National District Nurses Network

Annual Report 2013-14

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www.npag.org.uk
INTRODUCTION

As the round of meetings commenced for 2013-14 the clear message was to focus on the aims and objectives the network had reviewed and revised. (The terms of reference for the network can be found in appendix 1)

It was felt important to build robust relationships with key national figures influencing community nursing in order to be able to influence, comment and be aware of what was happening in community nursing.

A continued presence on the National Community Advisory Group, chaired by Wendy Nicholson at the Department of Health, has meant an up-to-date knowledge of national ideas and changes. Regular attendance at network meetings by Crystal Oldham has enabled us to forge close links with the Queens Nursing Institute.

Membership has grown and the profile of the network has developed and is now recognised in the national arena. Additionally, opportunities for promotion of the network have been seized by article publication and conference attendance.

The sharing of issues and members news has helped people to see that the challenges they face are common across the country. Discussion of these is useful for thinking of ways of dealing with them and realising no one is alone.

The overarching message from this round of meetings has been that we all face huge challenges ahead especially with the complexity of the work expected, the volume of patients receiving care in the community and the difficult IT systems cause.

Going forward the network will continue to promote and support the issues faced and have a voice in the national arena.

Sue Hill
NPAG Best Value Group Facilitator

CHAIR’S VIEW

Firstly, I want to say what another great year it has been for the National District Nurse Network (NDNN).

It is my belief, as a group we continue to grow from strength to strength evidencing that it is possible to make a positive difference to the wider agenda of community nursing and in turn to patient care.

Over the course of the 4 meetings we have had some fantastic speakers who have been inspiring, whilst at the same time have provided the group with positive challenge in a way that has made us think about what we want the NDNN to achieve.

I want to particularly thank Crystal Oldman (CEO, QNI) and Wendy Nicholson (Professional Officer, DoH) whom I feel have been pivotal in supporting the group this year, not only by attending some of our meetings but also through showing their support in various other ways. Examples of this support have been shown through our attendance at the DoH Community Nursing Advisory Group meetings and the QNI allowing us to exhibit at the annual QNI conference.

Likewise, a huge thank you to Sue Hill our facilitator who has continued to work tirelessly to ensure that each meeting is planned with packed agendas.
Lastly but in no ways least, I want to say a big thank you to all group members who continue to show their commitment to the NDNN by travelling sometimes long distances to meetings actively contributing to discussion, sharing best practice and ultimately possessing a drive to want to improve community nursing services and patient care.

I continue to look forward to again chairing the next round of meetings commencing in July 2014 and leading the work of the NDNN.

David Pugh
NDNN Chair

MEETING REVIEWS

Meeting 1 - June 12th in Birmingham

As a group, work was done on creating a National District Nurse Specification. Various specifications from across the country were considered and after discussion a comprehensive document was completed. This has been given to the Community Nurse Advisory Group lead at the Department of Health. It has also been requested by NHS England and someone working with a CCG cluster. It can be found in Appendix 2

Kay Durrant, Head of Service for District Nursing for Stockport and RCN Forum Chair attended the meeting to discuss the recent document “District Nursing - harnessing the potential” that was published by the RCN.

District nursing - harnessing the potential. The RCN’s UK position on district nursing

The Community Nursing Advisory Group continues to be attended on a bi monthly basis by our chair, David Pugh. They had asked if consideration could be given to the topic Professionalism in District Nursing – what it means for staff, the patients and public and commissioners. This was completed during the meeting as a group exercise and the results fed back to CNAG.

Members issues and news were also discussed.

Meeting 2 - August 29th in London

Crystal Oldman Chief Executive of the Queens Nursing Institute was welcomed to this meeting. Crystal talked about a number of actions currently being undertaken by QNI including:-

Developing a resource for transition to community practice - will be launched 25th September. It is for use by staff new into the community and supports learning, context of care, policy and guides practitioners to find a mentor and develop an online portfolio.
Carers project - to see what support nurses need to be able to support carers better. Has been done in collaboration with Carers Trust. So far have had a literature review which has demonstrated the hole in evidence base for nurses caring for carers. By the end of the year the QNI will have a web based interactive resource to support nurses. Similar piece of work will be done for practice nurses.

Workforce planning - QNI has been funded to start looking and scoping examples of good practice of workforce planning, demonstrating what is working and what should be in a workforce planning toolkit and feed outcomes to CCGs.

QNI report on DN education is now out. The QNI want to answer the question “so what?” What difference does having trained DNs make in the community? Would like case studies around clinical leadership, holistic viewpoint, management of staff/caseload. One suggestion is having pre and post and one year on interviews with staff that are doing the course.

Wendy Nicholson - Professional Office- Department of Health
Wendy reported that it is a great time for District Nursing as they are currently seen as a priority area. The next steps from transforming community care are getting public mindset to see that hospital is only one step in a care pathway. We need to change the image of the district nurse being a dynamic and complex care giver.

The DN vision is being implemented and led by Jane Cummings. There is a 3 year strategy around implementation being set up with various work-streams to support it.

Work-streams:–
Workforce issues, training and education
Public health - every contact counts, link with public health agenda
Innovation - promoting and identifying innovation
Technology - good use of technology fund
Commissioning - how commissioners commission intelligently and how district nurses can have more influence.

The work-streams are very joined up and use the Community Nurses Advisory Group (CNAG) as expertise and grounding.

The group spent time comparing the roles of bands 2, 3 and 4s across the country. This showed huge variation in different trusts and a big difference in expectations for each band. Appendix 3 shows the findings.

Sue Boran - Course Director for District Nursing - London South Bank University - presentation enclosed with meeting minutes.

