

Evidence Brief: Community Nursing Workforce

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Key publications – the big picture

Building the NHS nursing workforce in England: Workforce pressure points December 2020, The Health Foundation
Key points

- Since 2017/18, nurse numbers have increased, with the number of FTE nurses and health visitors in the NHS rising by 4.8% in the year to June 2020.
- However, disparities between service areas continue to widen. Over the past 10 years, only adult nursing and children's nursing have seen increases in FTE nurse numbers, while the numbers in community nursing, mental health nursing and learning disability nursing are all lower than they were in June 2010.
- Across all staff groups, the NHS had 83,591 FTE vacancies in June 2020. A quarter of all nursing vacancies are in mental health. This is particularly concerning as COVID-19 is likely to lead to further demand for mental health services.
- In 2020 there was a 23% increase in the number of students accepted onto nursing degree courses in England (relative to 2019) – the highest annual number of acceptances since 2011.
- The UK ranks below the average of high-income OECD countries in terms of the number of practising nurses and the annual number of new nurse graduates relative to its population.
- Further, about 15% of registered nurses in the UK are trained outside the UK – more than double the OECD average.
- The 50,000 target will be insufficient to meet increased demand. We argue there needs to be a shift in focus,

away from a single top-down target to a more sustainable, long-term approach.

General Practice Survey 2020 published 2020, The Queen's Nursing Institute

The QNI has published a survey – commissioned by NHS England – of nurses working in General Practice; it was carried out during the first wave of the pandemic in 2020.

District Nursing Today: The View of District Nurse Team Leaders in the UK 2019, The Queen's Nursing

The District Nursing workforce is a critical part of the National Health Service in all countries of the United Kingdom. District Nurses deliver care to patients in their own homes in communities everywhere, working closely with GPs, other community specialists, as well as patients, families and carers themselves. In doing so they allow patients living with long term conditions in their own homes to be cared for safely and reduce unplanned hospital admissions. As the UK population ages, there is an imperative to support people to manage their own health conditions and for many people this can most effectively be achieved by working in partnership with District Nursing teams in the community.

Outstanding Models of District Nursing: A joint project identifying what makes an outstanding

District Nursing Service 2019, Queen's Nursing Institute and Royal College of Nursing

This is a joint project between The Royal College of Nursing (RCN) and The Queen's Nursing Institute (QNI).

The aim of the project is to analyse the District Nursing (DN) service and identify what makes

an outstanding District Nursing service which:

- Meets the needs of patients, families and carers;
- Supports and benefits the wider health and social care system

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through integrated care delivery;

- Acknowledges all the elements that are required to be in place at a system and an operational level nationally, regionally and locally to prepare, support and maintain a sustainable District Nursing service.

The General Practice Nursing Workforce Development Plan

March 2017, Health Education England

Health Education England report that collates examples of good practice across England. In addition, promoting the importance of general practice nursing it provides details of potential workforce issues and provides appropriate recommendations. It looks at four areas:

- Raising the profile as a first career choice
- Ensuring appropriate training and support is available for new GPNs
- Enhancing the role with professional development and career progression
- Expanding the healthcare support workforce with standardised training and career paths

Understanding quality in district nursing services: Learning from patients, carers and staff

August 2016, The King's Fund

District nursing services provide a lifeline for many people and play a key role in helping them to maintain their independence, manage long-term conditions and treat acute illnesses. At their best, they deliver an ideal model of person-centred, preventive and co-ordinated care, which can reduce hospital admissions and help people to stay in their own homes. Although limitations to national data make it difficult to establish a robust account of changes to activity and staffing, there is evidence of a profound

and growing gap between capacity and demand in district nursing services.

Case Studies

The creation of an online video series showcasing community nurses and midwives 2021, The Queen's Nursing Institute
Please describe your practice innovation. 2020 was designated by The World Health Organization as the first ever global Year of The Nurse and Midwife. Nurses and midwives make up the largest numbers of the NHS workforce, and are highly skilled, multi-faceted professionals from a host of backgrounds that represent our diverse communities. The year was a time to reflect on our expertise, commitment and impact we as nurses and midwives make on the lives of so many. I had put myself forward to speak/present at numerous international conferences to share the knowledge I had gained from my Churchill Fellowship. However, due to the COVID19 pandemic, I could only speak at The Commonwealth Conference, as all other conferences were either cancelled or postponed. I created Nurses&Midwives Talk (<https://www.facebook.com/NursesAndMidwivesTalk>), an online video interview series showcasing the wonderful contribution nurses and midwives make to people from before conception right to the grave, and how they have responded to the challenges of working through a global pandemic. To date, I have interviewed over 340 members of the nursing and midwifery family including over 100 community nurses, over 50 of whom are Queen's Nurses.

A community nursing visit scheduling tool in Sussex 2021, The Queen's Nursing Institute

Please describe your practice innovation. We have implemented AutoPlanner, a community nursing visit

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scheduling tool, to all our 24 community nursing teams across Sussex. This automates the allocation process, matching the right clinician with the right patient, using factors such as staff skill set, clinical need and geographical data to create lists and routes for staff. While we began initial pilots in July 2019, the main roll out was planned to start in early 2020 and finish in November 2020. When the pandemic hit, we were asked to accelerate our roll out plan, and we implemented in all teams by July 2020.

Remote working and care co-ordination in District Nursing 2020, The Queen's Nursing Institute

Please describe your practice innovation. Due to the challenges faced because of COVID-19, it was quickly evident that the District Nursing Service would have to adapt the way it functioned, in order to continue to provide a safe service to vulnerable patients in their own homes.

A multidisciplinary working group to support the transition of patients to the community 2020, The Queen's Nursing Institute

My normal role is as a Lead Nurse in a Rapid Response, Prevention of Admission and Rehabilitation team. In response to the COVID 19 pandemic, we felt a collaborative approach to patient management was required and we have established a Multi-Disciplinary Working Group to support the transition of patients into the community following a lengthy hospital admission.

A nurse/ GP dual speciality home visiting team in Surrey 2020, The Queen's Nursing Institute

Please describe your practice innovation. To mitigate the COVID-19 pandemic impact on vulnerable and housebound patients, the surgery has formed a dual-speciality visiting team to case manage this cohort. The team consists of a complex care specialty nurse and a GP with

interest in frailty and palliative care. Using risk stratification tools to pick out the cohort, the team uses online/phone messaging and home visiting services to proactively care for this group; this has significantly reduced out of hours and emergency services use and reduced length of stay for hospital admissions.

