District nursing renascent as Wales adopts safe staffing levels

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In the 70th anniversary year of the NHS, it is worth reflecting on why the NHS in Wales is different from the health services of the other three nations. NHS Wales and NHS England were jointly created by the National Health Service Act 1946—NHS Scotland and Health and Social Care Northern Ireland were created under separate legislation in 1947. The NHS started in all four nations on 5 July 1948, with the common founding principles of being comprehensive, universal and free at the point of delivery. From the outset, Northern Ireland and Scotland have had slight differences because of the initial differences in their legislative frameworks.

The NHS in England and Wales were one organisation until 1969, when responsibility for NHS Wales transferred to the secretary of state for Wales and the Welsh Office. This created similar and parallel developments in Wales and England over the next 3 decades until devolution in 1999, when responsibility moved to the Welsh Assembly and Welsh Government.

This gave NHS Wales an opportunity to diverge from NHS England in how it was structured. The introduction of Welsh legislative powers in 2006 created further differences; it has enabled, for example, groundbreaking legislation on sustainable development with the Wellbeing of Future Generations (Wales) Act 2015 and legislation on opt-out organ donation, The Human Transplantation (Wales) Act 2013.

Today, NHS Wales is overseen by Welsh Government with the director-general for health and social care having responsibility as the NHS Wales chief executive and the chief nursing officer having responsibility as nurse director for NHS Wales. In England, these functions are split between the Department of Health & Social Care and NHS England. Since devolution Wales has set its own distinctive approach to health and care provision. Integration and cooperation between health organisations is a key tenet of healthcare policy, along with a commitment to avoid duplication and ‘do things once for Wales’.

Wales could be described as being in the ‘Goldilocks’ zone for its size; it is not too small to make it unsustainable and not too large that a once for Wales approach cannot be achieved.

There are seven health boards and three national NHS trusts—Velindre Cancer Trust, the Welsh Ambulance Services Trust and Public Health Wales. Each health board is accountable for population health within a given geographical area. The health boards are both commissioners and providers of care, commissioning services such as primary care and providing community and secondary care. Effectively, the health board structure in Wales is one of integrated, accountable care organisations. The Social Services and Wellbeing (Wales) Act 2014 is further driving integration with social care across Wales.

The health boards have created 64 primary care clusters based on the prudent healthcare principles (Welsh Government, 2015). These clusters bring a strong focus to providing integrated healthcare to populations of 30,000–50,000. The cluster design promotes joint working across practices and the integration of primary and community care services with key partners such as the ambulance trust, the local authority and the third sector. Clusters have a pivotal role in undertaking local health needs assessments, allocating resources and forecasting demand for primary care.

The policy direction in Wales is similar to that in Britain and most developed countries. Demographic and technological changes are driving care closer to home, reorientated away from secondary care, and a proactive improvement of population health and wellbeing with the delivery of care by multidisciplinary integrated services centred around the individual. This is driven in Wales by the legislative framework and the prudent healthcare principles (Welsh Government, 2015).

In January 2018, the parliamentary review of health and social care in Wales, A Revolution from Within: Transforming Health and Care in Wales, was published (Welsh Government, 2015).

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ABSTRACT
This article reflects on the history of the NHS in Wales and how this has led to the current NHS structure. How this structure supports integrated working across primary, community and secondary care and how further integration with social care is moving forward with its direct impact on district nursing is explored. The article describes how district nursing is meeting these challenges. Support for district nursing as part of integrated multiprofessional teams is being developed to promote appropriately staffed teams centred on meeting the requirements of people within a designated area and ensuring that home is the best and first place of care.

KEY WORDS
• Wales • District nursing • Staffing • Policy • Legislation • Integration
Abertawe Bro Morgannwg University Health Board has developed a common access point for all referrals across Swansea to support referrals to district nursing from across the cluster. They have also developed a common phlebotomy service supporting primary and community care.

Cardiff and Vale University Health Board has tested the prototype of an approach to on the ground education, managing chronic oedema and wet legs in the community. This demonstrated a significant reduction in the number of district nurse home visits, GP surgery visits and episodes of cellulitis and improvements in patients quality of life (Thomas et al, 2017).

