Evidence Brief: Community nursing

Contents

Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

Date of publication: June 2024

Please acknowledge this work in any resulting paper or presentation as:
Evidence Brief: Community nursing. Jo McCrossan. (June 2024). UK: Workforce, Training and Education Knowledge Management Team

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Key publications – the big picture

State of Health Visiting, UK survey report: A vital safety net under pressure January 2023, Institute of Health Visiting
Our survey findings paint a bleak picture of a health visiting workforce under significant pressure. Health visitors across the UK have reported soaring rates of increased need for babies, young children, and families, exacerbated by the ongoing impacts of the pandemic and cost-of-living crisis. At the same time, many health visitors are reporting that there are insufficient health visitors to meet the scale of rising need. This is being felt most acutely in England, as health visitors are battling to deliver a service following a reduction in the number of health visitors of almost 40% since 2015. Consequently, many families are not receiving the support that they need, and this is being intensified by a lack of capacity in other health and social care services who are also experiencing extreme pressures.

Workforce Standards for the District Nursing Service February 2022, The Queen's Nursing Institute
The standards cover the factors to be taken into consideration when planning the workforce to meet demand, and the overriding requirement to apply the professional judgement of the expert nurse at all times. It should be read alongside the Royal College of Nursing Workforce Standards which provide overarching standards for nurse staffing and the NHS Staff Council document Welfare facilities for healthcare staff.

District Nursing Today: The View of District Nurse Team Leaders in the UK 2019, The Queen's Nursing Institute
Profile of the workforce: Staff recruitment and retention is acknowledged as one of the biggest challenges facing nursing in the 21st century and 46% of respondents to this survey said they planned to leave or retire in the next six years. Safe staffing levels, clearly established by commissioners and providers, are

needed to determine the number and skill level of staff needed to manage patient caseloads. Additional staff are needed to cover absences within teams including sick leave, annual leave, and professional development opportunities. A widely reported lack of administration support is also likely to hamper the effectiveness of community nursing teams.

Information technology: Nurses are concerned that computer hardware and software provided by their employers has many shortcomings. In order to be most productive, nurses need access to up to date equipment which works, reliable and fast internet connectivity, and the ability to access patient records remotely.

Continuing Professional Development: Education and training are often deferred when community nursing teams are busy or short staffed. Access to the District Nurse Specialist Practitioner Qualification requires capacity in many key areas in order to be successfully delivered and students on the course should be supernumerary in order to have protected learning time. Practice supervisors need to have time in order to give clinical supervision to students and placements must be properly supported so that students are provided with a well-resourced, professional learning environment.

Capacity in nursing teams: The survey asked two related questions – whether teams were unable to accept referrals of patients, and whether they deferred patient visits until a future time. There is a significant indication of 'work left undone' within many teams, either on a daily, weekly or monthly basis. This issue has a serious knock-on effect to the rest of the primary health care sector, in terms of managing increasingly complex patients in the home and community setting and in preventing deterioration and potential hospital admission.

[Community health services explained](#) 2019, The King's Fund
Integrated community teams based in neighbourhoods or localities are a core element of the new care models being developed in many areas. These teams bring together a range of community health and social care professionals alongside groups of GPs to provide proactive and joined-up support for people with complex health and care needs.

Building on these developments, the long-term plan sets out plans for 'a series of community service redesigns everywhere'. This includes a requirement for community services such as district nursing to be configured around new 'primary care networks'. All areas are being asked to develop expanded community multidisciplinary teams aligned with primary care networks joined by social care and the voluntary sector, and services will be expected to increase the capacity and responsiveness of their community crisis and reablement services.

Innovation is also taking place through asset-based approaches, which seek to draw on the positive capabilities within communities that can promote health and wellbeing. This usually involves health and care services working with a wide range of partners, such as local voluntary sector organisations, community groups and other public services such as schools, housing and fire and rescue services.

[Untapped Potential: District Nursing Services and the Avoidance of Unplanned Admission to Hospital](#) 2019, The Queen's Nursing Insitute
This service evaluation has demonstrated that there is an increasing expectation that community health services and district nursing will contribute to avoiding unnecessary admission to hospital. The survey of District Nursing Team Leaders reveals that the DN Specialist Practitioner Qualification prepares staff to assess, diagnose and manage exacerbations of long-term conditions. However, the majority of practitioners have little opportunity to consolidate their skills and knowledge after completing the course, as opportunities to prevent hospital admission are often not afforded to this group of staff. Rather, District Nursing Team Leaders talk about the myriad single condition, and in some cases single task, services that have been developed by NHS providers. This complex tangle of services is confusing for patients and professionals alike, and can only serve to increasingly fragment care and the patient's experience.

