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Challenges and opportunities in research on community nursing services in the UK

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How is community nursing defined in the UK?

Every community nurse must be registered with the Nursing and Midwifery Council (NMC) and revalidated every 3 years with the following roles:

District Nurse – home care for adults over 18 years

Health Visitor – public health for children 0-5 years and their families

School Nurse – public health for children 5-19 years

Community Childrens' Nurse – home care for children with complex health problems

Community Mental Health Nurse – community care for adults with mental health problems

General Practice Nurse – care for all patients registered with a General Practice

Community Learning Disability Nurse – community care for adults and children with a learning disability

In addition

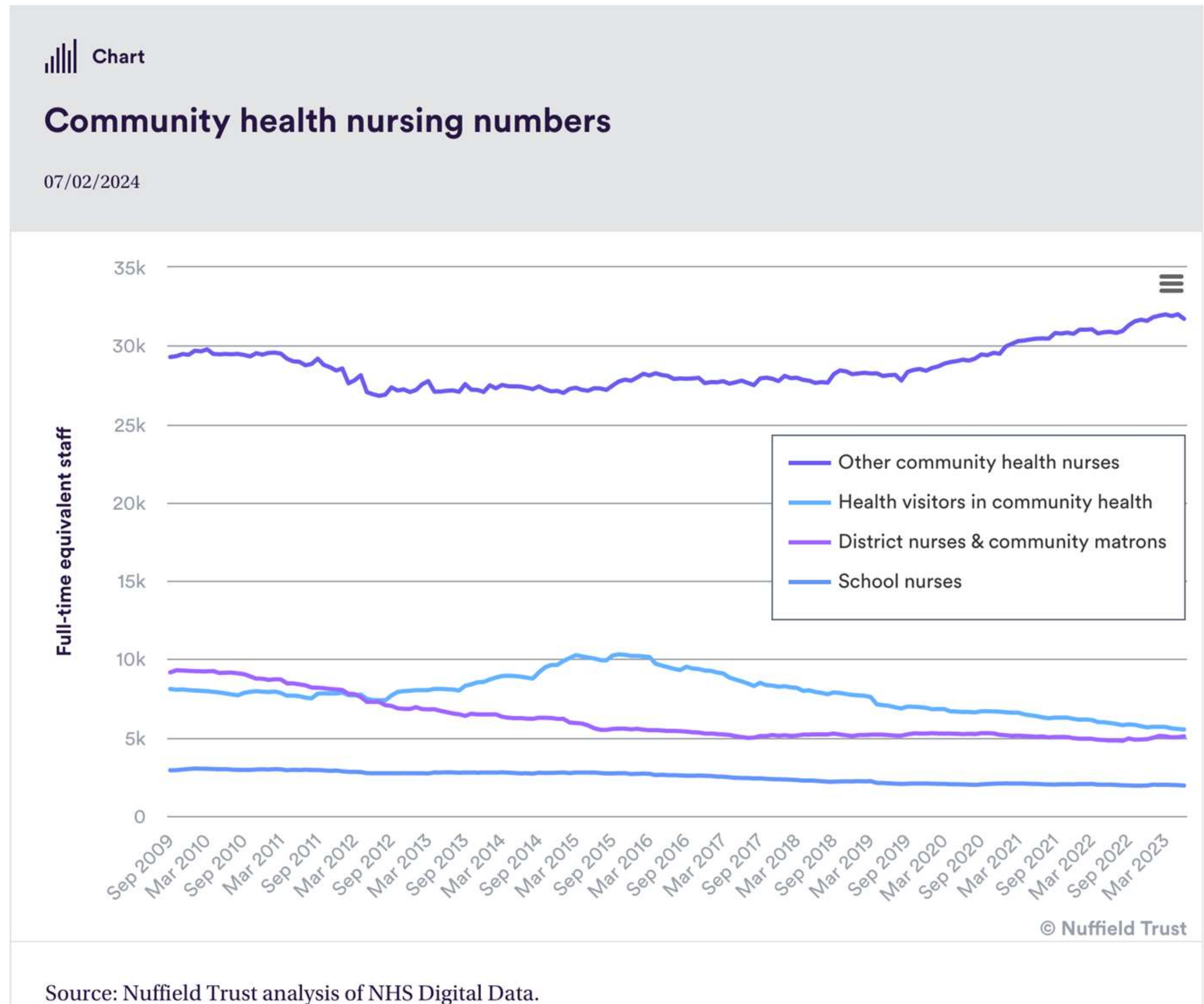
Specialist nurse in for example diabetes, epilepsy, cancer care, dementia