Sue explained that there is no standardisation across the country for district nurse training! The course she runs is based on key strategies such as dementia, compassion in practice, Francis report and care in the community.

Louise Bicknell - DominiC System - born out of the QNI innovation fund, Stockport developed a capacity tool to help with choice of time, continuity of care, improved communication, time to care and medical device management. An explanation of the tool was given.

Members’ issues and news were also discussed.

Meeting 3 - December 11th in Leeds

Crystal Oldman - Queens Nursing Institute
Two of our members had received their Queens Nurse award - Ian Bailey and David Pugh. Crystal talked about terminology used. She is endeavoring to get a change in the way we talk about acute and community care and start referring to it as hospital based and community based care.
DN practice resource - now available online but also in hard copy. A resource to use with staff new to the community. Follow the link: [http://www.qni.org.uk/for_nurses/transition_to_community](http://www.qni.org.uk/for_nurses/transition_to_community)

Survey just closed revisiting 2020 Vision document. Have had over 1000 responses. Data is brilliant! Captures the current challenges of community nursing. Results should be out about March. It evidences what is happening in district nursing.

DN education report - catalyst for looking at what educational needs are. Hope to repeat in 2014 to see what difference there is. Aware of 3 or 4 more universities offering the specialist practitioner course this year. Standards for Specialist Practitioner Qualification - QNI would like to formulate standards - not replacing or impinging on NMC ones but as up to date standards that raise the profile of District Nurses being properly qualified in the community.

At this meeting there were a variety of presentations by members demonstrating mobile working methods and capacity management tools.

An exchange of issues and news was also held between members.

Some comments on the network day were as follows:-

“Wonderful day, very enlightened. Good to network with people. Learnt a lot. Thank you”

“Totally inspiring day listening to all the great work going on nationally and how DN services are embracing changes nationally to improve patient care. Thank you”

“Excellent day and wonderful venue. All talks inspiring and will be extremely beneficial.”

**Meeting 4 - March 12th in London**

There were 3 key speakers at this meeting and discussions re tariffs and a response to the NMC revalidation exercise completed.

**Crystal Oldman: Chief Executive of QNI** gave an update.

DN caseload analysis literature review has been completed and a copy given to each member. Carers project - a resource for DNs supporting carers is now available on the QNI website. There is also a literature review supporting this. The link is: [http://www.qni.org.uk/for_nurses/supporting_carers](http://www.qni.org.uk/for_nurses/supporting_carers)

2020 vision - 5 years on. Nearly 1100 surveys were completed. Currently being written up and the results will be out in April with further detail later in the year. Early thoughts show a very mixed picture.

DN education - the survey of universities and numbers being trained is to be repeated this year. GPs are some of the greatest allies in supporting the work of DNs.

Monument Trust has funded the QNI to continue their work with the homeless project. Would like to extend the project for asylum seekers, gypsies, travelers and sex workers.

QNI website has a wealth of information so please do visit.

**Michelle Mello - Head of Commissioning (Nursing) NHS England**

Primarily Michelle works with nurses in commissioning roles and is helping to shape the community nursing strategy.

National programme is starting to work on the various work streams:- Innovation and technology
Workforce issues
Integration
Population and public health
Commissioning

Feels we need to sell ourselves as District nurses better. We need quality outcome measures. Joining up of the pathway from hospital to community.
Think about our strap line...."Keeping the patient safe and out of hospital”
Clear message from our network was a shared purpose
Case studies that show a day in the life of a DN would be really helpful.

Tim Curry - Deputy Head of Nursing - RCN

What is the RCN doing to raise the profile of district nursing?
There are a series of documents produced by the RCN to help raise the DN profile.
There is a ratching up of the pressure in the community. Few extra nurses going into the community.
Student experience is patchy
Financial investment is going down in real terms
Innovation is not really happening
Policy rhetoric is wanting to increase the community care but not being felt by the workforce.
IT and workforce planning - no national agreement.
DN survey has been done - where is the unique selling point?
Meets regularly with CNO and raises DN issues.
Everyone is asking for more money!!

For the future we need:
- to work differently
- think differently
- join with acute/voluntary and independent sector to look at ways of changing
- self care
- better professional/community/patient links
- we cannot have more of the same!

Comments about the meeting from members included:-
‘Really enjoyed it, great learning and sharing forum.’
‘Hugely helpful hearing discussions from other areas especially CQC’
‘Very empowering and a great opportunity to share opportunities. I found Michelle very motivational’
‘Great networking experience and knowledge of the networking team is fantastic’

**DISSEMINATION OF INFORMATION**

All presentation slides, notes and tabled documents are made freely available to Group members. The NPAG maintains a library and register of all documents/papers for distribution upon request. These are also made available to members of other NPAG Best Value Groups, with the agreement of the originator.

All presentation slides, notes and tabled documents are loaded onto the member’s web page within the NPAG website with password security.

Please visit [www.npag.org.uk](http://www.npag.org.uk)
**PROMOTIONAL OPPORTUNITIES FOR THE NETWORK IN 2013/2014**

An article about the network was published in the British Journal of Community Nursing Vol. 18, No. 7 P. 351.

Attendance with literature about the network at the QNI Conference generated further national interest.

Several members were present at the Westminster Briefing - The Evolving District Nurse and Michelle Mello plugged the network and there were opportunities to talk to potential new members.

An article in the Journal of Community Nursing is due for publication in spring 2014.

**NATIONAL DISTRICT NURSE NETWORK – THE FUTURE**

The future of the National District Nurse Network looks bright as there is a huge appetite to join and share the challenges being faced with this nursing sector.

Meetings will continue on a quarterly basis, attracting national speakers who can inform of the changes occurring.