National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse (NDL)](#) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

COVID-19

[Health visiting in England: The impact of the COVID-19 pandemic](#) January 2022, Public Health Nursing *Abstract only**
This focused review of evidence considers the impact of the pandemic in 2020 on families with children under 5 years in England, and the health visiting (HV) service that supports them. Data were drawn from national surveys of health visitors (HVs) and parents, a freedom of information request of employers, published research, and national data. Framework analysis and triangulation, using the Key Elements of an effective HV service, were used to categorize the key findings. The findings from the review indicate that the impacts of the pandemic were wide-

ranging and disproportionately affected the most disadvantaged families, increasing demand for HV support. HVs' ability to respond was compromised due to national policy decisions to partially stop the service and variations in local implementation including the redeployment of HVs, pre-existing workforce capacity issues, and the effectiveness of innovations to identify and support vulnerable families. The pandemic exacerbated factors that can lead to poorer outcomes for families. Key learning from the pandemic response, including the need to prioritize the HV service, must be acted upon to reduce ongoing impacts now and ensure that the service is equipped for future emergencies.

[Management of work stress and burnout among community nurses arising from the COVID-19 pandemic](#) August 2021, British Journal of Community Nursing *Abstract only**
The COVID-19 pandemic has increased workload demands for many NHS staff including those working in the community. Nurse managers can make a difference by being authentic leaders, nurturing a supportive organisation where the workload is managed participatively and self-kindness is legitimate. Unfortunately some staff may experience burnout and this article presents a personal management plan to address the symptoms of burnout and aid recovery, although it cannot promote a total recovery if the cause of the symptoms remains unaddressed.

[How district nurses can support team wellbeing during the pandemic and beyond](#) July 2021, British Journal of Community Nursing *Abstract only**
The COVID-19 pandemic has required rapid adaptation of the community nursing service, including the introduction of online communication platforms to prevent COVID-19 transmission among staff. Remote working has protected the workforce in the community from being decimated through team sickness, but has resulted in nurses who are feeling anxious and isolated from

their colleagues while experiencing increased workloads, with complex and often emotionally challenging situations. The pressures of community nursing and the associated impact on sickness absence relating to mental health are well documented. The resources made available to support staff wellbeing were increased during the pandemic, but there remains some disparity of access to these resources. There is much that can be done by the district nurse as a leader of a team to ensure that the pressures are managed in a way that promotes team cohesion and mutual respect, while ensuring that open communication about wellbeing is encouraged.

[Commentary: Help Me Cope and Make It Easier: A Perspective from Community Nursing](#) June 2021, Nursing Leadership *Abstract only**
Community nurses are facing several unique challenges related to their mental health during the COVID-19 pandemic. Here, Lefebre et al examine how SE Health, one of Canada's largest social enterprises, undertook a multi-level comprehensive strategy to support nurses and other staff to cope with the pandemic.

[RCN survey reveals 'relentless pressures' on district nurse services](#) March 2021, Primary Health Care *Abstract only**
District and community nurses play a pivotal role in the nation's health. From multifaceted clinical management, prescribing and end of life care to liaison and advocacy with care providers, complex funding assessments and so much more, the district and community nursing role is complex.

[The psychological well-being of primary healthcare nurses during COVID-19: A qualitative study](#) 2021, Journal of Advanced Nursing
Primary healthcare nurses have been exposed to a range of personal and professional stressors during the pandemic that

have impacted their psychological well-being. Awareness of stressors and an understanding of what has helped and what has impacted well-being are important in guiding future workplace support systems. Further work to explore the long-term impact of these stressors and the effectiveness of coping strategies employed by primary healthcare nurses is warranted. Impact: Managers and professional organisations need to consider the personal and professional stressors that have impacted on primary healthcare nurses' psychological well-being to promote health and well-being among nurses following COVID-19.

District and community nursing—'still doing what we do' through the pandemic August 2020, British Journal of Community Nursing *Abstract only**
The impact of the coronavirus pandemic continues to be significant on the delivery of nursing care in the community. District and community nursing teams reflect on how they are continuing to manage the challenges.