Digital technology and remote working in the community 2020, The Queen's Nursing Institute

Please describe your practice innovation. In the current climate with the COVID-19 pandemic, our community nursing teams have really had to embrace the use of digital technology, which we have previously been slow to uptake. Due to the limited numbers of staff being able to be in the office environment, so that social distancing measures can be adhered to, we have embraced the use of Microsoft Teams to complete handover, weekly team huddles, MDT meetings, training, supervision and internal conference calls.

Redeployment and remote working in district nursing teams 2020, The Queen's Nursing Institute

Please describe your practice innovation. Deeper Integrated Team Working, Workforce Relationship Building and Patient Supported Self-Management With 50% of our District Nursing Team personally affected by and testing positive for the virus, including the Team Leader, District Nurse Specialist Practitioner and Senior Nurse, integrated working was imperative. Specialist Nurses from other areas and professions were redeployed into the District Nursing Team and were upskilled at a safe but rapid speed to enable the District Nursing Team to deliver a safe service whilst maintaining the health and wellbeing of the workforce.

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Supporting new district nurse team members in Retford during COVID-19 2020, The Queen's Nursing Institute

During the COVID-19 pandemic we have successfully inducted six new members of healthcare staff into the team. One Healthcare Support Worker and five Community Staff Nurses. Inducting six new members of staff into a team was always going to come with its challenges, however, these members of staff all commenced employment during the peak of the pandemic. As a team, along with continual face to face support, we were able to make use of online Trust Induction, Mandatory Training, eLearning as well as liaising with relevant Specialist Nurses and Learning and Development team to provide small group face to face socially distanced and COVID secure site learning for specific skills packages relevant to the role. In doing so, we were able to ensure our new colleagues were quickly up and running with the required competencies and skills to work within the District Nursing environment. In turn these members of staff were able to be quickly, but safely, integrated into the team through a carefully structured induction timetable whilst maintaining 4 weeks protected, supernumerary status, which has been of upmost importance in delivering and maintaining our high standard of nursing care in what has been an unprecedented and challenging time for our team and other District Nursing Teams alike.

An informal District Nurse training scheme for Newcastle care homes 2020, The Queen's Nursing Institute

Please describe your practice innovation. As part of our District Nursing service, we cover a total of 46 care homes, both residential and dual registered nursing homes. Unfortunately, many of the residents in these care homes contracted COVID-19, often requiring immediate nursing assessment. Many of the nursing staff visiting the homes noticed carers needed support with PPE technique and had a lot of queries about managing patients with COVID.

New digital solutions to community healthcare 2020, The Queen's Nursing Institute

Please describe your practice innovation. Use of digital solutions to provide community services to patients during Covid-19. Phone appointments and video conferencing appointments were introduced at pace to ensure patients were able to continue to receive care – across most areas of our services. Feedback from clinical colleagues as well as patients has been positive – and in many areas this has highlighted how care can be provided in different ways that we may not have thought was possible previously. A few examples are highlighted below.

Out of hospital MDT team 2020, The Queen's Nursing Institute

Please describe your practice innovation. In March 2020, a document was published by the Government in response to the Covid-19 pandemic. This document 'The Covid-19 Hospital Discharge Service' was to change the way community services supported 95% of patients being discharged from hospital. Community services were to lead the way, to ensure that patients had a seamless service post-discharge, whilst keeping them safe within their own homes with prompt access to both health and social care provisions, working 'hand in glove' with social care. 45% of patients post-discharge would be able to recover in their own home, but only with support from health and social care. Alongside this it was imperative to include therapy services and a large element of case management.

A wobble room and virtual wellbeing tree 2020, The Queen's Nursing Institute

Please describe your practice innovation. Covid-19 has significantly changed the way we work and the pressures we feel while adapting to the new changes. We recognised that our colleagues are facing unprecedented demands and they need

Published Peer Reviewed Research

Covid-19

[Management of work stress and burnout among community nurses arising from the COVID-19 pandemic](#) August 2021, British Journal of Community Nursing *Abstract only**

Abstract:The COVID-19 pandemic has increased workload demands for many NHS staff including those working in the community. Nurse managers can make a difference by being authentic leaders, nurturing a supportive organisation where the workload is managed participatively and self-kindness is legitimate. Unfortunately some staff may experience burnout and this article presents a personal management plan to address the symptoms of burnout and aid recovery, although it cannot promote a total recovery if the cause of the symptoms remains unaddressed. Copyright © 2021 MA Healthcare Ltd. All rights reserved.

[How district nurses can support team wellbeing during the pandemic and beyond](#) July 2021, British Journal of Community Nursing *Abstract only**

The COVID-19 pandemic has required rapid adaptation of the community nursing service, including the introduction of online communication platforms to prevent COVID-19 transmission among staff. Remote working has protected the workforce in the community from being decimated through team sickness, but has resulted in nurses who are feeling anxious and isolated from their colleagues while experiencing increased workloads, with complex and often emotionally challenging situations. The pressures of community nursing and the associated impact on sickness absence relating to mental health are well documented. The resources made available to support staff

additional support for maintaining their wellbeing during this period of time. To support colleagues during Covid-19 and the challenges that impacted on wellbeing, a virtual 'wellbeing tree' and a facilitated virtual 'Wobble Room' that runs twice a week were set up, where colleagues can visit if they are feeling overwhelmed and have some timeout to de-stress. Feedback from colleagues has been very positive.

The workforce and education related innovations have been selected to include in this brief but can see the [full list of Innovations on the QNI website](#)

[The General Practice Nursing Workforce Development Plan](#)

March 2017, Health Education England

The plan includes Best Practice case studies throughout

HEE Star

More resources and tools are available in the **Community** section of the [HEE Star](#)

Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under “**Health and Care**” and use the “**Workforce**” filter

HEE National Data Programme

HEE staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

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wellbeing were increased during the pandemic, but there remains some disparity of access to these resources. There is much that can be done by the district nurse as a leader of a team to ensure that the pressures are managed in a way that promotes team cohesion and mutual respect, while ensuring that open communication about wellbeing is encouraged.

[Commentary: Help Me Cope and Make It Easier: A Perspective from Community Nursing](#) June 2021, Nursing Leadership
*Abstract only**

Community nurses are facing several unique challenges related to their mental health during the COVID-19 pandemic. Here, Lefebvre et al examine how SE Health, one of Canada's largest social enterprises, undertook a multi-level comprehensive strategy to support nurses and other staff to cope with the pandemic.