Advanced Nurse Practitioner – can work independently in primary care, make treatment decisions, prescribe from the general formulary, make referrals

All registered nurses are university educated to Bachelor level then additional PG

Workforce

- The majority of community nurses are employed by the NHS or primary care, a few privately and some by the local authority or voluntary services (such as Macmillan cancer care).

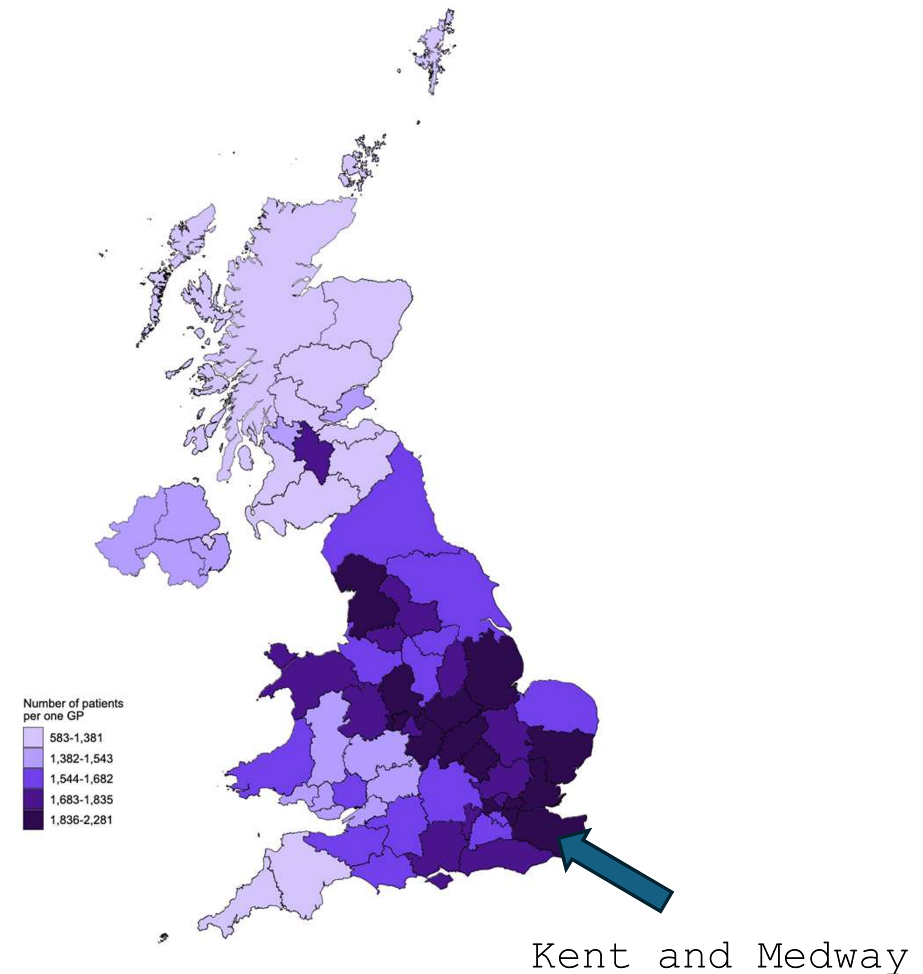


Number of patients per GP in the UK by ICB, Health Board or Health and Social Care Trust

- Source: NHS Digital; Stats Wales; Public Health Scotland; HSC Business Services Organisation.

- The Queens Nursing Institute for England and the Royal College of Nursing have stated that there is the equivalent of one District Nurse per 14,000 patients on average. (2019)

- The Institute of Health Visiting state that The current total combined published HV workforce data (August 2022) = 7030 FTE.