The role and response of primary care and community nursing in the delivery of palliative care in epidemics and pandemics: a rapid review to inform practice and service delivery during the COVID-19 pandemic June 2020, The Centre for Evidence-Based Medicine
Community services play an important role in the provision of palliative care during pandemics, such as COVID-19. This review reveals a stark and concerning lack of evidence from previous pandemics around how primary care and community nursing services can best adapt palliative care provision within a pandemic. Important factors in a successful response include consistent and timely communication between policy makers and healthcare providers, workforce training and flexibility, and continued delivery of equipment and access to necessary support services, such as diagnostic tests.

Community nursing stories during Covid-19 2020, Journal of Community Nursing *OpenAthens log in required**
Community nursing services have had to adapt radically to the needs of individual and population health, because of Covid-19. The reduced opening of some GP practices was just one of the most obvious public impacts, as primary care moved to telephone consultations and other means of advising and signposting patients. Inevitably, some non-urgent care has been deferred and the impacts of this remain to be examined and assessed.

Health and wellbeing

Compassion fatigue in the community nursing workforce: a scoping review September 2023, British Journal of Community Nursing *Abstract only**
Background: compassion fatigue is a phenomenon in areas of nursing practice such as oncology, ICU, palliative care, hospice, and dementia care, but less so among community nurses (Joinson, 1992). A gap in enquiry exists around CN and compassion fatigue around end-of-life patient care. Finding(s): whilst no specific studies were located on compassion fatigue and UK community nurses. Australian, Spanish, and Taiwanese studies report of environment, care relationship duration, resources and poor organisational support being linked to a likelihood of developing compassion fatigue.

A global exploration of palliative community care literature: An integrative review April 2023, Journal of Clinical Nursing *OpenAthens log in required**
The main findings of this literature review focused on the importance of building a skilled and supported palliative community nursing workforce and the identified need to offer specialised palliative care training, particularly around issues

concerning end-of-life conversations and effective service coordination after discharge between acute care and home care services. Overall, the literature identified the responsibilities and challenges implicit within the community nursing role in delivering palliative care, but it did not identify the specific factors that enhance the nurses' ability to manage the stressors associated with this unique clinical setting. This review has aimed to demystify the subject matter and highlight the valuable roles played by the clinicians who navigate this complex but life-affirming arena.

[A review of the potential impact of professional nurse advocates in reducing stress and burnout in district nursing](#) March 2023, British Journal of Community Nursing *Abstract only**
Background: Stress and burnout has been leading to increased levels of absences, errors and complaints in district nursing. This problem appears to be worsening, necessitating the need for change and introducing new interventions to reverse this trend. The Professional Nurse Advocate (PNA) role is relatively new within nursing and their assistance in such instances could be of benefit to district nursing.
Aim(s): This article aims to explore the potential role of PNAs in district nursing and whether their introduction to community settings could help reduce levels of stress, burnout and absenteeism.
Finding(s): Burnout in district nursing is a significant problem that can affect quality of patient care. There is clear indication that PNAs, if used effectively, could reduce stress and burnout, and consequently lead to improved attendance, retention and quality of patient care.

[Supporting staff wellbeing with a focus on health visitors](#)
February 2023, Nursing Times *OpenAthens log in required**
This article explores ways of cultivating wellbeing among the specialist community public health nursing health visiting

workforce. Three key themes emerged from a Welsh strategy analysis and wider literature review: developing working cultures that prioritise restorative clinical supervision practice; high-level strategic workforce planning; and the importance of fostering a compassionate culture of leadership. Health visitors could be supported through the development of a project implementation plan, which would outline a staff working group to lead on wellbeing, championing initiatives such as restorative clinical supervision. There is scope for such plans to be extended to colleagues in Wales and the wider health and care workforce.

[Promoting health and wellbeing across community nursing teams: role of the specialist practitioner district nurse](#) May 2021, British Journal of Community Nursing *Abstract only**
There is a growing concern around the health and wellbeing of community nurses due to the high complexities of and demand on district nursing services. It is well recognised that district nursing services have no limits to their capacity, and they have been dealing with an increasing caseload, with no increases in resources or staff. Consequently, this has left community nurses feeling exhausted and experiencing burnout, which, in the long term, can lead to compassion fatigue, which can in turn compromise patient safety. Specialist practitioner qualified district nurses (SPQDN) require the skills and knowledge to promote health and wellbeing, in order to provide a positive work environment and limit work-related stress and burnout despite the challenges encountered. This article explores possible strategies to promote health and wellbeing among community nurses and the barriers that SPQDNs encounter in doing so.