[The psychological well-being of primary healthcare nurses during COVID-19: A qualitative study](#) 2021, Journal of Advanced Nursing

Aim: To explore primary healthcare nurses' psychological well-being related to the COVID-19 pandemic. Design(s): Qualitative descriptive study. Method(s): Semi-structured interviews were conducted with 25 participants between June and August 2020 who indicated their willingness to participate in an interview following a national survey. Interviews were audio-recorded and transcribed verbatim by professional transcribers. Data were analysed using thematic analysis. Result(s): The importance of professional and public support and acknowledgement of the nurses' role during the pandemic positively influenced feelings of being valued. The psychological impact of negative experiences increased anxiety and stress levels. Participants reported a range of self-care strategies, including increased vigilance with infection control at home and work and attention

to physical exercise and diet. Most participants remained positive about their roles and career decisions, although some indicated that the negative psychological impacts prompted re-evaluation of their career. Conclusion(s): Primary healthcare nurses have been exposed to a range of personal and professional stressors during the pandemic that have impacted their psychological well-being. Awareness of stressors and an understanding of what has helped and what has impacted well-being are important in guiding future workplace support systems. Further work to explore the long-term impact of these stressors and the effectiveness of coping strategies employed by primary healthcare nurses is warranted. Impact: Managers and professional organisations need to consider the personal and professional stressors that have impacted on primary healthcare nurses' psychological well-being to promote health and well-being among nurses following COVID-19. Copyright © 2021 John Wiley & Sons Ltd

[District and community nursing—'still doing what we do' through the pandemic](#) August 2020, British Journal of Community Nursing *Abstract only**

The impact of the coronavirus pandemic continues to be significant on the delivery of nursing care in the community. District and community nursing teams reflect on how they are continuing to manage the challenges.

[The role and response of primary care and community nursing in the delivery of palliative care in epidemics and pandemics: a rapid review to inform practice and service delivery during the COVID-19 pandemic](#) June 2020, The Centre for Evidence-Based Medicine

Community services play an important role in the provision of palliative care during pandemics, such as COVID-19. This review reveals a stark and concerning lack of evidence from previous pandemics around how primary care and community

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nursing services can best adapt palliative care provision within a pandemic. Important factors in a successful response include consistent and timely communication between policy makers and healthcare providers, workforce training and flexibility, and continued delivery of equipment and access to necessary support services, such as diagnostic tests.

[Community nursing stories during Covid-19](#) 2020, Journal of Community Nursing *Athens log in required**

Nurses can register online to join the Network and we will email details about future virtual learning events, which we hope will be easier for people to access: www.qni.org.uk/nursing-in-the-community/care-home-nurses-network/ One other great benefit of the 'new normal' could be a real reduction in the NHS carbon footprint. Staff stress continues to be a major challenge and the QNI's chief executive, Dr Crystal Oldman, has joined other nursing leaders in encouraging nurses to take annual leave while they can. [...]if you are experiencing workplace stress, please get in touch with us and arrange a call with one of our trained listeners who will be able to offer you some personal support: www.qni.org.uk/help-for-nurses/talktous/ JCN

Health and wellbeing

[Impact of stress on nurses working in the district nursing service](#) November 2020, British Journal of Community Nursing *Abstract only**

This literature review aimed to identify the consequences of working in a highly stressful environment within district nursing teams and the implications this has on nursing practice and the welfare of nurses. The review analysed 10 primary research studies, resulting in three emerging themes that formed the foundation of a discussion; burnout and compassion fatigue; reduced job satisfaction and retention; and emotional injury.

The results identified that healthy behaviours, emotional intelligence and effective caseload and staffing management can reduce the negative impact that stress can have on nurses. Organisations need to promote healthy behaviours through support and training and need to reassess how caseloads are managed in correlation with staffing levels. Coaching in emotional intelligence skills is vital and should be provided to all nurses within the DN service.

[Managing sickness absence and declared disabilities in a district nursing team](#) October 2019, British Journal of Community Nursing *Abstract only**

Sickness absence in the NHS is around 2.3% higher than in the rest of the economy. Although policies and guidelines are in place to manage this problem, stress-related illness is on the rise. Managing sickness, absence and declared disabilities in district nursing teams is an issue that must be handled by staff members, team managers and the wider organisation. Occupational health services are a crucial component in both preventing and managing staff sickness and absence, but these may well not have adequate resources to cope with increased stress-related illness. Ensuring that occupational health services are adequately resourced and able to respond appropriately to both the needs of staff in need of their support and managers is part of the organisational responsibility. This article aims to guide managers in caring for their staff properly and meeting service demand, a difficult balancing act.

[Perceived job stress among community nurses: A multi-center cross-sectional study](#) February 2019, International Journal of Nursing Practice *Abstract only**

AIMChina is reforming its health care system, which aimed to strengthen primary health care through building community health centers (stations) and assigning a "gate-keeper" role to

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primary care providers. Community nurses play a key role in the reform. Little is known about the level of job stress among community nurses. Thus, this study aims to explore the level of perceived job stress and its influencing factors among community nurses. **METHOD**A cross-sectional design was used to conduct a survey with 1015 nurses from 56 community health centers in Sichuan province. Job stress was measured by the Community Nurses Stress Scale. Data were collected between March and November 2015. **RESULTS**Community health nurses in China perceived high levels of job stress. The job stress was related to nurses' individual characteristics and work environments. Permanently employed nurses, shift workers, and those older than 45 years age and with less training related to community nursing and involvement in childcare were more likely to experience high levels of stress. **CONCLUSION**Reform is required of the community nursing personnel system, and development of continuing education programs and stress-alleviating measures to reduce community nurses' job stress. The results of this study favour future advanced practice community health nursing practice and education.

Recruitment, Retention and Attrition

[Factors influencing the recruitment and retention of registered nurses in adult community nursing services: an integrative literature review](#) September 2020, Primary Health Care Research & Development

BACKGROUNDAdult community nursing services are evolving around the world in response to government policies and changing patient demographics. Amidst these changes, recruitment and retention of community nursing staff are proving a challenge. An integrative literature review has identified multiple factors that influence nurse retention in adult community nursing with sparse information on recruitment factors. Although factors impacting retention of community

nurses have been identified, their generalisability around the world is a challenge as they are context and co-dependent. Indicating the need for this area of study to be explored at a local level, as the same factors present with different findings globally. **AIM**To establish factors influencing recruitment and retention of registered nurses in adult community nursing services. **DESIGN**Integrative literature review. **DATA SOURCES**Four electronic databases were searched in August 2019 from January 2008 to December 2018: CINAHL Complete, Web of Science, MEDLINE and PROQUEST. Both qualitative and quantitative studies focusing on factors influencing community nursing recruitment and retention were included. **REVIEW METHODS**An integrative literature review methodology by Whittemore and Knafl (The integrative review: updated methodology. *Journal of Advanced Nursing* 52, 546-553) was followed, supported by Cochrane guidelines on data synthesis and analysis using a narrative synthesis method. The Center for Evidence-Based Management (CEBMA) critical appraisal tools were used for study quality assessment. **RESULT**Ten papers met the study inclusion criteria. Data synthesis and analysis revealed individual and organisational factors influencing the retention of community nurses with the following three dominant themes: (1) work pressure, (2) working conditions and (3) lack of appreciation by managers. **CONCLUSION**The review identified context-dependent factors that influence adult community nurses' retention with limited generalisability. There is a lack of data on factors influencing recruitment into adult community nursing; further research is needed to explore factors affiliated to community nursing recruitment.