Evidence Based Practice

What is it?

Evidence-based practice in nursing involves providing holistic, quality care based on the most up-to-date research and knowledge rather than traditional methods, advice from colleagues, or personal beliefs.

Nurses can expand their knowledge and improve their clinical practice experience by collecting, processing, and implementing research findings. Evidence-based practice focuses on what's at the heart of nursing —

American Nurses Association, 2023

How do we know what the research questions are in community nursing?

Clinical observation

Engaging patients and the community

Understanding the existing evidence

Listening to policy/decision maker problems

Prioritising health care issues

Designing and undertaking studies (qualitative and quantitative)

Disseminating and implementing new evidence

Kendall, S., Bryar, R. and Higginbottom, G.A., 2024. A global approach to promoting research and evidence-based practice for community nurses. *British Journal of Community Nursing*, *29*(1), pp.16-19.

Involving patients and th
The James Lind Alliance e

James Lind Alliance

Priority Setting Partnerships

The James Lind Alliance

The James Lind Alliance (JLA) is a non-profit making initiative bringing patients, carers and clinicians together in JLA Priority Setting Partnerships (PSPs). The JLA PSPs identify and prioritise unanswered questions or evidence uncertainties that they agree are the most important, so that health research funders are aware of the issues that matter most to the people who need to use the research in their everyday lives.

https://www.jla.nihr.ac.uk/

The Community Nursing Priority Setting Partnership

- The purpose of the Community Nursing Priority Setting Partnership is to define the research priorities for the profession in partnership with people who access community nursing services and their carers.
- The focus of the Community Nursing Priority Setting Partnership is on community nurses who are providing care to adults in their own homes, in community clinics or in residential homes. Community nurses have knowledge and experience of supporting people with multi-morbidities, chronic and long-term conditions, such as heart failure, COPD, multiple sclerosis, Parkinson 's disease, cancer and diabetes.
- They provide support to patients and carers in the management of symptoms and exacerbations . This support increases the quality of life of people living with multiple morbidities, promoting their independence, as well as a service that is patient-centred, supportive and appropriate at all stages from diagnosis to end of life .
- https://www.jla.nihr.ac.uk/documents/community-nursing-psp-protocol/25937

Process of the PSP summary

Identification of partners – community nurses, patients, carers, other clinicians, researchers

Sharing areas of uncertainty in community nursing through on-line focus groups across England

Reviewing the existing evidence in relation to uncertainty

Drawing up possible researchable questions

Prioritisation of research questions

Consensus and dissemination

Top ten priority areas for community nursing research

How can community nurse teams better meet the complex needs of patients with multiple health conditions?

How can community nurses promote shared care/self-care amongst patients, and support carers to provide some aspects of care (e.g. changing dressings)?

How can community nurse teams best contribute to the management of acutely ill patients at home? What difference does this make to hospital admissions?

What are the best ways for community nurses to involve unpaid carers/ relatives/ friends in decisions about their loved one's treatment and care?

How can community nurse teams work effectively with social services and care services to improve the quality of patient care?

How has community nursing changed in response to Covid-19? Are any of the changes (e.g. timed visits, new skills and working from home) worth keeping?

Does seeing the same community nurse(s) over time make a difference to the quality of patient care?

How can community nurses work effectively with other health professionals in hospitals and specialist community services to improve patient care?

What are the stresses on community nurses and what impact does this have on their health and well-being? How can this be improved?

How can nurses be encouraged to become community nurses and to stay in the profession?

https://www.jla.nihr.ac.uk/priority-setting-partnerships/community-nursing/community-nursing-top-10-priorities.htm

The opportunities and challenges for community nursing research in the uK

- **Opportunities**

- A comprehensive, inclusive priority list that has involved patients and carers and that addresses community health issues for adults in need of nursing care at home
- National funding available through the National Institute Health and Care Research (NIHCR)
- An increased appetite in health and care policy for evidence for decision making
- A community nursing workforce who are interested in research and want to develop their knowledge and skills

The opportunities and challenges for community nursing research in the uK

Challenges

- Under-staffed workforce that is under pressure to provide the care that is needed in the community
- Community nurses feel under-skilled and under confident in research, still regarded as an academic role
- Funding – although available very competitive and time consuming to achieve
- **The priorities don't address children and young people, public health or prevention**
- The culture in national health care organisations under-values and does not readily support clinical research by nurses
- The governance for research in the NHS is lengthy and complex, nurses feel un-prepared for this challenge.