Subjects for the coming year include -:
- Technology and innovation
- CQC and what it means to the community

The network will continue to have regular input from QNI and hopefully Department of Health and NHS England.

**Meetings dates have been set as:-**

9th July - Birmingham  
17th September - London  
December and March to be advised

**FURTHER INFORMATION & CONTACT DETAILS**

For further information about the National District Nurses Network please contact NPAG on 01245 544600 or e-mail:

For further information about the National Performance Advisory Group and its Benchmarking and Best Value activities, please contact the NPAG on: victoria@npag.org.uk

**Telephone:** 01245 544600  
**Fax:** 01245 544610
NPAG DEVELOPMENTS

CPD Certification
The NPAG is a member of the CPD Certification Service. The National District Nurses Network has received CPD approval for 2014-15.

CPD Certification is a formal recognition of the contribution that membership of the National District Nurses Network to members' continued professional/personal development.

At the end of the annual round of meetings, members will receive certificates of attendance for all meetings attended during the year to evidence the contribution made as part of lifelong learning.

NPAG Network
The NPAG Network provides the facility for members to ask questions of any individuals, group or groups within the overall NPAG membership. Questions can be sent to the NPAG team who disseminates them across the NPAG membership. Responses are collated and returned to the originator and others who declare an interest in the question asked.

NPAG Library
The NPAG Library holds presentations from NPAG best value groups, workshops and conferences, together with policy and other documents sent in by members. Access to these items is via the NPAG Network.

NPAG Alerts
The NPAG monitors websites and bulletins to identify health related news items and announcements that may be relevant to NPAG members. Alerts are circulated to BVG facilitators for them to pass on to the members of their BVGs, where considered appropriate.

NPAG Website
The NPAG website includes a private members area for each of the NPAG groups. Through these sites, members can access and download meeting agendas, minutes, presentations and survey forms. The areas are password protected.

NEW TO NPAG MEMBERS REFERRAL SCHEME AND DISCOUNTS

NEW: Members Referral Fee – Introduce a friend and get 1 meeting for free.

A member referral resulting in another Trust / Organisation registering for full membership of the same group will result in the referring member qualifying for a one meeting discount*

The discount applies to the full membership fee only (not applicable to the 2nd member rate). The discount will be applied once, at the start of the current meeting round. Mid round membership referral discounts will be processed at the start of the following year’s membership round.

Multiple referrals will result in multiple discounts up to four referrals per meeting round.

*Equivalent to £137.50 for the National District Nurses Network.

Second Club Membership - A 10% discount will be applied when an existing NPAG member joins an additional Group. This does not apply to the £195 second member rate.
NPAG Benchmarking & Best Value Groups

The NPAG organises and facilitates a national network of groups that enable members to share experience, identify good practice; innovation and information to assist individual managers develop their own service improvement action plans.

For further information please contact the following Group Facilitators:-

<table>
<thead>
<tr>
<th>Best Value Group</th>
<th>NPAG Facilitator</th>
<th>Contact No</th>
<th>Tel. No</th>
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<tbody>
<tr>
<td>Clinical Engineering North</td>
<td>Richard Steventon</td>
<td>01282 694657</td>
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<tr>
<td>Clinical Engineering South</td>
<td>Richard Steventon</td>
<td>01282 694657</td>
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<tr>
<td>Estates Services</td>
<td>Tony Gent</td>
<td>01245 544600</td>
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<tr>
<td>Facilities (North)</td>
<td>Tony Gent</td>
<td>01245 544600</td>
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<tr>
<td>Facilities (South)</td>
<td>Roger D’Elia</td>
<td>01245 544600</td>
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<tr>
<td>Health Visiting &amp; School Health Services</td>
<td>John King</td>
<td>01245 544600</td>
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<td>Development Network</td>
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<tr>
<td>National District Nurses Network</td>
<td>Sue Hill</td>
<td>01245 544600</td>
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<tr>
<td>NHS Sustainability Lead Network</td>
<td>John King</td>
<td>01245 544600</td>
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<tr>
<td>NHS Transport &amp; Logistics</td>
<td>Peter Richardson</td>
<td>01245 544600</td>
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<tr>
<td>Nursing &amp; Temporary Staffing</td>
<td>Dale Atkins</td>
<td>07801 374217</td>
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<tr>
<td>Occupational Health &amp; Safety</td>
<td>John King</td>
<td>01245 544600</td>
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<tr>
<td>Operating Theatres</td>
<td>Paul Wilson</td>
<td>01245 544600</td>
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<td>Portering Services</td>
<td>John Wigmore</td>
<td>01245 544600</td>
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<tr>
<td>Programme Management</td>
<td>Dale Atkins</td>
<td>07801 374217</td>
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<tr>
<td>Resilience Development Network</td>
<td>Dale Atkins</td>
<td>07801 374217</td>
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<tr>
<td>Sterile Services</td>
<td>Jo Kerrigan</td>
<td>01245 544600</td>
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<tr>
<td>Telecoms</td>
<td>John Wigmore</td>
<td>01245 544600</td>
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<tr>
<td>Waste Management</td>
<td>Sue Berry</td>
<td>01245 544600</td>
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CPD Certification is a formal recognition of the contribution that BVG membership makes to members' continued professional/personal development. Members receive CPD certificates of attendance for all meetings attended during the year to evidence the contribution made as part of lifelong learning.

For further information on the NPAG and our future activities, please contact Victoria Combes or Paula Ellis by telephone on 01245 544 600, or by e-mail on victoria@npag.org.uk or paula@npag.org.uk
Available to all members of NPAG Benchmarking and Best Value Groups the NPAG Network provides the facility for members to ask questions of any individuals, group or groups within the overall NPAG membership.