[Addressing the experience of moral distress in community health nursing](#) 2020, Australian Nursing and Midwifery Journal
*Athens log in required**

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Much of the focus in nursing literature relates to the experience of moral distress and high acuity care roles, however moral distress similarly occurs in community health nursing, due to organisational and practice constraints restricting the delivery of optimal healthcare. Genuine understanding of nursing ethics and ethical responsibilities of the profession, adopting an attitude of leadership in nursing, as well as skills in critical reasoning, critical reflection and recognising the socio-political embeddedness of health and healthcare are required. Factors contributing to moral distress in community health nursing need to be addressed to reduce the negative consequences of experiencing ongoing moral distress and prevent attrition from the nursing workforce.

[Getting the best out of staff in a district nursing team: nurturing resilience](#) September 2019, British Journal of Community Nursing *Abstract only**

District nursing (DN) teams deliver high-quality, complex care under extremely difficult circumstances. DN team resilience depends on the balance between capacity (funding and staff availability) and demand (workload and both clinical and quality standards). The caseload is where capacity and demand meet. Resilience in teams is stretched to the limits and often breached, despite which district nurses remain positive about their role. The overwhelming issue appears to be high workload exacerbated by staff shortages and increasing referrals to DN services. The time is rapidly approaching when district nurses may not be able to keep their caseloads open. If demand and capacity are to be better aligned, the demand should be better predicted, so that lead times are considered and resources are available.

[Recruitment and retention in general practice nursing: What about pay?](#) 2018, Practice Nursing

As the employees of independent contractors, most nurses working in general practice are not subject to Agenda for Change. This article looks at a pay framework that has been developed for nurses and healthcare assistants in Lambeth, South London. When Agenda for Change was introduced in 2004, many nurses saw an increase in pay, alongside the potential for annual incremental pay rises and the ability to progress through pay bands with appropriate study and the undertaking of additional responsibilities. As practice nurses are the employees of independent contractors, most were not enrolled in Agenda for Change. They now have no nationally recognised payscale and have to negotiate pay, terms and conditions on an individual basis. The lead nurses in Lambeth, South London decided to develop a pay framework that mapped to the general practice nurse career framework. This was fully endorsed by Lambeth Clinical Commissioning Group and Community Education Providers Network and was launched in June 2017. In January 2018, a pay framework was also launched for healthcare assistants in Lambeth. The framework aims to allow general practice to compete with all healthcare sectors and to make general practice an attractive and viable career option.

Career pathways and progression

[Developing a community-based nursing and midwifery career pathway - A narrative systematic review](#) 2019, PloS One

INTRODUCTION Community nursing and midwifery is changing in response to a shift in care from hospital to home, brought about by increasing costs to care because of an aging population and increasing chronicity. Until now, community nursing positions and scope of practice has been dependent on service focus and location, which has led to the role being unclearly defined. Lack of appeal for a career in community practice and a looming workforce shortage necessitates a

review into how community nursing and midwifery transition to practice is supported. **METHODS** This review sought to identify, assess and summarize available evidence relating to transitioning into community nursing and midwifery practice as a speciality. A systematic review was conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses approach. A narrative synthesis was then undertaken on papers that examined community nursing and midwifery pathway perspectives which define, and enable or inhibit a contemporary pathway. Thematic analysis used a theoretical framework developed for early career and rapid transition to nursing specialty practice. **RESULTS** There is a paucity of research that identifies community nursing and midwifery as a discreet scope of practice. Twelve papers were eventually included in the review. Verbatim findings were extracted from the papers and clustered into categories based on the chosen theoretical framework. Major themes were 'the self' (professional and personal); 'transition processes'; and, a 'sense of belonging'. Sub themes included narrative identifying inhibitors and enablers in each theme. **DISCUSSION** No definition of community practice or pathway was identified in nursing, although midwifery was clearly defined. Community nursing practice was described as generalist in nature although specialist knowledge is required. Being part of the community in the professional sense and personal sense was considered important. The importance of transition was identified where pre-entry exposure to community practice was seen as important. Stages in transition to practice were recognised as pre-entry; incomer; insider; and, a sense of belonging. The process of transition should be planned and individualised acknowledging past experience whilst acknowledging the specialist nature of community-based practice.

Placements

[Community nursing placements: Student learning experiences during a pandemic and beyond](#) May 2021, British Journal of Community Nursing *Abstract only**

This article explores the challenges in maintaining community nursing placements as dynamic learning experiences for student nurses during the pandemic and beyond. Opportunities to create new ways of working and learning are essential to ensure student nurses can continue to be exposed to community nursing care. Developing insight, understanding, knowledge and skills in this unique learning environment is instrumental to encourage the next generation of community nurses and increase the future workforce. Suggestions for alternative ways of providing learning experiences during the present period are discussed, which could also be embedded as long-term strategies in the future. Copyright © 2021 MA Healthcare Ltd

[Preparation and support for students in community placements: A mixed methods study](#) March 2020, Nurse Education in Practice

Community nursing needs to expand its workforce in the United Kingdom in the immediate future, to accommodate the requirements of an ageing population and the rationalisation of care delivery to community settings resulting from Sustainability and Transformation Plans. It has been reported internationally that student nurses do not always value or learn from their community placements and that this may contribute to an apprehension regarding working in the sector after graduation. This mixed methods study, using a survey and a focus group, investigated students' views of their community placement experiences in relation to the learning environment, their clinical facilitator and the use of a structured learning package to

prepare and guide development of skills and knowledge. The triangulated data indicate that students enjoyed their community placements as learning environments, had excellent relationships with their clinical facilitators, and would welcome a more structured information package as an approach to preparation and placement learning.

