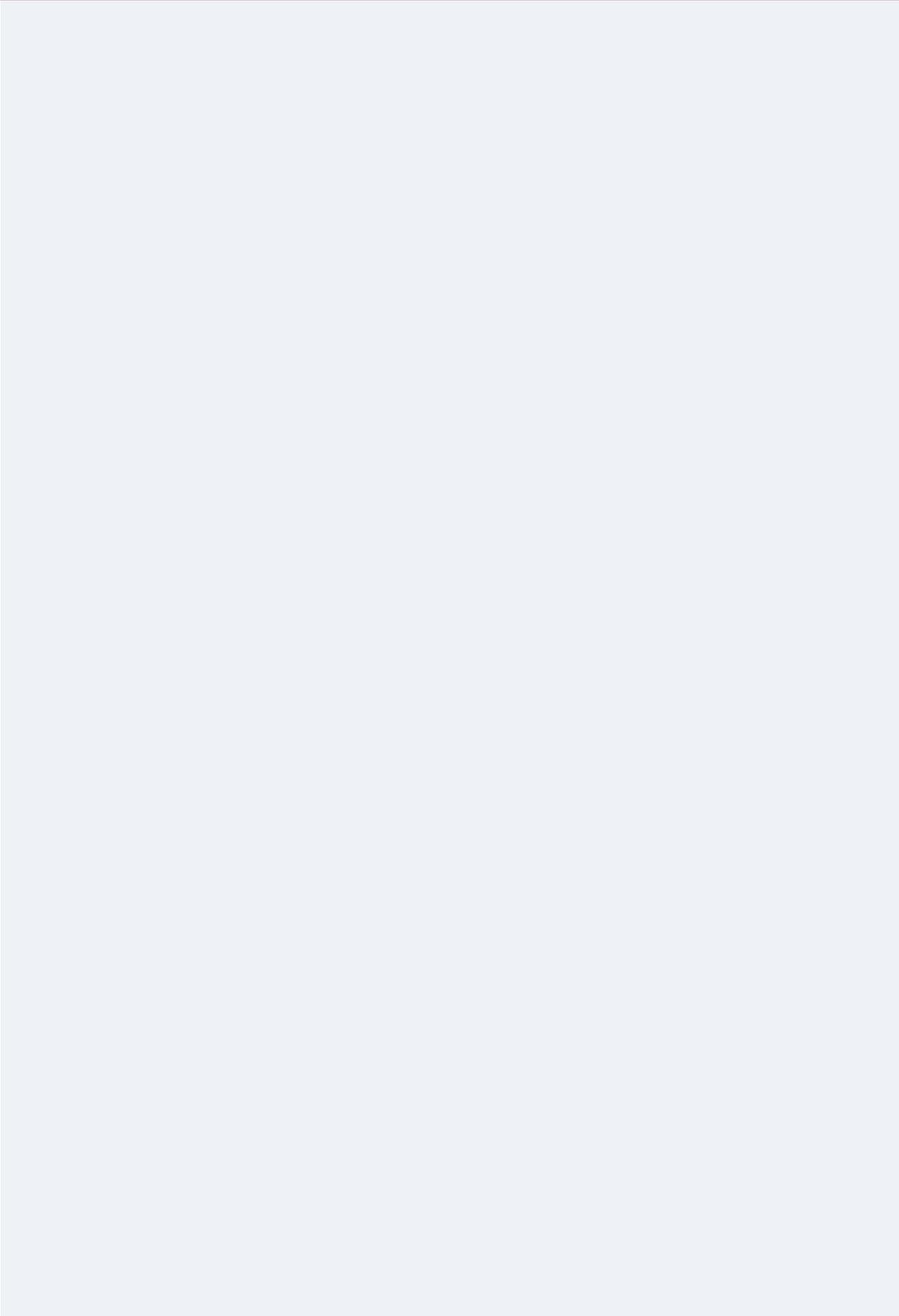
"John is an 80-year-old gentleman who, until five years ago, led an active independent life as a farmer in rural Lincolnshire. I first met John in 2002 following a hospital admission for retention of urine where it had been necessary for him to be catheterised. The community nurses visited John regularly to undertake catheter care and during the next two years he developed bilateral venous leg ulcers. Despite this, John continued to look after his pigs and farm the land around his home.