Hywel Dda University Health Board has undertaken needs assessments and reviewed who is best placed to undertake specific care activities within the clusters. This has seen a shift with all chronic leg ulcer management moving from general practice to the district nursing service. Within Carmarthenshire, healing rates have improved in excess of 60% within 12 weeks of initial assessment and recurrence rates have reduced to less than 5%.

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Quality indicators
In this work stream, three phases of testing a quality indicator assessment tool have been carried out. This tool takes into account five areas of quality:

- Patient experience
- Patient outcomes
- Compliance with standards
- Staff experience
- Team leadership.

The testing has demonstrated the face validity of the methodology.

The aim is to develop an evidence base, using the triangulation process, that will support a sustainable once for Wales system to set staffing levels for district nursing teams.

Interim guidance
In November 2017, the chief nursing officer for Wales and the Welsh nurse directors of the health boards and trusts published interim guiding staffing principles for district nursing (Welsh Government, 2017b) (Box 3).

The planning process in NHS Wales is based on a rolling 3-year plan comprising integrated medium term plans (IMTPs). Within Welsh Government guidance issued to health boards for the 2018–19, IMTPs, for the first time, specifically refer to district nursing services and the planning these in line with the interim staffing principles.

In December, the Welsh Audit Office (2017) published District Nursing Services in Wales—a Check List for Boards as a follow-up to the 2014 national audit of district nursing services. The checklist covers:

- Ensuring clarity about the role of the district nursing service
- Managing demand for district nursing services
- Managing the district nursing service caseload
- Securing the right workforce
- Understanding how district nursing staff spend their time
- Understanding the quality and safety of the district nursing service
- Information and information systems.

The checklist supports the implementation of the interim guiding staffing principles.

Higher profile for district nursing
In line with the once for Wales approach and the Social Services and Wellbeing (Wales) Act 2014, the Welsh Government is supporting the implementation of a single community health and social care information system known as the Welsh Community Care Information System. The rollout of this system has begun and is on schedule for completion by 2020.

This platform will provide a single mobile information system to community services, including district nursing and social work. As a nationally procured system, it is integrated with all other information technology infrastructure in Wales, including the national primary care information systems; this ensures information is shared in an appropriate, timely and integrated way across primary, community and social care services. The implementation of this system will inform and enable the adoption of a systematic national workload and workforce calculation tool.

The All Wales District Nursing Forum is a national forum for district nurses to come together quarterly to share best practice and develop practice on a once for Wales basis and working to a nationally agreed work plan. The forum acts as a professional reference group for the district nursing workload and workforce calculation work stream. The chair of this forum is also a member of the Welsh Nursing and Midwifery Council.

Box 3. District nursing staffing principles

The district nursing staffing principles have been developed to provide an overall set of principles that empower district and community nursing to make a difference to individuals within the communities they serve. The principles need to be taken as a whole as interdependency between principles enables a triangulated three dimensional approach which captures the complexities of care in the community provided by district nurses in Wales.

The principles are set within the following underlying operational context:

- Workforce assessment should be undertaken based on these principles at least annually and when an identified change in workload has been noted in a district nursing team’s workload.
- District nursing teams should be structured so they are coterminous with the cluster catchment / footprint and each cluster should have an identifiable cluster lead for the district / community nursing service. Each district nursing team or unit should have a distinct and identifiable geographical neighbourhood, zone or district within the cluster to enable the easy identification of the district nursing teams contact details from the patients address.
- The staffing make up of district nursing teams will be dependant on and reflect the cluster needs assessment of the population the team serves and the caseload the team carries this will include any care homes within the team’s district and if the team is required to support Continuing NHS Health Care Patients. The skill mix within the team should also take into account other community based services serving this district (for example reablement teams, rapid response or out reach teams, social care teams and third sector support).
- District nursing should apply prudent healthcare principles to workload and workforce.

