Support matters: the contribution of community nursing assistants

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The number of healthcare assistants employed within the NHS has risen in accord with policies supporting the growth and increasing scope of practice of the assistant workforce. Healthcare assistants are a vital component of the community nursing team. This article presents an overview of findings of a National Institute for Health Research funded study into the roles of community nursing assistants (at bands 2, 3 and 4) working in community nursing provider organisations in England. The findings are based on national workforce data and the experiences and perceptions of senior managers, service leads and caseload holders, who employ or work directly with community nursing assistants to provide adult services nursing care.

KEYWORDS:
Assistant workforce ■ Community nursing ■ Service provision

For most people, primary and community services are often the first point of contact with the NHS. This trend is set to continue in light of recent healthcare policy, which has highlighted the importance of improving and extending services to meet the healthcare needs of a growing and ageing population and to provide more care within people’s homes, or closer to their homes (Department of Health [DH], 2008).

This will require the provision of a range of nursing and healthcare services, many of which have been previously delivered within hospital settings. More than 70% of the community services workforce is made up of registered nurses and community nursing assistants (at Agenda for Change bands 2, 3 and/or 4) (Imison, 2009).

Community nursing assistants generally work alongside registered nurses and have been described by the NMC (2006) as:

*Those who provide a direct service — that is they have a direct influence/ effect on care and treatment to patients and members of the public and are supervised by and/or undertake health care duties delegated to them by NMC registrants.*

It has been over 20 years since the report of the NHS Executive Value for Money unit (NHS Executive, 1992), which recommended that more of the district nurses’ workload could be delegated to other nurses (without a specialist qualification) or assistant staff.

During the 10-year period between 1996–2006, the number of community nursing assistants working in community nursing teams rose by 118% to 16,968 (Queen’s Nursing Institute [QNI], 2011). During this same period, the policy agenda has been to support the growth in numbers of community nursing assistants and increase their scope of practice (Saks and Allsop, 2007).

However, despite their growing numbers there appears to be some ambiguity over the extent and nature of the contribution that community nursing assistants make to the delivery and outcomes of nursing care in the community (Buchan et al, 2001). This is partly because there is a paucity of published literature regarding the impact of community nursing assistants in nursing services.

This article looks at a study funded by the National Institute for Health Research (NIHR) (Spilsbury et al, 2013), which sought to address this significant evidence gap by reporting on the roles of community nursing assistants and their potential impact on service delivery and patient care in adult services in England.

AIMS OF THE STUDY

The study used mixed methods (survey, qualitative interviews and national secondary data sets) to:

(i) Present a national picture of community nursing assistant roles (bands 2, 3 and 4) working in community nursing teams
(ii) Reflect regional variations in roles at these levels
(iii) Describe the type of work assistants undertake and their contribution to service delivery.

The study achieved multicentre research ethics committee approval and progressed through research governance procedures as an NIHR portfolio study.

METHODS

During April to October 2011, provider organisations across England (where research governance approval was granted) were contacted by the research team (n=76). Thirty-seven (49%) organisations...
responded and confirmed that they employed assistants in their adult service community nursing teams and expressed a willingness to participate in an interview. The study included 57 participants — 37 senior managers/directors of nursing and 20 service managers/caseload holders. To determine numbers and bandings of assistants within community nursing teams across England, data were analysed from the NHS Health & Social Care Information Centre, which collates data from NHS electronic staff records.

FINDINGS

**Describing the assistant workforce**

Overall, community nursing assistants make up one-quarter of the nursing workforce delivering community services (Table 1). The majority of organisations employ assistants at Agenda for Change band 3 (Table 2). The skill levels expected of assistants are linked to the career frameworks described by Skills for Health (2010). Participants reported that the degree of competency that was expected of their community nursing assistants, in terms of lone working and decision-making skills, had influenced the decision by many of the organisations to grade their assistants at band 3.

There was variation across organisations, and sometimes within organisations about what duties community nursing assistants regularly undertook as part of their role, although some duties were more regularly cited (Table 3).