The response to questions raised has been excellent. The NPAG Network provides a managed forum for colleagues to share information - saving time and money in not re-inventing the wheel!

Questions raised in the past month have included the following topics:-

- Decontamination of portable medical equipment
- Ward hairdressers
- Laundering heat labile items
- Fleet vehicle insurance
- Use of latex gloves
- Use of chute system for waste disposal
- Equipment service intervals
- Anaesthetic circuit change frequency
- Car-share schemes

Thank you all who have responded!

For full details of how to use the NPAG Network, please contact NPAG on 01245 544600, or e-mail: npagnetwork@npag.org.uk

Forthcoming NPAG Events

Please visit www.npag.org.uk for all our current course, workshops, training & BVG meetings.
Telephone: 01245 544600 or email victoria@npag.org.uk or paula@npag.org.uk

Summer / Autumn 2014 - Clinical Professional Development for Occupational Health Nurses (national & onsite)

- Pre Employment Clearance
- Spirometry
- Management of Physical Hazards
- Sickness Absence Management Referrals
- Health & Safety

Please contact Victoria Combes for details.

Putting the Patient First – Customer Care and Communication Skills in the NHS Training Workshop

A one day workshop for NHS professionals, reinforcing customer care best practice so that patients receive the best possible experience through our people, always Putting the Patient First:

- Understanding the impact of your own behaviour on others
- How to handle challenging situations and people
- Effective communication techniques
- Understanding and managing patient expectations
- Identifying how and why perceptions are formed
- Proactive versus reactive behaviour
- Demonstrating a positive attitude
- Taking ownership

Please contact Paula Ellis to organise your on-site workshop.
# REGISTRATION FORM

## NATIONAL DISTRICT NURSES NETWORK 2014-15

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<th>ORGANISATION</th>
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Type of organisation: NHS [ ] Social Enterprise [ ] Other [ ]

**PHONE NO.** [ ] **FAX NO.** [ ]

**Member 1 for a £550 fee (4 meetings)** Additional Member/s £195

**NAME**

**POSITION**

**EMAIL**

**SPECIAL REQUIREMENTS**

(Dietary/Access)

### Reservations

Please send completed booking form to:

(Photocopies acceptable)

**National Performance Advisory Group**

87 Coval Lane

Chelmsford

Essex, CM1 1TQ

Tel: 01245 544600

Fax: 01245 544610

Email: victoria@npag.org.uk

www.npag.org.uk

### Invoicing

If the invoice address is different from that above please enter address below

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### BOOKING CONDITIONS:

A VAT invoice will be issued. VAT Registration No. 654 9195 01. VAT applies to any NHS organisation outside England and to any non-NHS organisation.

Payment is due on receipt of invoice. DO NOT send payment in advance of receipt of invoice. When invoice is received, payment should be made to ‘East of England Ambulance Service NHS Trust.’

ALL cancellations must be in writing. Cancellations received up to 2 weeks before the date of the first meeting will receive a full refund less an administration charge of £100. After this date refunds cannot be made. A substitute is acceptable. NPAG cannot be held responsible for any travel expenses or accommodation costs in the event of a cancellation or postponement of a meeting, workshop or an event.

A 10% discount will be applied when an existing NPAG member joins an additional Group. This does not apply to the £195 second member rate.

I confirm that I have read and accept the above BOOKING CONDITIONS and would like to register as a member of the ‘National District Nurses Network 14-15’. Please invoice me for payment.

Authorisation Signature .......................... Your Order Number ..........................
APPENDIX 1

NATIONAL DISTRICT NURSES NETWORK

TERMS OF REFERENCE

- Primary members are all providers to the NHS of district nurse services.
- Members must agree to abide by the Operating Arrangements.
- All members who are nominated by their organisation to attend meetings must be familiar with the service and be able to contribute to discussions.
- Members should be able to agree on behalf of their organisation to produce information required by the members within the timescales set (unless commercially sensitive).
- Members are encouraged to send a deputy on the basis that he/she is also familiar with the service and is capable to act on behalf of the normal attendee.
- NPAG and any member may propose new membership.
- Any new members joining the Network will receive copies of minutes and reports produced by the club that year and will pay the full annual subscription.
- Decisions on the maximum membership are at the discretion of the current Network membership.

AIMS

- Ambassadors for district nurses nationally
- Engage with, and thereby influence, the service.
- Access communication and direction from leaders of national initiatives.
- To share experiences.

OBJECTIVES

- Provide a proactive networking forum for all district nurse services organisations to share the benefits of current developments and best working practice.
- Provide critical and creative thinking about community services developments, nationally and locally.
- Provide concerted responses to national initiatives.
- Give constructive feedback to presentations/ideas from a service perspective.
- Provide a reference group to policy makers.
- Encourage developments in district nursing services consistent with developments at a national level.
- Systematically spread best practice and innovation.
- Share learning.
- To provide 'expert input' from district nurse services for national conferences and publications.

INFORMATION EXCHANGE

Members must: -

- Be willing to give the same range of information they wish to receive;
- Communicate fully and timely;
- Always be honest.

CONFIDENTIALITY

Members will not release information related to: -

- Other member organisations;
- The Network Database;
- Network reports.
- Without prior approval of the Membership or where appropriate an individual member.
- All interchange is to be treated as confidential.
- Members can withhold confidential/sensitive information.
- NPAG and members have the right to publicise the existence of the Network without divulging information.
LEGALITY
- If in doubt about an activity’s legality – Don’t do it.
- Avoid discussions or actions that could lead to or imply interest in unprofessional or illegal activities.
- Do not seek to acquire confidential information that could be interpreted as improper.
- Do not divulge information without consent.