[Supporting student nurses who have their first clinical placement in the community nursing team](#) October 2018, British Journal of Community Nursing *Abstract only**

First year student nurses are increasingly undertaking their first placement with community nurses. The importance of how this initial learning experience is introduced by the higher education institution, as well as how the student is welcomed and integrated into the community nursing team, cannot be underestimated. Following positive anonymous feedback from students, which indicated that they had benefitted from the introduction, welcome and integration they experienced, the university and mentors reviewed how this had been done to identify good practice to share with colleagues. Students indicated that their welcome and integration had helped them to feel part of the team and enhanced learning, because they were so well supported, and mentors had facilitated learning experiences by acknowledging that this was their first placement experience. It is notable that mentors were committed to the students' learning and used workplace social capital to optimise the student experience. At a time when retention of students is essential to increase the future workforce, mentors dedicated to student learning are acting as ambassadors for the community workforce, and may well encourage students to have a career in community nursing.

Upskilling

[Creating digitally ready nurses in general practice](#) May 2019, Nursing Management

Digital healthcare provision in England has been driven mainly by a 'top-down' approach and a focus on digital infrastructure rather than front-line delivery. This has laid the foundation, but digital care delivery still has a long way to go. This article describes an action learning programme to create digitally ready nurses. The programme, which underpins action six of NHS England's ten-point plan for general practice nursing, shows that a 'ground-up' approach to upskill and empower front-line clinicians is central to embedding technology-enabled care services (TECS). Following completion of the action learning sets (ALSs), 24 general practice nursing digital champions across Staffordshire have used TECS to deliver a range of benefits for their practice teams. This has informed the introduction and extension of the programme, with national funding for a further 12 regional pilot ALSs across England in 2018-19. Importantly, the active learning individualised approach provides a digitally ready workforce with the ability and support to adopt TECS in areas of clinical need. This ability is central to the next stage in the digital transformation of healthcare.

[The challenges of upskilling health care assistants in community nursing](#) June 2017, British Journal of Community Nursing *Abstract only**

Community care is at the forefront of the National Health Service reforms. Role redistribution from registered nurses to health care assistants is growing. This paper examines the challenges of upskilling community health care assistants to undertake catheterisation for uncomplicated patients in the community. Social constructivist methods facilitated reflective

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practice. Challenges included fears around delegation, accountability and the responsibilities involved in supporting the development of health care assistants. Recommendations suggest that community health care assistants offer a valuable and much needed contribution to health care delivery and are enthusiastic to upskill in catheterisation. However, reluctance from community registered nurses around delegation delayed the process. Registered nurses will need to address these fears and engage in workforce planning to proactively influence role developments and safe practice. National guidance needs to be structured around clear pathways to support these valued participants in delivering health care.

Workforce developments

[Nursing care left undone in community settings: Results from a UK cross-sectional survey](#) November 2020, Journal of Nursing Management

AimTo demonstrate the prevalence of care left undone and its relationship to registered nurse staffing levels within community nursing.
BackgroundMuch research has been completed on nursing care left undone in the acute sector. Little has been done in the community nursing context.
MethodSecondary analysis from a cross-sectional survey of 3,009 registered nurses working in the community and care home sector was completed. Measures reported are 'care left undone', 'nurse staffing levels' and 'type of shift'.
ResultsOnly 37% of community respondents, and 81% of care home staff, reported having the planned number of nurses on their last shift. Prevalence of care left undone was 34% in the community sector, 33% in the care home sector and 23% in primary care. Care left undone increased as the proportion of registered nurses fell below planned numbers.
ConclusionCare left undone is a significant issue across the community nursing context and is related to registered nurse staffing levels.
Implications for Nursing

ManagementThis work is the first to look directly at the relationship of registered nurse staffing levels to care left undone in the community. Current policy on safe staffing needs to ensure consideration of the community nursing context.

[More care out of hospital? A qualitative exploration of the factors influencing the development of the district nursing workforce in England](#) 2019, Journal of Health Services Research

OBJECTIVESMany countries seek to improve care for people with chronic conditions and increase delivery of care outside of hospitals, including in the home. Despite these policy objectives in the United Kingdom, the home visiting nursing service workforce, known as district nursing, is declining. This study aimed to investigate the factors influencing the development of district nursing workforces in a metropolitan area of England.
METHODSA qualitative study in a metropolitan area of three million residents in diverse socio-economic communities using semi-structured interviews with a purposive sample of senior nurses in provider and commissioning organizations. Thematic analysis was framed by theories of workforce development. Findings: All participants reported that the context for the district nursing service was one of major reorganizations in the face of wider National Health Service changes and financial pressures. The analysis identified five themes that can be seen to impact the ways in which the district nursing workforce was developed. These were: the challenge of recruitment and retention, a changing case-mix of patients and the requirement for different clinical skills, the growth of specialist home visiting nursing services and its impact on generalist nursing, the capacity of the district nursing service to meet growing demand, and the influence of the short-term service commissioning process on the need for long-term workforce development.
CONCLUSIONThere is an apparent

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paradox between health policies which promote more care within and closer to home and the reported decline in district nursing services. Using the lens of workforce development theory, an explanatory framework was offered with factors such as the nature of the nursing labour market, human resource practices, career advancement opportunities as well as the contractual context and the economic environment.

[Advancing general practice nursing in Australia: roles and responsibilities of primary healthcare organisations](#) May 2017, Australian health review *Athens log in required**

Objectives Given increased numbers and enhanced responsibilities of Australian general practice nurses, we aimed to delineate appropriate roles for primary health care organisations (PHCOs) to support this workforce. **Methods** A two-round online Delphi consensus process was undertaken between January and June 2012, informed by literature review and key informant interviews. Participants were purposively selected and included decision makers from government and professional organisations, educators, researchers and clinicians from five Australian states and territories. **Results** Of 56 invited respondents, 35 (62%) and 31 (55%) responded to the first and second invitation respectively. Participants reached consensus on five key roles for PHCOs in optimising nursing in general practice: (1) matching workforce size and skills to population needs; (2) facilitating leadership opportunities; (3) providing education and educational access; (4) facilitating integration of general practice with other primary care services to support interdisciplinary care; and (5) promoting advanced nursing roles. National concerns, such as limited opportunities for postgraduate education and career progression, were deemed best addressed by national nursing organisations, universities and peak bodies. **Conclusions** Advancement of nursing in general practice requires system-level support from a

range of organisations. PHCOs play a significant role in education and leadership development for nurses and linking national nursing organisations with general practices. What is known about the topic? The role of nurses in Australian general practice has grown in the last decade, yet they face limited career pathways and opportunities for career advancement. Some nations have forged interprofessional primary care teams that use nurses' skills to the full extent of their scope of practice. PHCOs have played important roles in the development of general practice nursing in Australia and internationally. What does this paper add? This study delineates organisational support roles for PHCOs in strengthening nurses' roles and career development in Australian general practice. What are the implications for practitioners? Effective implementation of appropriate responsibilities by PHCOs can assist development of the primary care nursing workforce.

