

# A Community Nursing Strategy for Wales

Schedule of comments on the proposals contained within  
the consultative paper



## Introduction

1. The Welsh NHS Confederation welcomes and supports the general direction and content of the proposed Community Nursing Strategy.
2. Many of the proposals relate to areas of professional nurse education and development, views on which are best left to professional or academic commentators.
3. The Welsh NHS Confederation believes it appropriate to comment on the strategic context and fit of the proposals in relation to the organisation and delivery of 'out of hospital services'. We also have a number of comments on the detailed proposals.

## Executive Summary

The main comments on the proposed Community Nursing Strategy are summarised as follows:

- The Confederation fully supports the concept of a strengthened focus on public health, appropriate secondary care services being transferred to the community and patients with ongoing complex care needs being cared for at home.
- It is important that the future of community nurses is seen as one part of a holistic, multi- disciplinary vision and strategy for developing and delivering out of hospital services. It should also be aligned to the other related policy work underway.
- The Primary and Community Services Strategic Delivery Programme is likely to build on the concept of bringing together social, primary, community, intermediate, secondary and specialist care through integrated teams working in, or having access to, community based facilities. We would strongly support such a programme which would provide the foundation for the development of integrated services on which future roles and relationships can be built.
- The factors for future service and professional development described in the Consultative Document: Rural Health Planning – improving service delivery across Wales, provide a good basis for planning and delivering integrated services across Wales – rural or urban. It is important that we develop a consistent but flexible approach for the development of the workforce.
- Subject to some detailed comments, we support the concept of Community Teams, the strengthening of the various community nursing roles and the development of Health Care Support Workers.
- Strong, effective and safe information and communication systems will provide the essential engine to drive the system and needs adequate investment and early implementation.

## Overall Strategic Direction

4. The Confederation fully supports the concept of appropriate secondary care services being transferred to the community and patients with ongoing complex care needs being cared for at home. We share the view that this will rely on the enhancement of self and supported care as part of an increasing focus on public health and wellbeing, and the avoidance of unnecessary hospital admission.

5. Since work began on the community nursing strategy, two other important and related pieces of work have been underway and will have an impact on community nursing:
- *Rural Health Planning – improving service delivery across Wales.*
  - *The Primary and Community Services Strategic Delivery Programme.*
6. While the consultative document makes reference to the above and the direction in which the NHS and its partners will need to travel, it is important that the future of community nurses is seen as one part of a holistic, multi- disciplinary strategy for developing and delivering out of hospital services. The strategies for all the health professions need to be seen as a means to a common end with shared values, aims and with complimentary functions.
7. We have not yet seen the final proposals for the Primary and Community Services Strategic Delivery Programme. It is likely to build on the concept of bringing together social, primary, community, intermediate, secondary and specialist care through integrated teams. They will work in, or have access to, community based facilities with diagnostic and clinical facilities that will increasingly provide a range of facilities currently provided in general hospitals. We would strongly support such a programme which could provide the foundation for integrated or closely connected services to:
- Generate a new focus for personal preventive care and health promotion, with a population perspective in addition to traditional individual/ family perspectives;
  - Have the ability for the front end of the health system to deal with most health problems, including a complex range of undifferentiated health conditions and co-morbidity that is not neatly packaged into speciality compartments;
  - Avoid over-medicalising the response to presenting problems and a responsibility to meet need as locally as possible 24 hours a day, 365 days per year;
  - Have an understanding of, working in close partnership with, and providing a gateway to specialist services. This will act as the first line of demand management and appropriate use of services in a system offering universal coverage but working within with finite resources;
  - Operating in a way that facilitates chronic disease care, preventive interventions and a close relationship between core members of the practice based and wider community team.

## **Service Development**

8. We believe a shared over arching vision and strategy for out of hospital care is required to guide the development of services, and to shape the role, responsibilities and skills of the health professionals. Thus all connected visions and strategies would be linked to a shared direction and common purpose. With this in mind, we commend the factors for future service and professional development in the Consultative Document: *Rural Health Planning – improving service delivery across Wales*, which provides a good basis for planning and delivering integrated services across Wales – rural or urban. This, together with the likely proposals for the development of primary and community care will provide a good foundation for the future.