Peckham, S., Zhang, W., Eida, T., Hashem, F. and Kendall, S., 2023. Research engagement and research capacity building: a priority for healthcare organisations in the UK. *Journal of Health Organization and Management*, *37*(3), pp.343-359.

What nurses say

"as nurses you're viewed as why are you doing research? It's not in your job description, you're not on an academic job role, so all the priority goes to the doctors" (Clinical Nurse Specialist; interview).

"I think it's all the things we've said, isn't it, it's sharing people's work, celebrating it, making people feel valued, protecting their time. And, actually linking our clinical priorities for the year with any research, the work that can be done, and vice versa. You know, so anything that we're looking at, sores, pressure ulcers, any of those kind of things regarding, to patient care, will always have athread of, 'Could we do . . . ?' 'Should we consider . . . ?' So it's just, you know, really triangulating everything . . . with the national portfolio as well" (Deputy chief nurse at one hospital; interview)

How have we addressed some of these issues?

Partnering with NHS organisations and community nurses to undertake and support research in community nursing

Working with health care policy on strategic areas of community nursing research

Engaging with the public to enhance awareness, understanding and implementation of research

1. Partnering with NHS organisations and community nurses to undertake and support research in community nursing

Acute Care at Home in East Kent for patients with COPD:
an exploratory single case study.

Kendall S., Ferris E., Godfery M, Hirst AM (District Nurse), Cole C (Public member) and Tomlinson L. (Community Trust manager)

Objectives:

1. To undertake a scoping review of evidence of acute care at home
for COPD patients

2. To explore with patients and carers their experience and access of care in the context of COPD acute illness

3. To explore with patients and carers their views of a COPD acute care at home model

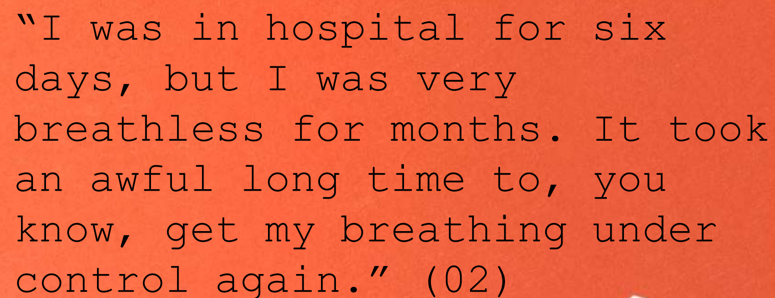
4. (Quantitative analysis of hospital admissions and costs)

How can community nurse teams best contribute to the management of acutely ill patients at home? What difference does this make to hospital admissions?

Experiences of COPD patients and carers

- Patient interviews = 7
- Carer interviews = 2
- Nurse interviews = 9

- Themes on previous hospital and community/primary care experience and perceptions of acute care at home were divided.
- Perceptions of care at home for acute exacerbations were expressed differently between patients and carers

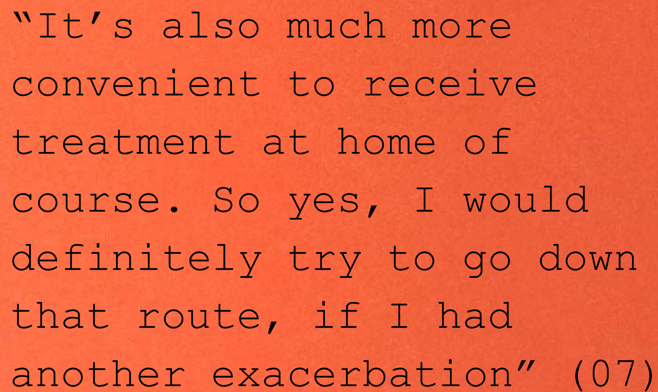


What patients and carers say

- “I was in there for well all day, so about an 8 hour stint, and then discharged home with a little bit of persuasion from my part […]was very reluctant to stay in, it was an absolute nightmare in there but the staff were brilliant”