[Impact of stress on nurses working in the district nursing service](#)
November 2020, British Journal of Community Nursing *Abstract only**
This literature review aimed to identify the consequences of working in a highly stressful environment within district nursing

teams and the implications this has on nursing practice and the welfare of nurses. The review analysed 10 primary research studies, resulting in three emerging themes that formed the foundation of a discussion; burnout and compassion fatigue; reduced job satisfaction and retention; and emotional injury. The results identified that healthy behaviours, emotional intelligence and effective caseload and staffing management can reduce the negative impact that stress can have on nurses. Organisations need to promote healthy behaviours through support and training and need to reassess how caseloads are managed in correlation with staffing levels. Coaching in emotional intelligence skills is vital and should be provided to all nurses within the DN service.

Managing sickness absence and declared disabilities in a district nursing team October 2019, British Journal of Community Nursing *Abstract only**
Sickness absence in the NHS is around 2.3% higher than in the rest of the economy. Although policies and guidelines are in place to manage this problem, stress-related illness is on the rise. Managing sickness, absence and declared disabilities in district nursing teams is an issue that must be handled by staff members, team managers and the wider organisation. Occupational health services are a crucial component in both preventing and managing staff sickness and absence, but these may well not have adequate resources to cope with increased stress-related illness. Ensuring that occupational health services are adequately resourced and able to respond appropriately to both the needs of staff in need of their support and managers is part of the organisational responsibility. This article aims to guide managers in caring for their staff properly and meeting service demand, a difficult balancing act.

Perceived job stress among community nurses: A multi-center cross-sectional study February 2019, International Journal of Nursing Practice *Abstract only**
This study aims to explore the level of perceived job stress and its influencing factors among community nurses. Community health nurses in China perceived high levels of job stress. The job stress was related to nurses' individual characteristics and work environments. Permanently employed nurses, shift workers, and those older than 45 years age and with less training related to community nursing and involvement in childcare were more likely to experience high levels of stress. Reform is required of the community nursing personnel system, and development of continuing education programs and stress-alleviating measures to reduce community nurses' job stress.

Employers' duty of care to district nursing team members: health and safety concerns with lone domiciliary visits August 2019, British Journal of Community Nursing *Abstract only**
District nurses and their teams often work in isolation during domiciliary visits. As employers, providers of district nursing services have responsibility to ensure that appropriate policies and procedures are in place to keep district nursing teams safe. If the employer fails to do everything that was reasonable in the circumstances to keep the employee safe, the employer can be deemed to have breached their duty of care. Employees also have responsibility for their own health and wellbeing at work, and they are entitled by law to refuse to undertake work that is not safe, without fear of disciplinary action. Staff training in risk management, personal safety, handling aggressive behaviour, using safety devices such as mobile phone trackers, incident reporting and debriefing are essential for district nurses and their teams, as they face a steeply increased demand for their services and a severely compromised skill mix within their teams.

Recruitment, Retention and Attrition

[Solving the crisis in district nursing and health visiting](#) March 2024, Journal of Community Nursing *OpenAthens log in required**
Since the pandemic, the number of people who are unable to leave their home to seek care and treatment has increased - many of whom have complex needs. Many patients also find it harder to access other primary care services for a variety of reasons and so the community nursing teams become a catch all for those who do not fit the criteria for other teams, which have been more recently commissioned and formed. Block contracts still exist in many areas and so district nursing teams have to expand their caseloads and workload with the same resources, resulting in problems with retention of staff as they are tired and burnt out. Community nurses are rushing from patient to patient trying to deliver the highest standards of care in less time, as they have many more patients to see in their working day and do not feel, sadly, that they have always given their patients the best care possible. This is not for want of trying, but often it is not possible due to time constraints and other pressures. Experienced and highly knowledgeable district nurses are moving into different roles, such as rapid response teams and advanced practitioner roles, where they feel more valued and more in control of their workload.

[Should I stay or should I go? Why nurses are leaving community nursing in the UK](#) February 2023, BMC Health Services Research *OpenAthens log in required**
Previous studies have demonstrated that high workload and burnout are factors that influence nurses' intention to leave. These other studies note reduced quality of care as a consequence of burnout, we add that observing poor quality of care and not achieving this, is in itself a contributing factor to burnout, and explains why being able to provide good care is of

central importance and contributes to the conditions that would help participants in our study be more satisfied at work, achieve manageable workloads and reduce burden.