USE
- Information obtained can be used only for business improvement of member organisations.
- Use of Benchmarking / Best Value partner’s names, data and practices outside the Network is prohibited.
- Network data cannot be used as a means of marketing or selling.

ADMINISTRATION
- Members will elect a Chair and Vice-Chair for the year.
- NPAG will nominate a Facilitator to the Network and provide one day’s consultancy/research per funded Club meeting.
- Members may be able to commission extra time for consultancy/research if desired (Chargeable).
- Facilitators will record minutes of meetings, which once approved by the Chair (or Vice-Chair in their absence) will be circulated to all members.
- Items tabled at other Group’s meetings may be obtained by members by making contact with NPAG central office who will seek clearance for release of the document from the appropriate Facilitator and, where appropriate, the member tabling the document.
- The Facilitator will prepare an Annual Report summarising the work of the Network and identifying the planned work for the next annual round of meetings.
- NPAG may use these Annual Reports to market membership of the Network.

RELATIONSHIPS
To include:
- Department of Health
- Strategic Health Authorities
- NHS Foundation Trusts
- NHS Trusts
- Primary Care Trusts – particularly those that host District Nurse Services
- Healthcare Commission

NPAG MISSION STATEMENT
“To provide management consultancy services and advice to managers in the NHS across the UK to help them achieve improvements in the performance, quality and cost effectiveness of their service”.
APPENDIX 2

SERVICE SPECIFICATION

PURPOSE

1.1 Aims

The District Nursing Service delivers holistic and proactive, quality nursing care to ensure that patients and their carers are able to maximize independence and to remain at home whenever possible.

The District Nursing Service is the main provider of domiciliary community nursing care to adults to prevent hospital admissions, to support early discharge from hospital, to allow patients to die at home when this is their preferred place to die and to receive nursing care in their own home or a clinic setting when this is required and commissioned.

The District Nursing Service provides a wide range of nursing care that offers health promotion and education, curative, restorative, supporting and or palliative function. It is personalised to meet the health needs of each individual and their carers and family. It also promotes patient self care wherever possible.

The District Nursing Service places the patient at the centre of the care planning and decision making process and co-ordinates care with others.

The District Nursing Service works in close partnership with GP practices, CCGs, secondary care, community services, voluntary services, the Local Authority and others to meet the nursing needs of adults and to prevent hospital admissions and facilitate timely discharges from hospital.

The District Nursing Service provides educational placements for other health care professionals, including both pre and post registration nurses and others as required.

The service will identify people with long term conditions and will provide access to a range of services which are personalised to meet their needs. They will be supported by services which promote self management, health and well being, independence, reduce the frequency of exacerbation of their long term condition, and prevent unnecessary use of hospital or specialist services. They will support timely effective transfer from hospitals to community services.

1.2 General Overview

District Nurses are registered nurses who have undergone a specialist qualification, other nurses who work in their teams are community nurses.

District Nursing roles are central to the capacity of individuals remain in their own homes and as specialist practitioners ensure that District Nurses have a pivotal role as patient assessors, care co-ordinators and team leaders.

At the end of life, patients and their families have the re-assurance that the district nursing service is committed to supporting them throughout this time and to achieving a peaceful and dignified death.

The service should support, influence and work in partnership with the Clinical Commissioning Groups and organisations strategic direction to provide care closer to home this will require an integrated approach to deliver healthcare alongside social care; maintaining strong and effective links with GPs as the key to seamless care.
1.3 Objectives

The focus of care is to meet the needs of individual patients in partnership with the individual and their family/carer and in collaboration with other professional and agencies. The principle functions of the service are:-

- Provision of nursing care in patients homes.
- Support and training for carers/families
- Provision of specialist advice and treatment in liaison with other specialist nursing services.
- Health promotion and screening.
- Provision of audit and take part in research as appropriate.
- Multi-agency approach to collaborative provision of care.
- Provide teaching and assessment of nurse students; familiarisation of the role to medical staff and other nursing staff and health professionals.
- Promoting self care

District Nurses are specifically trained to provide holistic nursing care and offer advice in the following areas:-

- Holistic health and social care assessments, treatment plans, with counselling and support where appropriate.
- Curative care with early interventions reducing deterioration and hospital admission.
- Rehabilitation to promote independence and create opportunities for self care and carer contribution.
- Supportive care to patients, families and carers.
- Palliative and bereavement care for terminally ill patients and their carers including pain and symptom control with access to specialist services.

Service objectives:-

- To provide evidence based, high quality care and education to patients and their families.
- To prevent unnecessary hospital admissions and promote independence.
- To deliver services in line with standards and best practice guidelines and local and national priorities.

1.4 Expected outcomes

- Integration between health and social care partners will ensure patients receive the right care at the right time from the right person improving efficiency and enhancing the patient experience.
- Reduction in the number of inappropriate and unnecessary hospital admissions.

1.5 Evidence Base

- Care in local communities, a new vision and model for District Nursing –DH (2013)
- High Quality Care for All – NHS next stage review final report DH (2008)
- Improving and Supportive and Palliative Care for Adults with Cancer NICE (2004)
- Our Health, Our Care, Our Say – A new direction for community services, White paper DH (2006)
- Our NHS, Our Future DH (2007)
- Nice Guidance for the management of COPD, Diabetes, CHD and other long-term conditions NICE (2002-2008)
- Nursing and Midwifery Council (NMC 2009) Record Keeping: Guidance for nurses and midwives, NMC, London
SCOPE

2.1 Service Description

The service provider will ensure that the service is delivered in such a way that it provides; (adapt for local agreement)

A service for all housebound adults aged 18 or over (including those in care homes or intermediate care) who have a community nursing healthcare need.