**Principles**

1. Professional nursing judgement should be used in determining district nursing team’s establishments.
2. District nursing teams should be structured so they are coterminous with the cluster catchment / footprint. Each district nursing team or unit should have a distinct and identifiable geographical neighbourhood, zone or district within the cluster.
3. The skill mix within district nurse led teams should be predominantly nurse registrant supported by health care support workers dependent on the patients’ care needs.
4. Each district nursing team or unit should have a clinical lead District Nurse with a NMC recordable qualification (SPQ) or a post registration community nursing degree and leadership training. At least 20% of their time should be spent on case management and at least 20% of their time undertaking supervisory activities, aiming towards a full time supernumerary role as the needs of the team or unit dictate.
5. There should be at least one deputy team leader District Nurse with a recordable qualification (SPQ) or a post registration community nursing degree and leadership training case manager within each district nursing team.
6. To promote the continuity of an individual’s care and to develop expertise about assets within a community, each district nursing team or unit within a cluster should have a staffing complement of no greater than 15 staff/12 WTE.
7. 26.9% uplift should be used in calculating the headroom within a team.
8. Each team should have access to at least 15 hours administration support per week.

Source: Welsh Government (2017b)

**Note to BJCN** - box 3 is taken verbatim from the letter so not edited.

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Box 4. Implementing the Welsh Community Care Information System: case example

Cwm Taf University Health Board, to prepare for the implementation of the Welsh Community Care Information System and to support the development of a workload and workforce calculation tool, has been testing the use of mobile digital technologies.

Powys Teaching Health Board was the first health board to implement the system in conjunction with the local authority because they have the same boundaries. Because of its rural geography, Powys has taken a leading role in developing district nursing services with the implementation of primary care community resource teams. District nursing, with social workers and GPs, deliver a virtual ward for those at most need in the community preventing admissions and facilitating early discharge.

Box 5. All Wales District Nursing Forum: case example

Betsi Cadwaladr University Health Board, as part of the Wales District Nursing Forum’s work plan, is spearheading the development and testing of a Once for Wales governance approach for healthcare support workers providing enhanced support for insulin administration. This is enabled by the All Wales Guidance for Health Boards/Trusts in Respect of Medicines and Health Care Support Workers (All Wales Medicines Strategy Group, 2015).

KEY POINTS

- NHS Wales takes a collaborative approach to healthcare delivery; national health organisations take a ‘once for Wales’ approach based on prudent healthcare principles.
- The Welsh Government is showing its commitment to district nursing through the increase in investment in district nursing training places and in backfill to release staff to take advantage of this opportunity.
- Recommendations from a parliamentary review will be informing the long term plan for integrated health and social care in Wales. District nursing is at the forefront of this, piloting neighbourhood healthcare.
- The Nurse Staffing Levels (Wales) Act has given impetus to the development of a district nursing workload and workforce tool; in the interim, the chief nursing officer for Wales has published a set of principles to guide staffing deployment.
- NHS Wales and all Welsh local authorities have started work on an information system to support the integration of health and social care.
- District nurses in Wales can provide advice and influence national policy in through the Welsh Nursing and Midwifery Committee, the All Wales District Nursing Forum and the group that is developing the nursing workforce tool.

Conclusion

Having strong national leadership through the chief nursing officer supported by forums providing timely professional and policy advice and capitalising on a once for Wales approach has enabled district nursing to articulate the narrative of service need, service direction, service development and, most importantly service potential; this has helped influence policy towards district nursing as part of multiprofessional community services. This is fully aligned with the recommendations made within the recent parliamentary review and the future direction of health and social care in Wales.

The voice of district nursing is now being heard and it is up to district nursing in Wales to locally interpret and implement the opportunities the policy direction has given and through the outcomes for individuals, our communities and the population of Wales will inform the next chapter for district nursing in Wales.

KEY POINTS

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CPD reflective questions

- How do you gain a greater understanding of all the community assets to support your patient?
- How do you articulate the staffing you require to meet the needs of the patients on the team’s caseload?
- If you were in Wales, how would the interim guiding staffing principles affect your team or service? Do you feel this would be positive?
- How do you measure the quality of your service? Does this reflect what both your patients think a quality service would be and

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