Our finding that enhanced levels of overtime in community settings are a factor in intention to leave is therefore not surprising. Likewise, managerial style and perceived lack of managerial support are also cited as sources of dissatisfaction leading to risk of nurses leaving the profession. In particular, management by exception and the presence of transactional leadership styles are reported as factors that increase intention to leave rates. Importantly, this work further highlights the significance of the relationship between organisational and resource factors, alongside labour supply and other wider sets of conditions as being critical to the retention of community and district nurses.

[Factors influencing the recruitment and retention of registered nurses in adult community nursing services: an integrative literature review](#) September 2020, Primary Health Care Research & Development
Adult community nursing services are evolving around the world in response to government policies and changing patient demographics. Amidst these changes, recruitment and retention of community nursing staff are proving a challenge. An integrative literature review has identified multiple factors that influence nurse retention in adult community nursing with sparse information on recruitment factors. Although factors impacting retention of community nurses have been identified, their generalisability around the world is a challenge as they are context and co-dependent. Indicating the need for this area of study to be explored at a local level, as the same factors present with different findings globally. The review identified context-dependent factors that influence adult community nurses' retention with limited generalisability. There is a lack of data on

factors influencing recruitment into adult community nursing; further research is needed to explore factors affiliated to community nursing recruitment.

[Addressing the experience of moral distress in community health nursing](#) 2020, Australian Nursing and Midwifery Journal
OpenAthens log in required*
Much of the focus in nursing literature relates to the experience of moral distress and high acuity care roles, however moral distress similarly occurs in community health nursing, due to organisational and practice constraints restricting the delivery of optimal healthcare. Genuine understanding of nursing ethics and ethical responsibilities of the profession, adopting an attitude of leadership in nursing, as well as skills in critical reasoning, critical reflection and recognising the socio-political embeddedness of health and healthcare are required. Factors contributing to moral distress in community health nursing need to be addressed to reduce the negative consequences of experiencing ongoing moral distress and prevent attrition from the nursing workforce.

[Getting the best out of staff in a district nursing team: nurturing resilience](#) September 2019, British Journal of Community Nursing *Abstract only**
District nursing (DN) teams deliver high-quality, complex care under extremely difficult circumstances. DN team resilience depends on the balance between capacity (funding and staff availability) and demand (workload and both clinical and quality standards). The caseload is where capacity and demand meet. Resilience in teams is stretched to the limits and often breached, despite which district nurses remain positive about their role. The overwhelming issue appears to be high workload exacerbated by staff shortages and increasing referrals to DN services. The time is rapidly approaching when district nurses may not be able to keep their caseloads open. If demand and capacity are to be

better aligned, the demand should be better predicted, so that lead times are considered and resources are available.

[Recruitment and retention in general practice nursing: What about pay?](#) 2018, Practice Nursing
As the employees of independent contractors, most nurses working in general practice are not subject to Agenda for Change. This article looks at a pay framework that has been developed for nurses and healthcare assistants in Lambeth, South London When Agenda for Change was introduced in 2004, many nurses saw an increase in pay, alongside the potential for annual incremental pay rises and the ability to progress through pay bands with appropriate study and the undertaking of additional responsibilities. As practice nurses are the employees of independent contractors, most were not enrolled in Agenda for Change. They now have no nationally recognised payscale and have to negotiate pay, terms and conditions on an individual basis. The lead nurses in Lambeth, South London decided to develop a pay framework that mapped to the general practice nurse career framework. This was fully endorsed by Lambeth Clinical Commissioning Group and Community Education Providers Network and was launched in June 2017. In January 2018, a pay framework was also launched for healthcare assistants in Lambeth. The framework aims to allow general practice to compete with all healthcare sectors and to make general practice an attractive and viable career option.

Career pathways and progression

[Facilitating an early career transition pathway to community nursing: A Delphi Policy Study](#) 2019, Nursing Open
This Delphi study presents an emerging early career transition pathway in the speciality of community nursing. The five key elements needed for effective recruitment, transition and

retention of staff in community-based practice included: marketing, formal orientation, personal and professional safety for clinicians and supported professional development. These elements can facilitate effective recruitment, transition and retention of staff in community-based practice. Future work building and testing this model is a research priority.

[Developing a community-based nursing and midwifery career pathway - A narrative systematic review](#) 2019, PloS One
Community nursing and midwifery is changing in response to a shift in care from hospital to home, brought about by increasing costs to care because of an aging population and increasing chronicity. Until now, community nursing positions and scope of practice has been dependent on service focus and location, which has led to the role being unclearly defined. Lack of appeal for a career in community practice and a looming workforce shortage necessitates a review into how community nursing and midwifery transition to practice is supported.

