Primary care has been thrust centre stage recently with services moving closer to home. Jason Beckford-Ball speaks to Kathryn Evans of NHS England about what the future holds for community nurses...

We’ve heard a lot lately from politicians about how community nurses are at the forefront of a changing NHS; how the demographic time bomb means increasing numbers of patients with chronic conditions; how the NHS is moving from a secondary care service to a primary care service.

The one group of people we have yet to hear too much from is community nurses themselves. How do you feel about the changes? How does all the talk of ‘care closer to home’ and the Five Year Forward View transfer into every day nursing practice? And, most importantly, who is speaking for you in the corridors of power where the future of community nursing is being decided?

Luckily for us, that person is Kathryn Evans, herself a long-term community nurse, and now community nurse advisor at NHS England. Evans has a defined vision for the future of community nursing and JCN went to meet her.

What is your background in community nursing?
I trained at Manchester University in the late 1980s – it was a great opportunity to obtain a degree in nursing as well as qualifying as a RGN and district nurse. My first training placement was in the community, but the role was very different then. I have clear memories of toileting visits and the bathing service, as well as some patients with leg ulcers. Once I was in year four I really started to appreciate the breadth of community nursing and the autonomy in the role. This was before mobile phones and bleeps — you were on your own!

My first job was as a community staff nurse in Essex and I was soon promoted to district nursing sister. During this time we also ran ‘MOT clinics’ for the elderly in sheltered accommodation and I was delighted to write an article on this for the JCN at the time. After a while I moved to West Yorkshire into a self-managed nursing team. I held the budget for our continence supplies and pressure-relieving equipment, which meant we were able to make quick decisions and reinvest any savings back into our patients — similar to the Buurtzorg model in the Netherlands.

Eventually I went on to manage a whole array of community services and a GP practice, which was fascinating, before an organisational restructure gave me an opportunity to move into service development, including bringing the principles of the ‘productive ward’ into community nursing. All this experience led me into my current role.

What was it that attracted you to the role at NHS England?
This was my dream job — over the years people ask you what your career plan is, but I have never had one; I simply followed my interests. If someone had told me at the beginning of my career that I would now be in this role at NHS England, I would have been stunned! When I saw the job I was so excited. I have never lost my passion for community nursing and to be able to lead on this nationally was a once-in-a-lifetime opportunity. It also signalled to me the importance of community nursing nationally, especially following the publication of the Five Year Forward View. It was an opportunity not to be missed and I feel a great sense of privilege to be in this national role.

The job itself includes providing community nursing expertise in a variety of areas such as:
- The new nursing, midwifery and care framework, Leading Change, Adding Value
- Integration of care services
- Reducing the impact of demand on urgent care services
- Reducing delayed transfers of care from hospital
- Development of a national community dataset
- Reducing unwarranted variation in the healthcare system
- Responding to ministerial and other requests for expert advice.

How healthy is community nursing currently?
I think it is a challenging but exciting time for community nurses, with many opportunities. I spend a lot of time with community nurses — both shadowing in practice and talking to them at events and meetings — and I hear and read about the challenges in some areas of increasing workloads, difficulty in recruitment and a workforce that is close to retirement. I’m impressed by the continued tenacity and dedication of community nurses in the way they embrace...
Nurses can really demonstrate their value...

technology, as well as continuing to go the ‘extra mile’ for patients.

I hear about the acute needs of the patients community nurses are caring for and how, not so many years ago, patients with such complex health issues would have been in hospital. I am proud of the way community nurses have embraced and responded to this challenge, working hard to keep people in their own homes where this is right for them.

The value of the community nursing role and the outcomes achieved for patients is not always articulated or well understood, however, and this is where community nurses can make a difference and really demonstrate their value.

We all understand the challenges hospitals face in managing accident and emergency departments and supporting timely discharge, and community nurses are essential to supporting those patients who are able to go home from hospital, especially those at the end of life.

Overall, we need to ensure we continue to support our current nurse leaders and develop the inspirational leaders of the future so that they can help to evolve and change health care.

What changes would you like to see?

I want to see community nurses really articulate the value of the care they provide and the impact this has on patients. This interview with the JCN is timely as it follows the launch of the new framework Leading Change, Adding Value, which is as applicable to community nursing as it is to all nursing roles — nurses, midwives and care staff.

The framework aims to position nursing, midwifery and care staff as leaders who can design the future and use their influence to manage the nursing challenges of today. It is aligned to the Five Year Forward View and explains how nursing, midwifery and care staff can help to reduce the three gaps in health care — the health and wellbeing gap, the care and quality gap, and the funding and efficiency gap.