There was an emphasis on assistants working with patients that were considered ‘stable’ and had been previously assessed, or regularly reassessed, by the registered nurse. Senior managers, in particular, often stated that the ‘right person delivers the right care in the right place at the right time’, and provided examples of how the skills of the registered nurses were used in the best way through caseload and service reviews, and that their assistants were competent to carry out their duties with clinical support and supervision.

**Valuing the contribution of the assistant**

One of the key findings from the study was the value that registered nurses placed upon the practical assistance and support that assistants delivered within their teams. They were seen by all, including directors of nursing, as being important to managing the range and volume of work covered by the community services. Their merit is illustrated in the following examples summarised from the study.

**Maturity and life experience**

Participants suggested that the majority of assistants brought a level of maturity to their role. This was not expressed in ageist terms, but in recognition of the importance of having life experiences to assist the person to cope with the duties and responsibilities associated with their role.

This maturity was cited as an asset, allowing the community nursing assistants to cope with the wide range of situations encountered in the community, which could carry an element of unpredictability, for instance, visiting a patient who had unexpectedly deteriorated.

Community nursing assistants were expected to act in a responsible manner and understand the boundaries of practice, as well as being able to recognise when to access additional medical or nursing assistance.

**Promoting flexibility**

Participants at all levels spoke of the increasing workload and range of patient care needed in the community. In this regard, the presence of an community nursing assistant often added breadth to a team’s skill mix, adding value in terms of being able to respond flexibly to evolving patient requirements.

Frequently cited was their importance to what was often termed ‘routine’ care, such as delivery of hygiene and simple dressings. Catering for patients’ basic care needs freed the registered nurses to focus on patient assessments and the management and delivery of more complex nursing care, such as chronic disease management or complex wound care.

**Career development**

Participants were on the whole enthusiastic about the contribution made by community nursing assistants, which enabled a team approach to patient care.

However, some people voiced a concern that community nursing assistants could become the ‘workhorses’ of teams, mainly because they were delegated the more ‘mundane’ or ‘routine’ tasks of care delivery.

It was suggested that this could potentially hinder career progress, and possibly render the role unattractive. Participants from several organisations emphasised the general importance of making their assistant roles a positive career choice, with skills and competency training, as well as clinical supervision and day-to-day support.

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**Table 1: Healthcare assistants as a percentage of total full-time equivalent adult community nursing and assistant staff**

<table>
<thead>
<tr>
<th>Mean (SD)</th>
<th>25 (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>25</td>
</tr>
<tr>
<td>Minimum</td>
<td>0</td>
</tr>
<tr>
<td>Minimum (excluding one outlier with no assistants)</td>
<td>13</td>
</tr>
<tr>
<td>Maximum</td>
<td>40</td>
</tr>
</tbody>
</table>

**Table 2: Healthcare assistants bandings — percentage of all healthcare assistants**

<table>
<thead>
<tr>
<th>% of HCAs</th>
<th>No of centres</th>
<th>Mean (SD)</th>
<th>Median</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of band 2</td>
<td>95</td>
<td>24 (18)</td>
<td>20</td>
<td>0 (12 organisations)</td>
<td>77</td>
</tr>
<tr>
<td>% of band 3</td>
<td>95</td>
<td>64 (19)</td>
<td>67</td>
<td>9 (four organisations)</td>
<td>100</td>
</tr>
<tr>
<td>% of band 4</td>
<td>95</td>
<td>13 (14)</td>
<td>10</td>
<td>0 (24 organisations)</td>
<td>67</td>
</tr>
</tbody>
</table>
The NIHR-funded study described here examined the community nursing assistant workforce within community nursing services on a national scale for the first time. Much of the research was conducted by capturing the experiences and perceptions of senior managers, directors of nursing, service managers and caseload holders, who employed or worked directly with community nursing assistants.

Participants consistently indicated that community healthcare assistants were considered to be a vital component in the skill-mix of nursing teams. Registered nurses, in particular, valued the role of community nursing assistants as they added stability as well as delivering a wide range of nursing and supportive care. However, attention needs to be drawn to ensuring that assistants feel supported by registered nurses in their day-to-day work, while organisations need to make sure that the role is an attractive career choice.

In the present healthcare climate where government policy is to transfer more care into the community, the role of community healthcare assistants has the potential for further growth to support service innovation.

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