No definition of community practice or pathway was identified in nursing, although midwifery was clearly defined. Community nursing practice was described as generalist in nature although specialist knowledge is required. Being part of the community in the professional sense and personal sense was considered important. The importance of transition was identified where pre-entry exposure to community practice was seen as important. Stages in transition to practice were recognised as pre-entry; incomer; insider; and, a sense of belonging. The process of transition should be planned and individualised acknowledging past experience whilst acknowledging the specialist nature of community-based practice.

Placements

[Community nursing placements: Student learning experiences during a pandemic and beyond](#) May 2021, British Journal of Community Nursing *Abstract only**
This article explores the challenges in maintaining community nursing placements as dynamic learning experiences for student nurses during the pandemic and beyond. Opportunities to create new ways of working and learning are essential to ensure student nurses can continue to be exposed to community nursing care. Developing insight, understanding, knowledge and skills in this unique learning environment is instrumental to encourage the next generation of community nurses and increase the future workforce. Suggestions for alternative ways of providing learning experiences during the present period are discussed, which could also be embedded as long-term strategies in the future.

[Preparation and support for students in community placements: A mixed methods study](#) March 2020, Nurse Education in Practice
Community nursing needs to expand its workforce in the United Kingdom in the immediate future, to accommodate the requirements of an ageing population and the rationalisation of care delivery to community settings resulting from Sustainability and Transformation Plans. It has been reported internationally that student nurses do not always value or learn from their community placements and that this may contribute to an apprehension regarding working in the sector after graduation. This mixed methods study, using a survey and a focus group, investigated students' views of their community placement experiences in relation to the learning environment, their clinical facilitator and the use of a structured learning package to prepare and guide development of skills and knowledge. The triangulated data indicate that students enjoyed their community

placements as learning environments, had excellent relationships with their clinical facilitators, and would welcome a more structured information package as an approach to preparation and placement learning.

Supporting student nurses who have their first clinical placement in the community nursing team October 2018, British Journal of Community Nursing *Abstract only**
First year student nurses are increasingly undertaking their first placement with community nurses. The importance of how this initial learning experience is introduced by the higher education institution, as well as how the student is welcomed and integrated into the community nursing team, cannot be underestimated. Following positive anonymous feedback from students, which indicated that they had benefitted from the introduction, welcome and integration they experienced, the university and mentors reviewed how this had been done to identify good practice to share with colleagues. Students indicated that their welcome and integration had helped them to feel part of the team and enhanced learning, because they were so well supported, and mentors had facilitated learning experiences by acknowledging that this was their first placement experience. It is notable that mentors were committed to the students' learning and used workplace social capital to optimise the student experience. At a time when retention of students is essential to increase the future workforce, mentors dedicated to student learning are acting as ambassadors for the community workforce, and may well encourage students to have a career in community nursing.

Upskilling

How can community nurses improve their leadership skills?
September 2023, Journal of Community Nursing *OpenAthens log in required**
Leadership in the community arena takes many formats dependent upon a number of variables, including the working environment, individual nurse leaders themselves, their team content and skill mix, and the patient populations they are caring for. Due to multiple complexities, including the competing needs of different patient populations and vagaries of working in the community, nursing leaders need to be adaptable, with their leadership styles taking a variety of configurations, including, but not exclusively, being compassionate, relational and collective leaders in differing compositions dependent upon the context in which they are working.

What do community nurses need to know about GDPR? March 2023, Journal of Community Nursing *OpenAthens log in required**
As a community nurse, how much information should you know about a patient? You might say it's important to know the condition they have and their medical history. It might be reasonable to enquire if they are on any medication, or even ask for some details about their lifestyle, such as their smoking habits or alcohol consumption, or how many sugars they take in their tea. In the day-to-day work of a busy practice, you may also need to share some of this information. Some of this sharing may be routine. You may need to pass a patient's notes to a different practice, or provide some information to a physiotherapist. In more dramatic cases, you may feel under pressure to provide the police with information if a patient is suspected of committing a crime, or to report a child's injuries to social services. All of these considerations can come under the abbreviated heading of GDPR - or General Data Protection

Regulation, to use its full title. However, while many jargon-friendly abbreviations are an attempt to make a boring subject sound more interesting (CQUINS anyone?), understanding GDPR might actually save you from straying into illegality.