- “referral to the respiratory nurses who did take very good care of me and they came every week for about 6 weeks I think it was to monitor me. They were very, very good” (01)

- “so many people I speak to with lung conditions have no idea, they’ve never seen one, no idea at all. So we know that some surgeries are very good at doing the yearly monitoring, COPD or asthma monitoring and others don’t. You might only get it if you ask for it or it just might not be available at that surgery at all, which I think is, it’s, you know, it’s not good” (01)



What patients and carers say

- "That's something you do have to be aware of I think [perception virtual wards is lesser care], that people are sensitive to that, and there are those who actually believe it themselves that because they have been smokers they have brought it upon themselves and they therefore don't deserve to have the same level of care that other diseases" P01
- "it doesn't sound too bad, but you are basically getting a nurse on the cheap because you're expecting the carer to be a nurse." (CC01)
- the only good thing about it in my, from my point of view, is that at least you are in your own surroundings, but other than that, how could it possibly be as good?" (CC01)

2. Engaging with the public to enhance awareness, understanding and implementation of research

Delivering Different News

To explore the lived experience of delivering or receiving news about an unborn or newborn child having a condition associated with a learning disability in order to inform the development of a training intervention for healthcare professionals. We refer to this news as different news.

Collaboration was between the Institute of Health Visiting, university researchers and parents with lived experience, including a parent co-investigator.

Mugweni, E., Goodliffe, S., Jaswal, S., Walker, M., Emrys-Jones, A., Adams, C. and Kendall, S., 2021. Improving the way healthcare professionals deliver different news to families during pregnancy or at birth: a qualitative study. *Primary health care research & development*, *22*, p.e10.

Method

The parent co-applicant was consulted throughout about the methods, ethics and process of undertaking the research. Her lived experience was essential.

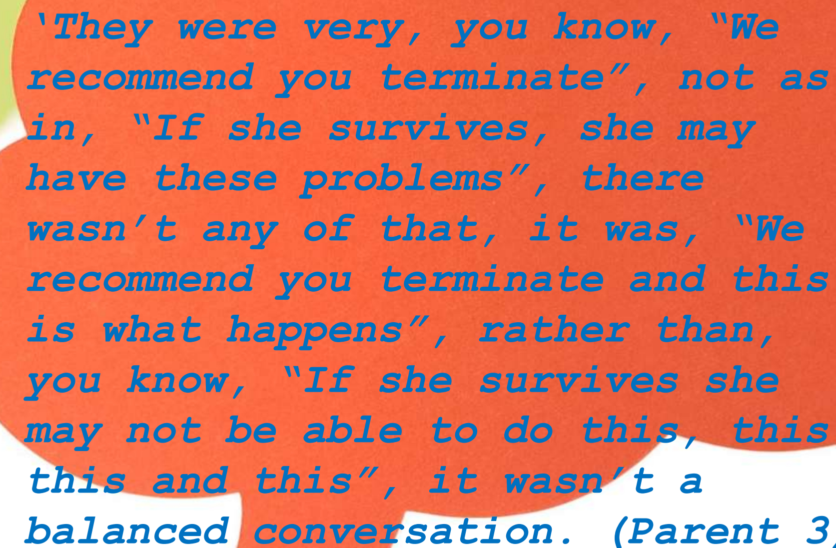
We conducted qualitative interviews with a purposive sample of 9 different parents with the lived experience of receiving different news and 12 healthcare professionals who delivered different news. It was through these descriptions of the lived experience that barriers and facilitators to effectively delivering different news were identified to inform the training programme. Data analysis was guided by Theoretical Domains Framework version 2 to identify these barriers and facilitators as well as the content of a training intervention.