In recent months John's health has deteriorated and he is now disabled with arthritis to the extent that he is bedbound and relies totally on a package of care and neighbour support that enables him to remain in his home. Carers visit four times a day – John is transferred from his bed in the morning to his recliner chair, using a hoist, and then put back to bed at teatime. The district nurses also visit daily to change wound dressings, check pressure areas, assess symptom control and to support John with the care he needs to enable him to remain at home. Despite living alone, John is totally motivated to remain at the farm where he has spent most of his life and he continues to manage the workings of the farm from his bedside. He has expressed his wish to die at home and he has the confidence that the community team will support him in the future with end of life care."

The RCN's UK position on district nursing

References

- Cook R (2010) The future of nursing begins at home: qualification is the key, *British Journal of Community Nursing*, 15 (4), p.188.
- Department of Health England (2013) *Care in local communities A new vision and model for district nursing*, London: DH. Available at www.dh.gov.uk (accessed 6 March 2013 web)
- Department of Health (2006) *Modernising nursing careers: setting the direction*, London: DH. Available at www.dh.gov.uk (accessed 6 March 2013 web)
- King's Fund (2012a) *Integrated care for patients and populations: improving outcomes by working together. A report to the Department of Health and the NHS Future Forum*, London: King's Fund. Available at www.kingsfund.org.uk/publications (accessed 6 March 2013 web)
- King's Fund (2012b) *Service-line management: can it improve quality and efficiency?*, London: The King's Fund. Available at www.kingsfund.org.uk/publications (accessed 6 March 2013 web)
- Nursing and Midwifery Council (2010) *Standards for pre-registration nursing education*, London: NMC. Available at www.nmc-uk.org (accessed 6 March 2013)
- Queen's Nursing Institute (2010) *District nurse is becoming an endangered species* (press release, issued 26 March 2010), London: QNI. Available at www.qni.org.uk
- Royal College of Nursing (2012a) *RCN Frontline First survey*, London: RCN. Available at www.rcn.org.uk/publications
- Royal College of Nursing (2012b) *Going upstream: nursing's contribution to public health*, London: RCN. Available at www.rcn.org.uk/publications
- Royal College of Nursing (2012c) *The RCN's UK position on school nursing*, London: RCN. Available at www.rcn.org.uk/publications
- Royal College of Nursing (2011a) *The community nursing workforce in England*, London: RCN. Available at www.rcn.org.uk/publications
- Royal College of Nursing (2011a) *The RCN's UK position on health visiting in the early years*, London: RCN. Available at www.rcn.org.uk/publications
- Royal College of Nursing (2011b) *Views from the frontline: RCN employment survey 2011*, London: RCN. Available at www.rcn.org.uk/publications
- Royal College of Nursing (2010) *Pillars of the community: the RCN's UK position on the development of the registered nursing workforce in the community*, London: RCN. Available at www.rcn.org.uk/publications
- Royal College of Nursing (2009) *Breaking down barriers, driving up standards: the role of the ward sister and charge nurse*, London: RCN. Available at www.rcn.org.uk/publications
- Scottish Government (2008) *Living and dying well: a national action plan for palliative and end of life care in Scotland*, Edinburgh: SG. Available at www.scotland.gov.uk
- Welsh Assembly Government (2009) *A Community Nursing Strategy for Wales*, Cardiff: WA. Available at www.wales.gov.uk



April 2013

Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN
020 7409 3333
www.rcn.org.uk

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

Publication code 004 366

ISBN: 978-1-908782-47-2