[Community nursing middle management: 'dealing with different people in different time zones on both sides'](#) September 2017, British Journal of Community Nursing *Abstract only**

The overall aim of the investigation was to redress a knowledge gap by exploring community nursing middle managers' (CNMMs') experiences of role enactment through change within Community Health Partnerships (CHPs) in Scotland - now further evolved into Health and Social Care Partnerships (HSCPs). HSCPs play a key role in shifting care from the acute to the primary care/community setting. However, a literature review demonstrated there has been very little research into the role of CNMMs within the changing primary care context. This concept was considered important in understanding how CNMMs enacted their roles to implement service change. A qualitative longitudinal interpretative phenomenological analysis (IPA) (Smith, 1996) study was conducted in four distinct phases, comprising the reflexive, foundational, recursive and

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expansive, from 2008-2011. Some 35 semi-structured interviews were conducted with 26 participants. CNMMs perceived that their responsibilities had increased, become more complex and wider ranging. Maintaining an implicit connection with service users was a primary motivation for CNMMs. They were proud to be members of the nursing profession aligning their identity with their career history. A small but significant proportion resigned during the study and some were considering leaving the NHS. The study addresses a gap in literature, contributes to the understanding of NHS community nursing, middle management, role, change and gives a voice to CNMMs in Scotland. They are the lynchpins in taking change forward and maintaining quality services. Much more attention needs to be paid to the needs, constitution and sustenance of middle managers in Scottish community nursing - which has policy, practice, education, and research and retention implications.

General practice nursing: who is cherishing this workforce?

January 2017, London Journal of Primary Care

The remodelling of the NHS requires a strong general practice nurse (GPN) workforce within general practice. The challenges facing general practice nursing are set within the current policy context and recent available evidence and illustrated by drawing upon the experience of a current GPN working in London. It is argued that there is a need to support the professional development of GPNs and nurture the next generation of potential GPNs if the current shortage of GPNs is to be addressed.

New ways of working

Conference Proceeding: Transforming community nursing services in the UK: lessons from a participatory evaluation of

the implementation of a new model of community nursing in East London June 2019, The British Journal of General Practice

Background Buurtzorg, a model of community nursing conceived in the Netherlands, is widely cited as a promising and evidence-based approach to improving the delivery of integrated nursing and social care in community settings. Aim This study aimed to examine the transferability of some of the principles of the Buurtzorg model to community nursing in the UK NHS. Method A community nursing model based on the Buurtzorg approach was piloted between June 2017 and August 2018 with a team of nurses co-located in a single general practice in the Borough of Tower Hamlets, East London. The initiative was evaluated using a qualitative approach within the participatory Researcher-in-Residence model. Participant observation of meetings and semi-structured interviews with team members, patients/carers, and other local stakeholders were undertaken. A thematic framework analysis of the data was carried out. Results Patient experience of the service was positive, in particular because of the better access, improved continuity of care and longer appointment times in comparison with traditional district nursing provision. However, certain aspects of the Buurtzorg model were difficult to put into practice in the NHS because of significant cultural, human resource, and regulatory differences between The Netherlands and the UK. Conclusion While many of the principles of the Buurtzorg model are applicable and transferable to the UK, in particular promoting independence among patients, improving patient experience, and empowering frontline staff, the successful embedding of these aims as normalised ways of working will require a significant cultural shift at all levels of the NHS.

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[Future of Specialist Practice Qualifications in district nursing for band 6 leadership roles](#) January 2019, British Journal of Community Nursing *Abstract only**

District nurse numbers in the UK are rapidly declining. To overcome this severe staff shortage, one community trust in a rural county appointed 'case managers' (nurses without Specialist Practice Qualifications in district nursing [SPQDN]) in band 6 leadership roles that were traditionally held by district nurses. Here, we aimed to establish the value of the SPQDN to determine if there is a future for the conventionally accepted DN role, instead of case managers. The study used an exploratory mixed-methods design. Using the classic e-Delphi technique, data were collected over 5 months from 10 purposively sampled senior nurse managers employed by the community trust who formed an expert panel. In round one, the panellists provided three responses each to the question 'what is the future for district nurse specialist practitioner qualifications in [the trust] for band 6 leadership roles?' In rounds two and three, they answered a close-ended questionnaire using a 3-point Likert scale. The core findings suggest that SPQDN and the district nurse role are considered extremely valuable (both achieving 100% consensus). Additional findings are linked to four core themes, namely, (1) SPQDN, (2) clinical practice educators, (3) workforce and (4) leadership. This study recommends continued investment in SPQDN and the district nurse role with the use of succession planning for workforce management.

[Tackling the workforce crisis in district nursing: can the Dutch Buurtzorg model offer a solution and a better patient experience? A mixed methods case study](#) June 2018, BMJ Open

Despite policy intentions for more healthcare out of hospital, district nursing services face multiple funding and staffing challenges, which compromise the care delivered and policy

objectives.**OBJECTIVES**What is the impact of the adapted Buurtzorg model on feasibility, acceptability and effective outcomes in an English district nursing service?**DESIGN**Mixed methods case study.**SETTING**Primary care.**PARTICIPANTS**Neighbourhood nursing team (Buurtzorg model), patients and carers, general practitioners (GPs), other health professionals, managers and conventional district nurses.**RESULTS**The adapted Buurtzorg model of community nursing demonstrated feasibility and acceptability to patients, carers, GPs and other health professionals. For many patients, it was preferable to previous experiences of district nursing in terms of continuity in care, improved support of multiple long-term conditions (encompassing physical, mental and social factors) and proactive care. For the neighbourhood nurses, the ability to make operational and clinical decisions at team level meant adopting practices that made the service more responsive, accessible and efficient and offered a more attractive working environment. Challenges were reported by nurses and managers in relation to the recognition and support of the concept of self-managing teams within a large bureaucratic healthcare organisation. While there were some reports of clinical effectiveness and efficiency, this was not possible to quantify, cost or compare with the standard district nursing service.**CONCLUSIONS**The adapted Buurtzorg model of neighbourhood nursing holds potential for addressing issues of concern to patients, carers and staff in the community. The two interacting innovations, that is, a renewed focus on patient and carer-centred care and the self-managing team, were implemented in ways that patients, carers, other health professionals and nurses could identify difference for both the nursing care and also the nurses' working lives. It now requires longer term investigation to understand both the mechanism for change and also the sustainability.