Creating digitally ready nurses in general practice May 2019, Nursing Management

Digital healthcare provision in England has been driven mainly by a 'top-down' approach and a focus on digital infrastructure rather than front-line delivery. This has laid the foundation, but digital care delivery still has a long way to go. This article describes an action learning programme to create digitally ready nurses. The programme, which underpins action six of NHS England's ten-point plan for general practice nursing, shows that a 'ground-up' approach to upskill and empower front-line clinicians is central to embedding technology-enabled care services (TECS). Following completion of the action learning sets (ALSs), 24 general practice nursing digital champions across Staffordshire have used TECS to deliver a range of benefits for their practice teams. This has informed the introduction and extension of the programme, with national funding for a further 12 regional pilot ALSs across England in 2018-19. Importantly, the active learning individualised approach provides a digitally ready workforce with the ability and support to adopt TECS in areas of clinical need. This ability is central to the next stage in the digital transformation of healthcare.

The challenges of upskilling health care assistants in community nursing June 2017, British Journal of Community Nursing
Abstract only*

Community care is at the forefront of the National Health Service reforms. Role redistribution from registered nurses to health care assistants is growing. This paper examines the challenges of upskilling community health care assistants to undertake catheterisation for uncomplicated patients in the community.

Social constructivist methods facilitated reflective practice. Challenges included fears around delegation, accountability and the responsibilities involved in supporting the development of health care assistants. Recommendations suggest that community health care assistants offer a valuable and much needed contribution to health care delivery and are enthusiastic to upskill in catheterisation. However, reluctance from community registered nurses around delegation delayed the process. Registered nurses will need to address these fears and engage in workforce planning to proactively influence role developments and safe practice. National guidance needs to be structured around clear pathways to support these valued participants in delivering health care.

Workforce developments

Sharing satisfaction February 2022, Community Practitioner
OpenAthens log in required*

Cutbacks in community staffing levels in some areas, rising workloads, plus the pandemic and its resulting social problems have meant it's not exactly been an easy time to work as a health visitor, school nurse, district nurse or community nursery nurse. The latest NHS staff survey in England gave a snapshot of morale in October/Nov 2020, with replies from 595,000 staff. It found that 44% reported feeling unwell as a result of work-related stress in the previous 12 months (compared with 40.3% in 2019, and 36.8% in 2016), while a similar number said they'd gone to work despite not feeling well enough to do their job. More than half said they had worked additional unpaid hours, and one in five said they would probably look for a new job outside their organization in the next 12 months. Despite this picture of a stressed and overworked workforce, 58.7% said they often or always looked forward to going to work, and 73% said they were often or always enthusiastic about their job; this clearly illustrates that working in healthcare--despite all the challenges

and even during a pandemic--is still a place where job satisfaction ranks highly. Here, Waters offers advice on finding job fulfilment and preserving personal wellness in a time of crisis.

[Why supporting the safety of lone working nurses must be a priority](#) November 2021, Primary Health Care *Abstract only**
Community practitioners who work alone are particularly vulnerable to physical and verbal abuse. Managers and teams must prioritise safety – even if that means withdrawal of care from patients.

[Nursing care left undone in community settings: Results from a UK cross-sectional survey](#) November 2020, Journal of Nursing Management
Only 37% of community respondents, and 81% of care home staff, reported having the planned number of nurses on their last shift. Prevalence of care left undone was 34% in the community sector, 33% in the care home sector and 23% in primary care. Care left undone increased as the proportion of registered nurses fell below planned numbers. Care left undone is a significant issue across the community nursing context and is related to registered nurse staffing levels. This work is the first to look directly at the relationship of registered nurse staffing levels to care left undone in the community. Current policy on safe staffing needs to ensure consideration of the community nursing context.

[More care out of hospital? A qualitative exploration of the factors influencing the development of the district nursing workforce in England](#) 2019, Journal of Health Services Research
All participants reported that the context for the district nursing service was one of major reorganizations in the face of wider National Health Service changes and financial pressures. The analysis identified five themes that can be seen to impact the ways in which the district nursing workforce was developed.

These were: the challenge of recruitment and retention, a changing case-mix of patients and the requirement for different clinical skills, the growth of specialist home visiting nursing services and its impact on generalist nursing, the capacity of the district nursing service to meet growing demand, and the influence of the short-term service commissioning process on the need for long-term workforce development. There is an apparent paradox between health policies which promote more care within and closer to home and the reported decline in district nursing services. Using the lens of workforce development theory, an explanatory framework was offered with factors such as the nature of the nursing labour market, human resource practices, career advancement opportunities as well as the contractual context and the economic environment.