9. The proposals within the Rural Health Consultative Document are predicated by a view that services for people - whether delivered by statutory, voluntary or private agencies - all face similar challenges. Understanding this and identifying how and where services, whether within or outside health sector, can be provided and integrated to ensure best use of all resources will be essential. It is vital that integration within services is as important as integration between services, and that more creative planning and service models are needed to ensure that both generic and more specialist care can be delivered in a more integrated and efficient way. It goes on to say:
- I. Delivering services in all communities will demand real collaboration and partnership working, based on trust, with local people at the centre.
  - II. Services should be based upon actual needs of local people and not the systems or processes in place.
  - III. Developing seamless solutions whether across primary, community, secondary and social care, various professional groups and clinical/ care needs help make the patient pathways more efficient and effective.
  - IV. There is a need to take a fresh look at local health needs and align these to the necessary skills and competencies required to meet these across health and social care organisations.
  - V. Specific emphasis must be given to developing a multi skilled professional and support workforce with generalist skills on the widest practicable basis amongst both health and social care workers. The role of the specialist generalist health worker as an expert will be key. Being clear about core needs and coordinating more specialist health needs as and when necessary will be essential to good care.
  - VI. Training programmes will be needed to develop appropriate skills. Imaginative planning and means of delivery is needed in relation to generic educational courses and qualifications, as well as negotiation with regulatory and professional bodies, representative of the skill boundaries now existing.
  - VII. Opportunities must be taken to engage volunteers and the wider voluntary sector as part of workforce planning.

### Comments on detailed points in the Strategy

1. The concept of the Community Nursing Team is supported, but its population/practice focus will be particularly important. This underlines the importance of considering this proposal in the context of the Primary and Community Services Strategic Delivery Programme. The focus, management, location and deployment of this team will need to be carefully considered in this respect. Also the synergy and complementarities will be important between the roles and responsibilities between community based nurses and between them and all other health professionals working in the community.
2. We agree that a review is needed to strengthen and further develop a consistent application of the Unified Assessment Process.
3. The role of Case Managers and their responsibilities for care coordination are fundamental to the support given to people with long-term conditions, and to ensuring the effective delivery of care plans. It is also particularly important in underpinning the contribution of the range of health professionals involved in the care plan and the team working that will make it a success.

4. We support the concept of Family Nurses and the Children's Community Nursing Service. As we have seen from recent events in the UK, effective support and a focus on young people is very important. This needs to be facilitated by strong partnership, good communication and the safe, reliable and timely sharing of information. However there needs to be clarity about the complementary functions of each of the nursing roles proposed and in particular between those of family nurses and health visitors.
5. The need to develop and realise the potential of Practice Nurses is fully supported, but at the same time we understand there is concern amongst General Practitioners regarding the employment status of these staff. This may be seen as a 'foot in the door' of a much wider plan to change the employment status of primary care contractors. It would be a shame if we were to be distracted by the contractual issues and lose the opportunity to take full advantage of a better developed and more consistently applied practice nurse role as a result of these fears. Better to accept diversity and let this evolve over time.
6. We support the value and opportunity of Advanced Nursing Practice, but this needs to be considered side by side with the development of advanced practice and extended skills and responsibilities of other health professionals such as pharmacists, therapists etc.
7. Nurse led beds would offer flexibility and opportunities to benefit patients, particularly for assessment and intermediate care. Allied to the Kaiser Permanente system are Skilled Nursing Facilities that enable the early discharge of patients from acute facilities for assessment and rehabilitation. These are built on strong investment of therapy time and a close working partnership between doctors, nurses and therapists.
8. The development of Specialist Nurses has brought an important and effective dimension to patient care. We support the proposal to extend this role and seize the potential it offers. The migration of outpatient clinics to community based facilities is very important and applies to a wide range of outpatient activity currently undertaken in general hospitals.
9. The redirection of Health Visitors to a stronger focus on public health is timely; we support this and their proposed new role. One clear opportunity from a more comprehensive population health perspective is that of identifying the community wide and individual health risks to ensure much more effective upstream prevention and early support/intervention to citizens, families and carers.
10. We support the proposal to develop the role of Health Care Support Workers, but commend that this be on the basis as discussed in *Rural Health Planning – improving service delivery across Wales*. This is a crucial way forward, not only to facilitate seamless care, but also to ensure the scarce skills of other staff are appropriately utilised – this is a sustainability as well as a quality of care issue
11. While the development of Multi-Disciplinary Assessment and Diagnostic Services is an essential ingredient of out of hospital care, it will depend on:
  - Adequately equipped and staffed community facilities;
  - Strategically placed technical diagnostic support facilities;

- Effective information and communication systems;
  - Effective transport systems.
12. With improved risk assessment, health promotion, early diagnosis and improved community care, we should be avoiding many unplanned admissions and using this as one criterion for a measure of performance. For planned admissions, discharge planning should be a prelude to admission rather than after it.
  13. We support the need for a review of Midwifery Service Design. This is timely not only in view of the need to reconfigure services and change roles, but to recognise changing professional and public opinion on these services.
  14. A new vision and strategy for Mental Health Services must form a backcloth to the future role and organisation of all health professionals operating in this field.
  15. Information and Communication technology, effective information services and the use of technological advancement in community care are vital to the future success of out of hospital care. It is vital that adequate investment and training is given in this area

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## About the Welsh NHS Confederation

The Welsh NHS Confederation represents the organisations making up the NHS in Wales: trusts and local health boards. We act as an independent voice in the drive for better health and better healthcare through our policy and influencing work, and by supporting members with events, information and training. To find out more about us go to -

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