Demographics

[Understanding the general practice nursing workforce in New Zealand: an overview of characteristics 2015-19](#) February 2021, Australian Journal of Primary Health *Athens log in required**

Limited knowledge about the nursing workforce in New Zealand general practice inhibits the optimal use of nurses in this increasingly complex setting. Using workforce survey data published biennially by the Nursing Council of New Zealand, this study describes the characteristics of nurses in general practice and contrasts them with the greater nursing workforce, including consideration of changes in the profiles between 2015 and 2019. The findings suggest the general practice nursing workforce is older, less diverse, more predominately New Zealand trained and very much more likely to work part-time than other nurses. There is evidence that nurses in general practice are increasingly primary health care focused, as they take on expanded roles and responsibilities. However, ambiguity about terminology and the inability to track individuals in the data are limitations of this study. Therefore, it was not possible to identify and describe cohorts of nurses in general practice by important characteristics, such as prescribing authority, regionality and rurality. A greater national focus on defining and tracking this pivotal workforce is called for to overcome role confusion and better facilitate the use of nursing scopes of practice.

Staff and student perceptions and experiences

[New graduate employment in general practice: Perceptions of final-year nursing students](#) July 2021, Nurse Education in Practice *Abstract only**

AIM/OBJECTIVE This paper sought to investigate the perceptions of final-year nursing students regarding general

practice nursing as a new graduate career path. BACKGROUND General practice nurses have become increasingly important in providing community-based care, in response to the growing burden of chronic conditions and the ageing population. To sustain this workforce, there is a need to optimise strategies to promote a consistent supply of new graduate nurses. DESIGN This qualitative descriptive study was undertaken within a sequential explanatory mixed methods project. METHODS Data were collected through semi-structured telephone interviews with sixteen final-year nursing students from five Australian universities. Interviews were analysed using thematic analysis. RESULTS Four main themes were identified, namely; a) general practice is not a priority career path, b) opportunities for skills development and consolidation, c) perceptions of employment conditions, and d) transition support is limited. CONCLUSION To meet current workforce needs in areas with increasing demand, nurse educators need to support undergraduate nursing students to explore a wide range of career pathways following graduation. Informed career choices and well-structured educational preparation during undergraduate education may be an effective strategy in building a sustainable future workforce in settings such as general practice.

[Final-year undergraduate nursing students' perceptions of general practice nursing: A qualitative study](#) April 2021, Journal of Clinical Nursing *Abstract only**

AIM To explore final-year nursing students' perceptions of general practice nursing. BACKGROUND The need for general practice nurses has increased due to growing demands for health care in the community. This demand is exacerbated by a shortage in the general practice nursing workforce. Understanding final-year nursing students' perceptions of general practice nursing is important as these may influence

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career choices. DESIGN Qualitative descriptive study within a mixed methods project. METHOD Telephone interviews were conducted with sixteen final-year nursing students. Interviews were audio-recorded, transcribed verbatim and analysed using thematic analysis. Reporting follows the COREQ checklist. RESULT Perceptions of general practice nursing varied between participants and related to three main themes; ways of working; a broad role to meet diverse health needs; and relationships with patients. General practice nurses were seen to have stable and collaborative working relationships, with their role ranging from supporting general practitioners to being autonomous professionals. The nurse's broad role was associated with diverse presentations and was considered interesting and challenging. Participants perceived that general practice nurses had more time to spend with patients, and this helped establish trust, and facilitated patient-centred care. CONCLUSION Participants' perceptions of general practice nursing varied, with some students recognising the diversity of the role and others perceiving it as limited. These views were often impacted by others experiences rather than personal experience. These variations underscore the need for students to receive greater exposure to general practice nursing. Review of undergraduate curricula to increase focus on preparing nursing students to work in general practice may help shape students' interest to seek employment in this setting. RELEVANCE TO CLINICAL PRACTICE Students perceptions of a clinical setting can influence their career decisions. Understanding these perceptions can inform clinicians and managers and highlight areas that may need to be addressed to promote career opportunities.

[New to the community setting: Nurses' experiences and the importance of orientation](#) February 2021, Australian Journal of Primary Health *Athens log in required**

There has been little research about the experiences of nurses transitioning into community nursing (CN), despite the growing demand for nurses in this setting and impending shortfall in the nursing workforce in Australia. In this study, nurses from a busy metropolitan CN service were interviewed to explore how they experienced their first months in their new role. The interviews were analysed thematically, with three themes emerging: Adaptation, Focus of Care and Context. Participants detailed their experiences adjusting to new work practices and the community setting, and expanded on their enjoyment from increased autonomy, career goal recognition and rewarding patient relationships and outcomes. The findings of this study are aligned with previous literature about nurses entering the primary healthcare setting from acute care, and particularly highlight the need to individually tailor orientation, preceptorship and ongoing career development programs to each nurse. Copyright © 2021 La Trobe University.

Education and training

[Strategies for embedding population health concepts into nursing education](#) 2021, Nursing Forum

Advances in community and public health are needed to address contemporary health needs, particularly poor health outcomes related to the social determinants of health and inequity. Nurses are ideally placed to promote meaningful advances in community and public health, collectively referred to as population health. Nurse educators can promote a deeper understanding of core population health concepts by threading these concepts throughout the academic nursing curricula in addition to standalone population or public health courses. Strategies for incorporating population health concepts in a variety of courses can be conceptualized through the themes emphasizing context, honoring community voices, cultivating community connection, and fostering leadership in social

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responsibility. Nurse educators with expertise in population health can serve as a resource for faculty as these strategies are implemented. Teaching population health provides exciting opportunities for innovative approaches to facilitate students to link their practice to wider social contexts. Further steps to strengthen the public and community health workforce will still be needed to meet population health needs.

Real-time simulation: first-hand experience of the challenges of community nursing for students 2018, British Journal of Community Nursing *Abstract only**

Community Challenge is a simulated community event for pre-registration nursing students across all four fields. Through the provision of real-time simulation, the Community Challenge has combined a deeper learning for both nursing students and the drama students who were involved in making the scenarios real and interactive. The event was run over 5 days, with positive evaluations from students and staff. Furthermore, Community Challenge has been found to be successful in expanding opportunities for students that align with national drivers, curriculum planning and interprofessional learning. The event has allowed students to engage in learning with other fields, enhancing their own practice. The Community Challenge has been found to enhance the link between theory and practice within primary care, promoting the relevance and importance of community care within nursing.