What participants say

'You could tell that he, he really cared about our little boy, and he said that

"your lovely little boy is just going to need some extra help" and um he was just really, genuinely caring and, very kind in how he put the news.' (Parent 7)

'The more opportunities you have to break news like this, I think the more comfortable you become at changing your approach during the consultation, as a junior, it's very easy to become tongue-tied.' (HCP 10)



Next steps DDN-READY Training (in press)

Aim of the study

To test the effectiveness and scalability of a co-produced, evidence-based training package, based on the READY framework, to equip HCPs with the confidence and skills to deliver different news (DDN).

Methods

Our mixed methods evaluation of the training used a pre/post intervention design. We collected quantitative data from 204 HCPs who had received DDN-READY training and qualitative interview data from 19 of these HCPs, four managers and one parent who had news delivered by a DDN-READY-trained HCP.

Results

204 health professionals received the training. Over 80% had no prior DDN training. We found statistically significant improvements in the HCPs' confidence and skills to provide sensitive, responsive, balanced care to families post training. The strongest improvement was in being better able to structure DN conversations with families.

Conclusions and implications

The DDN-READY training package may equip professionals to reduce the psychological distress associated with receiving DN. This may prevent mental ill-health across the life course. Rollout of DDN-READY training is imperative to ensure families are adequately supported.

3. Working with policy:

Evaluation of the 0-5 Public Health Investment in England: a mixed methods study integrating analyses of national linked administrative data with in-depth case studies

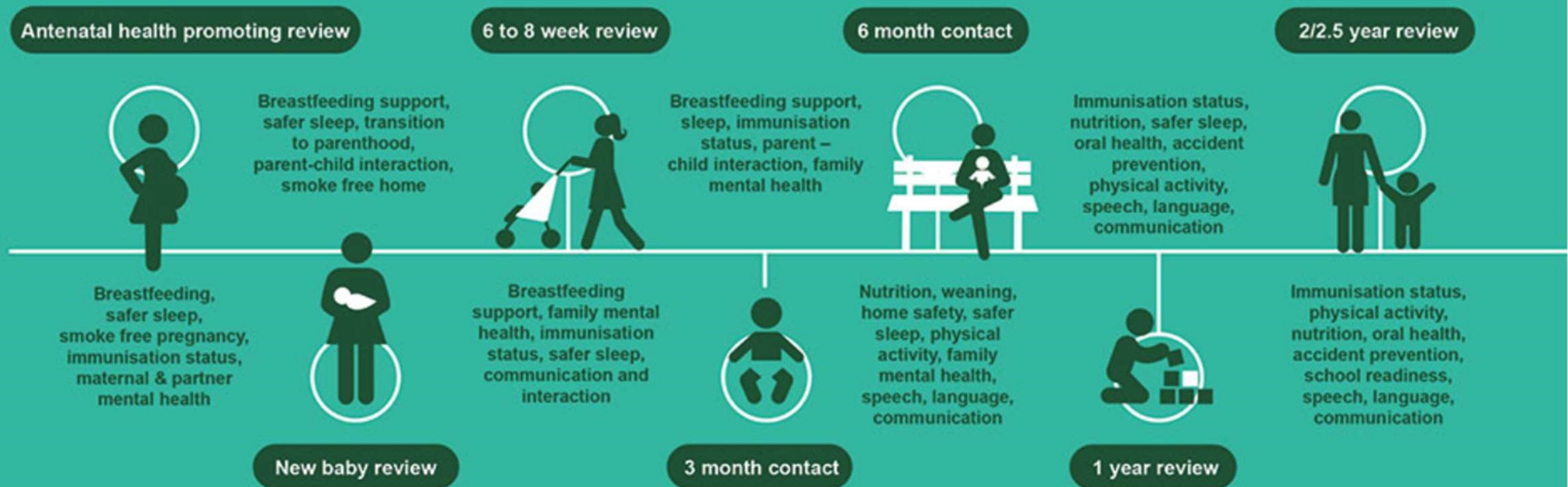
Dr. Rebecca Cassidy
Prof Sally Kendall
CHSS, University of Kent

Case study analysis

In collaboration with Dr. Jenny Woodman, Prof Katie Harron, Eirini Saloniki, Catherine Bunting, Louise McGrath Lone, Amanda Clery, Helen Bedford,

University College, London.

