Patients are the centre of everything you do

In the latest in JCN’s series profiling the decision-makers in UK nursing, Jason Beckford-Ball spoke to Jane Cummings, England’s chief nursing officer, about patient-centred care and moving from acute to community services.

On the way to meet Jane Cummings I started thinking about plans and how everybody needs them. Without a detailed plan, for example, the trains wouldn’t run on time and no one would come to take away the rubbish. On a personal level, I’d struggle to make it out of bed in the morning without a plan, let alone find my way to work and locate the ‘on’ switch of my computer.

Imagine then, what it must be like to have to come up with a massive plan (and no, I do not mean organising the Christmas rota). A plan, for example, that involved mapping out the whole future of nursing in England. Now, that would take some doing.

As luck would have it, Cummings already had that job and, as I found out when I spoke to her, she has some pretty big ideas for community nursing.

STARTING OUT

Cummings hasn’t just been parachuted into the role of England’s chief nursing officer (CNO) from a desk job. She has been a nurse for many years specialising in emergency care before moving into general management. She held a wide variety of clinical and managerial roles including becoming the national lead for emergency care in February 2004 as well as the chief nurse in the north of England, before taking up her full time post as the CNO in June 2012. Here, one of her first jobs was publishing Compassion in Practice, the ‘national vision and strategy for nurses, midwives and care staff’ in December 2012.

CHANGE AGENTS

I started by asking Cummings how she thinks the NHS has changed in recent years?

‘The patient and carer have taken their place at the centre of care planning and delivery,’ she says. ‘There is a much greater focus and emphasis on care in the community with closer working across partners.’

She also feels that there is a recognition that patients need to be more in control.

‘Our priorities are care that is driven by the patient voice,’ she says. ‘This means a drive for more effective care leading to better patient experience and outcomes, and the recognition that patients are best cared for in their usual place of residence, or as near to that as possible.’

This means, of course, that health care may not continue to be dominated by inpatient services.

‘We must recognise and acknowledge that acuity is no longer the domain of hospitals,’ she says, ‘Increasingly complex care is now being provided by nursing teams and
“Nursing in the community should be at the cutting edge...

specialist practitioners in patients’ own homes and community settings.’

It is also true that patient demographics are changing.

‘Perhaps one of our greatest challenges is the increase in multimorbidity and the need to deliver increasingly complex packages of care to an ageing population,’ Cummings says. ‘Innovations in clinical practice — and commissioning — have enabled people to be managed better at home, which should result in fewer hospital admissions or much shorter lengths of stay in hospital.’

This means, of course, that the public health role of primary care nurses will increasingly involve risk identification and earlier diagnosis of long-term conditions, as well as working with individuals on lifestyle changes and self-management.

‘Most important is the expectation of our patients and service users as partners in their own care,’ she agrees. ‘This is being supported by shared decision-making and other initiatives. The work we are doing around health and social care integration is underpinned by the National Voices narrative for person-centred care.’

LETTING GO OF THE PAST

Next, I ask Cummings for her opinion on recent revelations about poor care, such as the Francis Report, and what they say about nursing in the UK?

‘Let’s first acknowledge the hundreds of thousands of nurses and midwives who are providing great care in every setting, everyday,’ she says. ‘Also, many nurses regularly work above and beyond the call of duty. But we must also own and accept when things have gone wrong, seek to understand the reasons why and take action to improve.’

Cummings accepts that the failings in care at Mid Staffordshire are a lesson to everyone working in health care, whatever their role.

‘We must all learn the lessons of those failings and reflect on what it means for our own practice,’ she says. ‘Organisations must ensure that staff are supported and encouraged to report when they have concerns about care and be ready to listen and act accordingly. If we listen to our staff, our patients’ and their carers’ experience, care will continuously improve.’

And how does Cummings think these events may actually shape community nursing in the future?

‘Community nurses contributed significantly to Compassion in Practice and we are building on this work,’ she says. ‘In so doing, NHS England is working with partners on a two-year Community Nursing Programme, which aims to improve the experience of patients, carers and staff.’

According to the programme, this will be achieved through strengthening innovation, supporting staff and improving commissioning practice to enable care to be delivered closer to home.

‘Through this work we will raise the profile of community nursing both in terms of excellence of service and as a rewarding career,’ she says.

INTO THE FUTURE

With all the new strategies and the fresh vision for nursing outlined above, does Cummings think that there has already been a shift in the community nurses’ role?

‘Yes,’ she answers simply. ‘Community nurses are taking more responsibility for patient care in terms of design, prescription and coordination, working with other agencies on different models of service, like virtual wards.’

And how will this changing role affect what happens ‘on the ground’?

‘One of the greatest challenges for community nursing in the 21st century is the integration of care,’ Cummings says. ‘We still have a long way to go to achieve shared care in practice. This is a real change in focusing services around meeting the needs of patients and service users, rather than transferring care from one service to another.’

Leaving aside the policy for a moment, I asked Cummings how she personally views the future of community nursing and she doesn’t hesitate.

‘Nursing in the community should be at the cutting edge of care,’ she says. ‘Patients should receive the best care designed by themselves, in partnership with nurses and the multiprofessional team.’

And what about the community nurses themselves, what is their role?

‘We need to do more in terms of leadership and career progression in community nursing as well as attracting more nurses into community nursing roles,’ Cummings says. ‘We have an ageing workforce and recognise the approaching challenges to the profession as large numbers of staff reach retirement. We need to ensure that our workforce can meet the challenge of an ageing population.’

LAST WORDS

Finally, I ask Cummings if she has one piece of advice from her career to pass on to community nurses?

‘Put the patient at the centre of everything you do,’ she says. ‘Work in partnership and collaboration with your patients and their carers, as they are the ones who understand their own needs and capabilities and the support they need and want.’

I don’t know about you, but to me that sounds like a plan. JCN