Awareness of Community Health Nurses on and Relevance of Global Health Competencies February/ April 2017, iManagers' Journal of Nursing *Athens log in required**

This study was conducted to determine the awareness of community health nurses on and relevance of global health competencies. Specifically, it sought to: determine if there are significant differences of the awareness of community health

nurses on and relevance of global health competencies when grouped according to length of service and educational attainment; and, examine the correlation of the awareness of community health nurses on and relevance of global health competencies. The results of the study will add up to the community health nurses' current knowledge on global health competencies for a more effective and reliable global health personnel. The results revealed that community health nurses have very high awareness on global health competencies with social and environmental determinants of health as the subset with the highest mean. Moreover, they perceive global health competencies as very relevant with health care in low-resource setting as the most relevant subset. Educational attainment and length of service are not factors in determining the awareness of community health nurses on and relevance of global health competencies. Finally, the awareness of community health nurses on global health competencies is significantly correlated to their perceived relevance of the said competencies.

Community visiting nurses training plan: Home dialysis support 2017, CANNT Journal *Athens log in required**

From October 2014 to January 2015, the Peritoneal Dialysis Unit (PDU) at London Health Science Centre (LHSC) had a scarcity of peritoneal dialysis- (PD) trained community visiting nurses working for nursing agencies provided by the Community Care Access Centres (CCAC) in several remote geographical areas serviced by the program. These nurses have become an extension of the PDU by communicating concerns and questions to the PD U staff while providing PD support for patients at home. By October 2014, one town had only two trained nurses to support the launch of an "avalanche" of newly trained patients and their varying degrees of need. To tackle this shortage, the PDU trialed offering community visiting nurse training in the nurses' respective hometowns over a four-

month period. The response was excellent with large numbers of nurses being trained during this period. This initiative yielded additional and surprising benefits to patients and their families, and nursing agencies, as well as the LHSC PDU.

Technology

[Supporting the spread of health technology in community services](#) 2018, British Journal of Community Nursing *Abstract only**

Health technology has been proposed as a route to financial savings and improved patient safety for many years within the NHS. Nurses have a key role to play in transforming care through such technology but, despite high-level endorsement, implementation of health technology has been uneven across NHS community services. This article looks at three promising applications of health technology in community nursing: mobile access to digital care records; digital imaging; and remote face-to-face consultations. Current evidence for these technologies gives some indication of what is required before health technologies can benefit patients. Rapidly changing health technologies make it difficult for community services to make fully informed decisions when implementing them. There are challenges in predicting the full financial and efficiency impacts, in making robust estimates of costs and workload implications and in anticipating the effects on patient care and staff experience. Despite these problems, there is mounting evidence of the benefits of technological innovations available to community nurses and their patients.

Caseload

[The Sheffield Caseload Classification Tool: testing its inter-rater reliability](#) 2019, British Journal of Community Nursing

Community nursing caseloads are vast, with differing complexities. The Sheffield Caseload Classification Tool (SCCT) was co-produced with community nurses and nurse managers to help assign patients on a community caseload according to nursing need and complexity of care. The tool comprises 12 packages of care and three complexities. The present study aimed to test the inter-rater reliability of the tool. This was a table top validation exercise conducted in one city in South Yorkshire. A purposive sample of six community nurses assessed 69 case studies using the tool and assigned a package of care and complexity of need to each. These were compared with pre-determined answers. Cronbach's alpha for the care package was 0.979, indicating very good reliability, with individual nurse reliability values also being high. Fleiss's kappa coefficient for the care packages was 0.771, indicating substantial agreement among nurses; it was 0.423 for complexity ratings, indicating moderate agreement. The SCCT can reliably assign patients to the appropriate skilled nurse and care package. It helps prioritise and plan a community nursing caseload, ensuring efficient use of staff time to deliver appropriate care to patients with differing needs.

[Developing a caseload classification tool for community nursing](#) April 2017, British Journal of Community Nursing

Acuity and dependency in the community nursing caseload in combination with safe staffing levels are a national issue of concern. Current evidence suggests that there are no clear approaches to determining staff capacity and skill mix in these community settings. As community nursing caseloads are large with differing complexities, there is a need to allocate community nursing with the best skill mix to achieve the best patient outcomes. A city-wide service improvement initiative developed a tool to classify and categorise patient demand and this was linked to an electronic patient record system. The aim

was to formulate an effective management response to different levels of acuity and dependency within community nursing teams and a consensus approach was used to allow the definition of complexity for twelve packages of care. The tool was piloted by a group of community nurses to assess the validity as a method to achieve a caseload classification. Seventy nurses were trained and applied the tool to 3000 patient referrals. Based on this, standards of care were agreed including expectations of assessment, intervention, visit length and frequency. Community nursing caseloads can now be organised according to acuity and complexity of patient need, which determines allocation of staff and skill mix.

Competency Frameworks

Standards of proficiency for community nursing specialist practice qualifications – Draft January 2021, Nursing and Midwifery Council

The current specialist practice qualifications for community nursing were developed in 1994 for the community nursing roles that existed at the time: community children's nursing, community learning disabilities nursing, community mental health nursing, district nursing and general practice nursing. In the 21st century, care of people of all ages is increasingly being delivered in the community, in people's homes and in settings close to their homes. These settings include care homes, hospices, GP practices, residential and educational settings, and prisons and offender health settings. As a result, new models of community care are emerging, and new nursing roles are developing in addition to those which currently have an SPQ. Holding a community specialist practice qualification is not a pre-requisite to be able to work in the community. For many roles and/or types of nursing activity, a combination of the standards of professional behaviour and conduct enshrined in

the Code, and the requirement to meet the knowledge and skills specified in the pre-registration nursing standards of proficiency, along with subsequent and ongoing revalidation, is sufficient for effective regulation. In order to take a proportionate approach, we need to consider which roles and activities justify regulation at a post-registration level.

Minimum Bridging Competencies for General Practice Nurses Transitioning to Community Nursing 2020, The Queen's Nursing Institute

The Covid-19 pandemic is placing significant pressures on health and care services and the workforce, including nurses working in primary and community care. As the situation develops, so will the pressure points in delivering essential services to people in the community and at home.

District Nursing and General Practice Education and Career Framework October 2015, Health Education England

The Health Education England (HEE) Transforming Nursing for Community and Primary Care (TNCPC) workforce programme commenced in 2014 to enable both the delivery of the HEE Mandate and the HEE responsibilities of the NHS England (NHSE) led TNCPC Programme Board that was by Jane Cummings, Chief Nursing Officer (CNO) for England in 2013. The focus agreed between the key strategic partners NHSE, HEE, Public Health England (PHE) and the Department of Health (DH) was district and general practice nursing services.

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