Central to the framework is a focus on reducing unwarranted variation, and the nursing profession’s ability to meeting the ‘triple aim’ measures of better outcomes, experience and use of resources. This triple aim was first described in a 2008 article by Berwick, Nolan and Whittington and was later developed by the US Institute for Healthcare Improvement. It showed that measuring the three dimensions — outcomes, experience and use of resources — provided a benchmark for the quality of services.

Unwarranted variation in the context of the framework is described as variations in health care outcomes, individual’s experience and use of resources that cannot be justified by reasons of geography, demography, or infrastructure. For example, in end-of-life care the national survey for the bereaved identified important variations. Patients with cancer gave a higher rating (81%) for ‘always being treated with dignity by community nurses’ in the last three months of their lives, compared to those dying from other causes (75%). Why is there this variation? Were you aware and what can you do?

The framework is underpinned by 10 commitments (see box on page 12) that were developed by staff and patients, through a series of local events, an online survey and social media. These commitments help to focus work on areas where unwarranted variation is recognised and support the transition needed to build sustainable healthcare services in the future.

Kathryn Evans: ‘My advice is to stay passionate and enthusiastic about the work you are doing.’
The key to success is that people work together to articulate and drive the case for change. A practical example of this might be a disparity in your team’s wound-healing rates compared to those of a neighbouring team or organisation. Rather than being seen as a negative, it could act as a trigger for you and your colleagues to further investigate the way in which you work to improve the outcomes and experiences for patients as well as better use of resources.

As nurses, midwives and care staff, we have a vital leadership role in driving this search for quality. Any of us can begin to tackle unwarranted variation by looking carefully at the care we deliver and comparing it with that of our peers. We can drive the promotion of health and wellbeing and be pivotal in designing and delivering new integrated models of care. For example in Cornwall, the ‘living well’ service is working in partnership with community nurses to help people use health and social care more effectively, reduce their dependency on services and enable them to improve their quality of life. This service started from a conversation between a community nurse and the charity Age UK.

What specific policies are you working on?
As part of Leading Change, Adding Value I am leading a national piece of work on wound care. We are using specific research evidence by Julian Guest (‘Health economic burden that wounds impose on the NHS in the UK’), which demonstrated the impact of national variations in wound care assessment, particularly the finding that approximately 30% of wounds are not given a differential diagnosis. Wound care is predominantly a nurse-led discipline and it’s important that as nurses we lead this work and provide evidence of the care we give.

I am also showcasing the work of community services in general, working across NHS England and the new care models team to demonstrate the value of community services and the opportunities for development. There is also a big programme of work being carried out in NHS England in relation to ‘out of hospital and urgent care’ — I contribute to this, advising on the development of guidance on ‘discharge to assess’ schemes (these aim to help patients leave hospital earlier by arranging a care package), simple ‘early detection of deterioration cards’ for care staff, and integrated discharge teams.

How are you enjoying the job and the challenges?
I love my role, despite the national travel and the sometimes long days. I really enjoy hearing about how community nurses are evolving and embracing challenges. It is great to see what subjects people are discussing and if you are not sure about how Twitter works you can just follow people you admire or like — you do not have to say/tweet anything. I recommend it, particularly as I am keen to ensure that policies affecting community nurses are shared in a variety of ways. I urge you all to put some time aside each week to share what you have read in the nursing journals — a five-minute conversation may be all it takes. Twitter can also help you reflect on your practice and you can find people with opinions and views that support your reflection for NMC revalidation.

What would you say to any nurse thinking of taking up a community role?
Nursing in the community is fantastic — you are a guest in someone’s home and can make a huge difference to their life, whether enabling them to die comfortably in their preferred place of care or healing their wound. The community is where people live and, for most people, is the best place for them to be; supported in their own environment. It is important never to underestimate the power you have as a nurse working in the community.

I myself opted for a degree following a chance conversation with a Macmillan nurse who was supporting my grandmother at the end of her life. She persuaded me that a degree was a great opportunity and I’d like to take this chance to thank her for that advice as I would never have followed the degree pathway without it and my career could have been so different.

I also think it’s important not to underestimate the influence we as nurses have on young people choosing a career. Likewise, it is important to remember that two years in hospital does not magically give you the skills to work in the community — we should be encouraging newly qualified students to come and work with us. Finally, my advice is to stay passionate and enthusiastic about the work you are doing and move to the community — it stretches and develops you as a nurse and is a great career.
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