Health Visiting contacts for 0-5 year olds

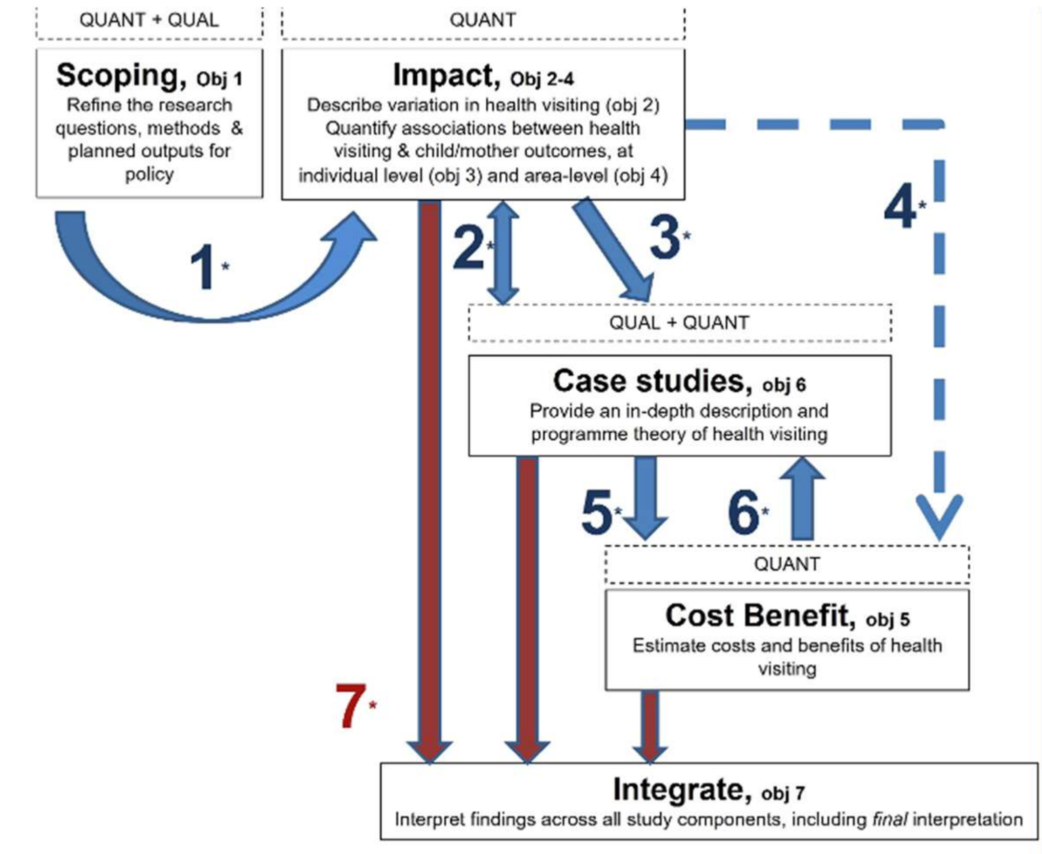


Evaluation of the 0-5 Public Health Investment in England: a mixed methods study integrating analyses of national linked administrative data with in-depth case studies

Our project aim is to answer the following research question:

What is the effectiveness of health visiting in different contexts in England, how does it work, and at what cost?

Mixed methods research – qualitative case studies



Three national organisational case studies

- **Interviews staff and parents**
- **Observation of health visiting**
- **Practice**
- **Documentary analysis**

In- puts – Staff time

- Progression and training
- Caseload
- Staffing model and implications –
- comparison across cases
- Time management - autonomy

But every year… we tend to be slightly older [laughs] so we’ve had a lot of people retire and never get replaced because there’s no pool of health visitors out there to recruit from. The only way you can recruit is really to train up your own and that relies on investment (HP)

See less normal [universal] but that’s possibly because our staffing levels are a fraction of what they were 8 years ago. So I don’t know whether it’s just that because there’s less of us we’re doing more of that kind of work, whereas it would have been spread out a little bit more and because we’ve not been able to recruit health visitors… so the work is just being spread out differently, which leaves the vulnerable and the more complex families for us to do. So that’s maybe why it feels like that. (HP)

