



## Palliative Care: Daring to be different

Annual Conference 2008



## The Community Nursing Review: Prepared or scared to be different?

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## Background

- Nursing for Health (2001)
- Delivering for Health (2005)
- Delivering Care, Enabling Health (2006)
- Family Health Nursing Pilot in Scotland Report (2006)
- Visible, Accessible and Integrated Care (Nov 2006)

## Rationale

- Increasing workload
- Increasing age profile of workforce
- Increasing complexity of need and service requirements
- Public confusion over nursing roles and responsibilities
- Decreasing workforce numbers with future recruitment challenges
- Limited career structure

## The New Model

- Community Health Nurse role encompassing District Nursing, Public Health Nursing (Health Visiting and School Nursing) and Family Health Nursing
- A new nursing team comprising:
  - Nurse Consultant
  - Clinical Team Leader/Advanced Practitioner
  - Community Health Nurse
  - Community Staff Nurse
  - Health Care Support Worker
  - Administrative Support
- Cross boundary interface linking to multi-agency and multi-disciplinary teams

## Identified Needs of the New Service Model

- Promote individuals', families' and communities' health and self-care abilities
- Support people to live healthier lives in their homes for as long as possible
- Reduce health inequalities
- Develop career options that reflect the importance and value of nursing in the community

## Seven Core Elements of Nursing in the Community

- Working directly with individuals and carers
- Adopting public health approaches to protecting the public
- Coordinating services
- Supporting self care
- Multi-disciplinary and multi-agency working
- Meeting health needs of communities
- Supporting anticipatory care

## Development Process

- Two year project
- 4 development sites – NHS Borders, Lothian, Tayside and Highland
- Locally agreed implementation plans depending on needs of communities
- Workforce modelling to determine structure of new teams
- Educational requirement review including development of capability frameworks

## Evaluation process

- Baseline review prior to implementation of new model - completed
- Independently commissioned evaluation of new model two years after transition
- Evaluation will inform the shape and design of future nursing services in the community

## Prepared?

- NHS Borders identified as a development site
- Better to be involved at the outset
- Able to shape and influence new model through locally agreed implementation plans
- 25% of all community staff will retire in next 5yrs
- Recognition of need for change
- Increasing workload and change in demographics
- Opportunity to influence a new career structure for community nursing

## Scared?

- Why change what works?
- Too many competing priorities – child protection, sexual health, palliative care.....
- Back to the old triple duty model
- Dilution of skills
- Change in professional status
- Potential risk to vulnerable adults/children
- Services to patients will be compromised
- Transferability of new model throughout the UK and beyond

## Current Position

- Each of the four areas is still developing the transition process
- Job descriptions developed and approved
- Capability framework developed
- Education provider to be agreed
- Existing community qualifications still being offered
- Baseline study completed
- Evaluation study being prepared for tender

## The Difference

- Status quo will not be maintained
- The change process has started
- Engagement is essential to influence the outcome
- Service demand will continue to increase
- Moving backwards is not an option
- Dare to be scared but prepare to change



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