Care packages as agreed with the commissioner to fulfill the services objectives and outcomes.

All opportunities are taken to promote a healthier lifestyle among patients and the wider communities.

2.2 Accessibility/acceptability

The service will be flexible and responsive, adapting to individual needs in terms of their requirements e.g. level of risk, culture, ethnicity, language and disability.

All those involved in providing the service should acknowledge and respect patients’ gender, sexual orientation, age, race, religion, culture, disability, lifestyle and values.

Local agreement may mean specific exclusions are necessary.

SERVICE DELIVERY (adapt for local agreement)

3.1 Service Model

District Nursing teams will provide an equitable community nursing services for all permanently or (temporarily due to illness) housebound adults including those in care homes and residential care.

The service promotes healthier lifestyles, physical, social and psychological well being, and supports and encourages people with disability and long term conditions to live independent lives.

The District Nursing Service provides advice, support and care to an individual and their carers and family to ensure the palliative care needs are met and they live well until the end of life.

District Nursing practitioners will demonstrate comprehensive assessment skills for patients who have complex needs, planning, delivering and evaluating appropriate care.

3.2 Safeguarding

The provider has a duty to safeguard and promote the welfare of children and vulnerable adults. Staff should comply and adhere with Local Safeguarding policies and procedures.

All staff should know who to contact if they are concerned that a child or adult is at risk or has experienced harm.

All staff should access safeguarding support, advice and supervision in line with organisational policy.

Intervene appropriately, in line with current policy requirements, when issues of domestic violence are identified.
Seek child/adult protection supervision with the safeguarding team in line with current policy requirements.

3.2.1 Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards

The provider has a statutory duty to comply with the principles of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

All staff should comply with the principles of the Mental Capacity Act (2005) and “have regard” to the Code of Practice to the Mental Capacity Act.

Staff should adhere to policies regarding the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

All staff must be aware that they have a statutory duty to refer to the Independent Mental Capacity Advocacy Service in certain situations.

All staff must know how to report an actual or suspected deprivation of liberty.

Intervene appropriately when it is identified that a person may lack capacity to make specific care and treatment decisions. Staff must ensure that capacity assessments are undertaken and that the statutory Best Interest decision making principles are followed.

Staff must be aware of the powers of registered health and welfare Lasting Power’s of Attorney, Advance Decisions to Refuse Treatment, Court Appointed Deputies and the role of the Court of Protection.

3.2.2 Patient Records

Excellent record keeping in line with Nursing and Midwifery guidelines will be adhered to at all times.

It is essential to share information regarding individual patient’s assessment and care plan to other healthcare professionals in order to facilitate the effective co-ordination of care.

District Nurses should discuss the possible need to share information with other healthcare or social care providers with the patient and seek their explicit consent for information to be shared. This valid consent will be recorded within the patient record at least annually.

For the contracted period, the service provider must be able to produce accurate and comprehensive records for each patient referred into the service, all assessments, personalised care plans and all Best Interest (Mental Capacity Act) and safeguarding decision making processes and evaluation.

Where other specialist services are undertaking care for a patient on the District Nurse caseload, they should be provided with access to the patient’s records to ensure coordinated care with the patients’ permission.

3.2.3 Information Requirements

The provider will collate and compile information in a format that will support the organisation to measure and evaluate the delivery of the planned outcomes and benefits from the service.

3.3 Assessment and Care Packages

The service provider must offer a District Nurse Service centred upon initial and ongoing specialist District Nursing assessment.

The specific care package and frequency of District Nurse visits will be determined during the initial visit when a holistic assessment of the nursing needs of the patient is undertaken and a personalised
care plan is developed in partnership with the patient and/or their carers. Re-evaluation of nursing needs will be undertaken as required and deemed necessary by the nursing team.

Referrals to other agencies such as social services may be made as part of the assessment and care planning process

3.3.1 Assessment Process

Every patient referred to the District Nursing Service undergoes an assessment commensurate with the presenting needs; this assessment will explore in detail the individuals physical, psychological, (including whether they have mental capacity to consent to the care and/or treatment proposed), social and spiritual functioning. Lasting Powers of Attorney and an Advance Decision to Refuse Treatment will be clearly recorded.

The assessment will identify any active intervention for behaviour change and ill health prevention. Reassessments will be done as patients’ condition demands.

Carers’ assessments may also be necessary using the assessment tools which form part of the care management process.

3.4 Governance Framework and Quality Assurance

The service provider will be required to demonstrate compliance with national guidance and clinical best practice, including: reference to national requirements, local best practice, Trust formulary etc.

The service provider must comply with National Department of Health clinical governance requirements and, as a minimum meet the clinical governance standards laid down by the Care Quality Commission.

The service provider will be required to have a quality assurance system and mechanisms to monitor and quality assure the service.

3.5 Audit and Effectiveness

An annual programme of audit as an integral part of a quality improvement programme that seeks to improve patient care and outcomes will be established.

The audit programme should be developed according to the needs of the service, the specialist interests of staff and requirements for any participation in national audit. The programme will include both new audit activity and the continuation of existing audits to ensure the full audit cycle is completed.

3.6 Staffing requirements

Registered and appropriately trained staff must be in place to ensure that the District Nursing Service is provided in accordance with the service specification and NHS employment regulations. In particular there will be a requirement to ensure that the service is fully operational to ensure service levels are maintained during staff holidays, or absences due to sickness, training or any other absence.