Yeah the offload sometimes, … we used to have regular supervisions and it was a priority in our diary, very good service … because I think you have to talk about it (HP)

[sighs], well I think we don’t have, we just don’t have enough staff to do the service that we want … just the huge numbers of people that we’re seeing really and the fact that …we’re commissioned to do x amount of contacts and nothing in-between, well those contacts don’t necessarily meet the needs of our clients

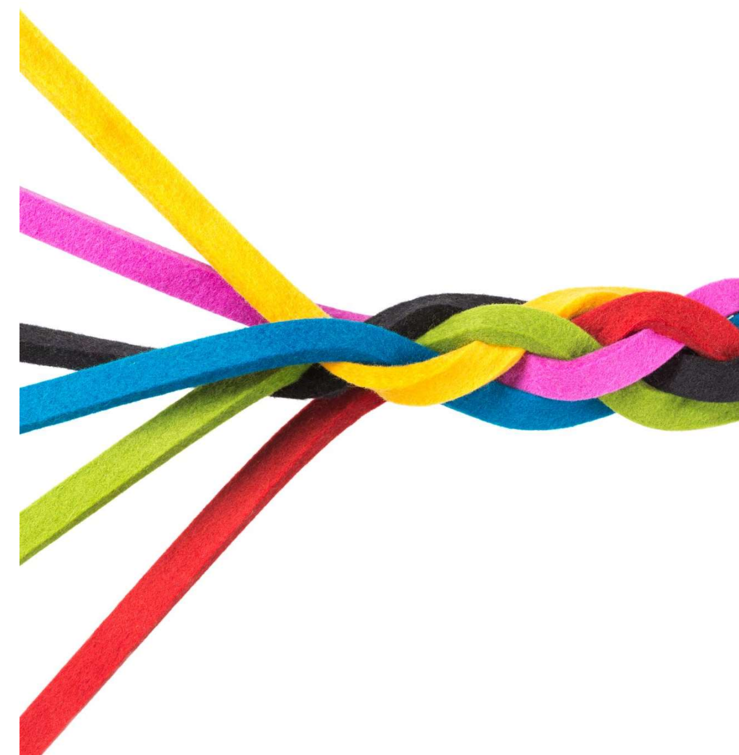
Conclusions –what can we learn to promote community nursing research across Europe?

Demonstrate through policy that there is recognition and promotion of the value and impact of community, public health and home care nursing on health outcomes.

This can be achieved by strengthening the capability of health care organisations and other community nursing providers to provide nursing services across the board that are commensurate with population need and provide a Positive Practice Environment in which nursing services can flourish and demonstrate outcomes and by really listening to the concerns and interests of the public – patients, carers, families, communities

Positive Practice Environments are settings that support excellence and decent work, where employees are able to meet organisational objectives and achieve personal satisfaction in their work. In particular, they strive to ensure the health, safety and personal wellbeing of staff, support quality patient care and improve the motivation, productivity and performance of individuals and organisations (WHPA19).

Embed and promote mechanisms for the global exchange of evidence that demonstrates the health outcomes of community and home care nursing. This should include funding of research across countries, development of global knowledge exchange networks and involvement of citizens in the decision making processes about the provision of health care in the community.



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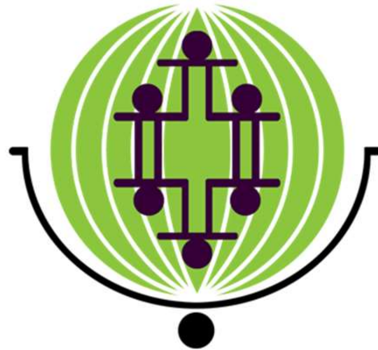
International Collaboration for Community Health Nursing Research



https://www.icchnr.org/about-icchnr/

Next Lisbeth Hockey Memorial Lecture:

3rd December 2024, online from Adelaide, South Australia

Next international conference:

15-17th April 2025, London, UK

Founder: Professor Lisbeth Hockey, PhD, OBE, FRCN 1918-2004

Thank you – any Questions ?

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