In each issue of the *Journal of Community Nursing* we investigate a hot topic currently affecting our readers. In this, our re-launch issue, we take a look at the changing face of care provision in the UK with the question...

**Who is today’s community nurse?**

Community nursing is changing. In January this year the government set out its new ‘vision’ for district nursing (*New vision for district nursing*, Department of Health, 2013), aimed at making sure district nurses in the UK are ready to cope with an ageing population with longer lives. This new era will apparently involve district nurses working more closely with other agencies such as GPs, to integrate health and social care, and support patient choice.

Unfortunately, while the government is cheerfully changing the face of district nursing, the BBC reports that the numbers of district nurses has fallen 40% in the last decade ([http://www.bbc.co.uk/news/health-22623872](http://www.bbc.co.uk/news/health-22623872)) — citing longer hours and excessive form-filling as prime motivators. Similarly, a Queen’s Nursing Institute (QNI) report reveals widespread concerns about the number of applicants for district nurse training, claiming numbers are nothing like the ‘replacement level’ required to maintain the workforce, which is haemorrhaging numbers, mainly through retirement.

To combat this, trusts are advertising a slew of community nursing posts to fill gaps in winter care provision and universities are recruiting registered nurses to specialist community nursing courses at MSc level.

At a time when the government is keen to encourage care closer to home (*Delivering care closer to home: meeting the challenge*, DH, 2008), the prevalence of chronic conditions such as diabetes is on the increase, and lifestyle factors such as obesity are rife, there seems to be an ever-growing army of community nurses being sent out onto our streets.

Even the briefest trawl of the internet reveals a plethora of job titles — community public health nurse, district nurse, community matrons — and that’s before we get onto the specialists, the continence, wound care, respiratory and palliative nurses.

So, in a changing healthcare landscape, we asked some of our readers what they see as the future of community nursing, and how they view their own role…

**What the Queen’s Nursing Institute (QNI) hears from community nurses all over the country is that they are under increasing pressure to manage large numbers of patients with increasingly complex needs. The expectation is that nurses will absorb the extra workload — and they do — by cutting meal breaks and working longer hours. This cannot be sustained long term. Investment in recruiting and training community nurses needs to happen now. Such an investment in district nurse education will help in the development of the community nursing workforce needed to deliver an increasingly complex role in the most challenging of environments.**

Anne Pearson
Practice Development Manager, QNI

**In Scotland there is a focus on providing safe, effective and person-centred care. Better partnerships between agencies such as the NHS, social services, third sector and private organisations are key. Community nurses must look for opportunities to enhance their role within these partnerships.**

Anne Williams
Lymphoedema Nurse Consultant and Researcher, Blantyre, Scotland
The importance of high-quality community nursing should not be underestimated and those who want to take the easy option to make financial savings should be challenged. We are moving away from the qualified specialist practitioner (district nurse) to the community staff nurse. District nurse training provides an excellent preparation for providing care in the community and contributes to high-quality nursing with measurable outcomes. It is essential that this is maintained by the community staff nurse and that local variances in care needs are controlled and outcomes maintained.

Outcomes are increasingly viewed as a way of measuring the quality of care and providers and commissioners need to demonstrate these in areas such as wound care, continence care, palliative care, chronic disease, and the prevention of avoidable hospital admissions.

The challenge lies in maintaining the competence of community nurses while improving capacity. It is increasingly important that every visit is made by an appropriately skilled community nurse and we need evidence and research to influence the delivery of care. The future of community nursing and the importance of care delivery cannot be left to chance — to do this could mean the end of district and community nursing as we know it.

Jackie Stephen-Haynes
Professor and Consultant Nurse in Tissue Viability, Birmingham City University and Worcestershire Health and Care NHS Trust

Media watch

‘Drop in district nurse numbers adds to NHS pressure’ — the BBC reports that 40% drop in district nurses will harm NHS care provision.

‘Worryingly low numbers of district nurses being trained’ — Nursing Times says low throughput of qualified community nurses will threaten future services.

‘Call to raise profile of district nurses following sharp decline in numbers’ — Nursing Standard argues that district nurses have lost status due to cuts and poor recruitment.

District nursing ‘in crisis’ — the Express runs on how community nursing is ‘failing’ patients after a drop of more than 40% in staff numbers over 10 years.

Read more here...
Department of Health (2013) Care in Local Communities: A New Vision and Model for District Nursing. DH, London
Royal College of Nursing (2013) District Nursing: Harnessing the Potential: The RCN’s Position on District Nursing. RCN, London

I am always frustrated with government directives that do not address the need for sufficient staffing levels. The real purpose of community nursing practice has to be understood by those making the decisions about our profession. Continued professional development incorporating education in business studies might be beneficial. If we were adept at submitting business proposals, the data could strengthen our case. Literature supports community nursing having a key role in improving health outcomes and minimising costly acute care.

Kate Arkley
Community RGN, Galway, Ireland

Working both on the frontline and participating in the abundance of strategic changes occurring within community nursing, the vision for integrated working is both exciting and challenging though vital if the changing needs of our communities are to be met.

Annette Bades
District Nursing Specialist Practitioner and Clinical Lead Cardiorespiratory, Lancashire Care NHS Foundation Trust