The District nursing service will be required to meet all the core skills and competencies which includes:

- Risk assessment and appropriate management of risk.
- Clinical assessment skills and physical assessments.
- Knowledge of wound care, diabetes, continence care, palliative care etc.
• Ability to use information in undertaking community nursing assessments and clinical decision making including Mental Capacity Act assessments and applied knowledge of the statutory requirement involved in Best Interests decision making.
• Knowledge and understanding of therapeutic interventions, including relevant pharmacology and medicines management.
• Independent prescribing/nurse prescribing.
• Long Term Condition assessment and management.
• Health promotion and ill health prevention.
• Advanced communication and interpersonal skills.
• Palliative and end of life care for cancer and non-cancer patients.
• Knowledge of/ability to apply relevant legislation and full understanding of the ethical issues involved in caring for people within the community.
• Application of holistic person-centred approaches to care.

3.7 Communication

The provider will have adequate communication systems in place for providing regular contact and clinical and professional updates with their constituent GP practices.

The District Nurses will attend regular Practice multi-disciplinary care meetings and as required between times to discuss new, ongoing or changes to a patient’s care needs and management;

Practices will be aware who their named District Nurse is; face to face contact and good communication will need to be ensured.

REFERRAL AND ACCEPTANCE CRITERIA

4.1 Geographic coverage boundaries (adapt for local agreement)

The District Nursing Service will be provided to patients who reside within a defined area or those patients registered with specific GP Practices.

4.2 Location(s) of Service delivery (adapt for local agreement)

4.3 Days/Hours of Operation (adapt for local agreement)

4.4 Referral criteria and sources (adapt for local agreement)

4.4.1 Eligibility for Home Visits (adapt for local agreement)

• All patients must be registered with a GP.
• To receive a domiciliary visit, a patient must be considered housebound i.e. unable to leave the house except with specialised transport for example ambulance.
• Patients requesting home visits may be experiencing difficulties attending clinic appointments due to a variety of reasons e.g. relative/carer work commitments. Clinicians determining whether home visits will be provided or not should liaise with the patient and relative/carer in order to try and identify appropriate solutions.
• Short term or one-off visits may be provided for patients in some circumstances e.g. following hip replacement; acute illness; etc. and where it may be deemed more appropriate to provide care in the patient’s home.

This list is not exhaustive. Consideration must be given to other factors that may determine suitability or appropriateness of home visits as opposed to clinic appointments:

• Terminal illness which results in patients being housebound.
• Patient attendance in clinic environment would lead to risk of harm or injury to patient or clinician e.g.
• Severe dementia, agoraphobia, patient at certain risk of falling.
• Patient attendance in clinic would negate the benefit of treatment or exacerbate condition.

4.5 Referral route (adapt for local agreement)

4.6 Exclusion criteria (adapt for local agreement)

DISCHARGE AND CRITERIA PLANNING

5.1 Patients are discharged following assessment, by a registered nurse, on completion of an episode of care. Patients are left a contact number and re-refer themselves to the nurses if required or contact them for advice.

• Criteria for discharge
• Completion of treatment
• Self management plans
• Death
• Admission to hospital or other setting
• Patients refusing treatment
• Rarely, patients who are abusive to staff
• Admission to a nursing home
• Move out of area

QUALITY AND PERFORMANCE STANDARDS (adapt for local agreement)

CAPACITY REVIEW

7.1 A capacity review will commence when the commissioner is alerted to a swing in capacity either side of the 10% threshold set out in the District Nursing service contract.

CONTINUAL SERVICE IMPROVEMENT PLAN (adapt for local agreement)

8.1 The District Nursing service will be monitored against the annual key performance indicators identified within the community contract.
## APPENDIX 3

### Role of unregistered staff by area

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Band 2</th>
<th>Band 3</th>
<th>Band 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>N. Somerset</td>
<td>Phlebotomy</td>
<td>Generic support workers - nursing and therapy skills. Have a competency book to work to.</td>
<td>Have band 4s in each team. Great attitude &amp; positivity. Injections, flu clinics, catheters, catheter clinic, wound care and clinics.</td>
</tr>
<tr>
<td>Mid Yorks</td>
<td>Phlebotomy</td>
<td>Depends on team - from only ordering to skilled working - bladder washouts/eye drops/continence assessments</td>
<td>Intermediate tier beds facility. Similar role to band 3s</td>
</tr>
<tr>
<td>Stockport</td>
<td>Generic support workers. Phlebotomy &amp; basic wound care. Evening service - medication prompts &amp; support person</td>
<td>Leg ulcer - 3 &amp; 4 layer bandage Stable diabetics Wound care</td>
<td>One band 4 per team - same as band 3 plus insulins/catheterisation/support work MUST assessment Follow up supporting of care staff in residential homes</td>
</tr>
<tr>
<td>Bradford</td>
<td>Programme of development of 3 and 4s Wound management Continence care Diabetes - insulin Meds management Heparin Equipment and follow up Competence based booklet</td>
<td></td>
<td>Additional roles - working on training packages</td>
</tr>
<tr>
<td>Organisation</td>
<td>Band 2</td>
<td>Band 3</td>
<td>Band 4</td>
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<td>---------------------------------------------</td>
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<tr>
<td>Stoke on Trent</td>
<td>Phlebotomy</td>
<td>Medication support</td>
<td>Many have gone on to do nurse training.</td>
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<td></td>
<td></td>
<td>Pressure area care</td>
<td>Debate around role</td>
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<td></td>
<td></td>
<td>Support staff in palliative care</td>
<td>Wound care</td>
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<td></td>
<td></td>
<td>LTC</td>
<td>Catheters</td>
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<td></td>
<td></td>
<td>Monitoring inhalers</td>
<td>Injections</td>
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<td></td>
<td></td>
<td>Equipment monitoring</td>
<td>Simple reviews</td>
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<td></td>
<td></td>
<td>Some insulins and heparin</td>
<td>Continence</td>
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<tr>
<td></td>
<td></td>
<td>Administration roles</td>
<td></td>
</tr>
<tr>
<td>South Warwickshire</td>
<td>Phlebotomy</td>
<td>Simple dressings</td>
<td>Injections - B12 and stable diabetics - not</td>
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<tr>
<td></td>
<td>Admin role</td>
<td>Eye drops</td>
<td>in rest homes</td>
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<td></td>
<td>Telephone</td>
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<td>Long term heparin on an individual patient</td>
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<td>basis</td>
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<td></td>
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<td></td>
<td>Compression</td>
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<td></td>
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<td></td>
<td>Moving an handling</td>
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<td></td>
<td></td>
<td></td>
<td>Equipment</td>
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<tr>
<td>CSH Surrey</td>
<td>Phlebotomy</td>
<td>Catheters</td>
<td>Simple assessments</td>
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<td></td>
<td>Observations</td>
<td>Compression</td>
<td>Pre drawn up injections</td>
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<tr>
<td></td>
<td>Bladder</td>
<td>Dressings</td>
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<tr>
<td></td>
<td>scanning</td>
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<td>Removal of sutures</td>
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<td></td>
<td>Eye drops</td>
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<tr>
<td>Five Boroughs</td>
<td>Night sitters</td>
<td>Wound care</td>
<td>Injections</td>
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<tr>
<td></td>
<td>Phlebotomy</td>
<td>Urgent bloods</td>
<td>Female catheters</td>
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<td></td>
<td></td>
<td>end of life care</td>
<td>Doppler</td>
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<td></td>
<td></td>
<td>Catheter care</td>
<td>reassessments</td>
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<td></td>
<td></td>
<td>MUST &amp; risk assessment</td>
<td>LTC</td>
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<td></td>
<td></td>
<td>Support for end of life care</td>
<td>Monitoring</td>
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<td></td>
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<td>Continence</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Organisation</th>
<th>Band 2</th>
<th>Band 3</th>
<th>Band 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kirklees</td>
<td>Double up with trained staff</td>
<td>Continence</td>
<td>Few band 4s - not replacing those who leave - little difference from band 3s</td>
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<tr>
<td></td>
<td></td>
<td>Wound care</td>
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<td></td>
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<td>Ordering</td>
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<td>Pressure area care</td>
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<td></td>
<td>Equipment</td>
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<td>ECGs</td>
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<td></td>
<td></td>
<td>Support carers</td>
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<td></td>
<td></td>
<td>Basic observations</td>
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<td></td>
<td></td>
<td>Falls assessment</td>
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<tr>
<td></td>
<td></td>
<td>Wash legs/leg ulcer clinics</td>
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</tr>
<tr>
<td>Bristol</td>
<td>OOH service double up roles</td>
<td>Wound care</td>
<td></td>
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<td></td>
<td></td>
<td>Catheter care</td>
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<td></td>
<td></td>
<td>Leg ulcers</td>
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<td></td>
<td></td>
<td>Remove bandages &amp; layer 1 &amp; 2 of long standing wounds</td>
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<td>Eye drops</td>
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<td></td>
<td></td>
<td>Pressure area care</td>
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<td></td>
<td></td>
<td>Community phlebotomy all band 3s</td>
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<td></td>
<td></td>
<td>Rapid response - generic support workers therapy and nursing.</td>
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<td></td>
<td></td>
<td>Palliative care home support and personal care</td>
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<tr>
<td>Liverpool</td>
<td>Personal care</td>
<td>Low level wound care</td>
<td>No band 4s in DN service - 5 people going to do foundation degree in September</td>
</tr>
<tr>
<td></td>
<td>End of life care</td>
<td>Catheter care</td>
<td>Equipment service has band 4s to do equipment reviews</td>
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<td></td>
<td>Night sitting support on nights</td>
<td>Eye drops</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Flu injections</td>
<td></td>
</tr>
<tr>
<td>South Manchester</td>
<td>Phlebotomy double up on night service</td>
<td>Catheters</td>
<td>Very few left</td>
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<td></td>
<td>Insulins</td>
<td>Wounds</td>
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<td>Domiciliary anti coagulant screening</td>
<td>Catheters</td>
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<td></td>
<td>Eye drops</td>
<td>LTC monitoring</td>
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<td>ear syringing</td>
<td>COPD house bound reviews</td>
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<td>Continence</td>
<td>Flu injections</td>
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<td>Clerical strand to the role</td>
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<td>Organisation</td>
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<td>Band 3</td>
<td>Band 4</td>
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<tr>
<td>Barnet</td>
<td>Phlebotomy</td>
<td>Catheters&lt;br&gt;Insulin&lt;br&gt;Short stretch bandages&lt;br&gt;Dressings&lt;br&gt;Support for end of life care&lt;br&gt;Continence</td>
<td>Blurred lines between 3 and 4s</td>
</tr>
<tr>
<td>NE London</td>
<td>Domiciliary phlebotomy</td>
<td>Catheters&lt;br&gt;Basic observations&lt;br&gt;Dressings&lt;br&gt;Bandaging but not compression&lt;br&gt;Removal sutures and clips&lt;br&gt;Continence assessments</td>
<td>Catheters&lt;br&gt;Packing and more complex dressings&lt;br&gt;Basic observations&lt;br&gt;Equipment reviews&lt;br&gt;Short stretch bandaging&lt;br&gt;Removal sutures and clips&lt;br&gt;Insulin&lt;br&gt;ECG and sats levels</td>
</tr>
</tbody>
</table>