[Advancing general practice nursing in Australia: roles and responsibilities of primary healthcare organisations](#) May 2017, Australian health review *OpenAthens log in required**
Advancement of nursing in general practice requires system-level support from a range of organisations. PHCOs play a significant role in education and leadership development for nurses and linking national nursing organisations with general practices. What is known about the topic? The role of nurses in Australian general practice has grown in the last decade, yet they face limited career pathways and opportunities for career advancement. Some nations have forged interprofessional primary care teams that use nurses' skills to the full extent of their scope of practice. PHCOs have played important roles in the development of general practice nursing in Australia and internationally. What does this paper add? This study delineates organisational support roles for PHCOs in strengthening nurses' roles and career development in Australian general practice. What are the implications for practitioners? Effective implementation of appropriate responsibilities by PHCOs can assist development of the primary care nursing workforce.

[Community nursing middle management: 'dealing with different people in different time zones on both sides'](#) September 2017, British Journal of Community Nursing *Abstract only**
The overall aim of the investigation was to redress a knowledge gap by exploring community nursing middle managers' (CNMMs') experiences of role enactment through change within Community Health Partnerships (CHPs) in Scotland - now further evolved into Health and Social Care Partnerships (HSCPs). HSCPs play a key role in shifting care from the acute to the primary care/community setting. However, a literature review demonstrated there has been very little research into the role of CNMMs within the changing primary care context. This concept was considered important in understanding how CNMMs enacted their roles to implement service change. A qualitative longitudinal interpretative phenomenological analysis (IPA) (Smith, 1996) study was conducted in four distinct phases, comprising the reflexive, foundational, recursive and expansive, from 2008-2011. Some 35 semi-structured interviews were conducted with 26 participants. CNMMs perceived that their responsibilities had increased, become more complex and wider ranging. Maintaining an implicit connection with service users was a primary motivation for CNMMs. They were proud to be members of the nursing profession aligning their identity with their career history. A small but significant proportion resigned during the study and some were considering leaving the NHS. The study addresses a gap in literature, contributes to the understanding of NHS community nursing, middle management, role, change and gives a voice to CNMMs in Scotland. They are the lynchpins in taking change forward and maintaining quality services. Much more attention needs to be paid to the needs, constitution and sustenance of middle managers in Scottish community nursing - which has policy, practice, education, and research and retention implications.

[General practice nursing: who is cherishing this workforce?](#)
January 2017, London Journal of Primary Care
The remodelling of the NHS requires a strong general practice nurse (GPN) workforce within general practice. The challenges facing general practice nursing are set within the current policy context and recent available evidence and illustrated by drawing upon the experience of a current GPN working in London. It is argued that there is a need to support the professional development of GPNs and nurture the next generation of potential GPNs if the current shortage of GPNs is to be addressed.

New ways of working

[Why we need action on community nursing's patient safety red flags](#) February 2024, Primary Health Care *Abstract only**
Could 2024 be the year when the concerns of nurses working across community, primary care and public health settings start to see some serious recognition and even action? This article highlights the red flag issues to keep an eye on across the health spectrum.

[A new model to improve patient safety during home visits](#)
February 2024, Nursing Times *OpenAthens log in required**
The article emphasises the necessity of structured reflection, utilising Rolfe's reflective model, to explore nurses' feelings. It delves into the model's stages, its impact on critical thinking and guiding reflection through questions, and highlights the importance of reflective practice, emphasising its role in learning, professional development and improving patient outcomes. The article concludes by showcasing the successful implementation of a new model and its positive impact on patient safety in home visits, providing a structured approach for nurses and health professionals.

School nursing: New ways of working with children and young people during the Covid-19 pandemic: A scoping review December 2022, Journal of Advanced Nursing *OpenAthens log in required**
This scoping review presents global evidence describing how SNs' practices changed over the course of the Covid-19 pandemic. The pandemic accelerated SNs' need and/or ability to devise creative solutions to emerging problems. SN knowledge and skills came to the fore, enabling continued delivery of child-focused services alongside the additional demands of Covid-19. Many of these innovative practices could be useful post-pandemic. However, formal evaluation is needed to identify which practices may merit integration into routine practice. It is hoped that this review, together with other phases of this project and other research, will contribute to the discussion of innovative SN practices and the vital expert public health role of the SN.

Development of the nursing associate role in community and primary care settings across England April 2022, Primary Health Care *Abstract only**
Nursing associates have been part of the health and social care workforce in England since 2017 and are starting to contribute to managing workforce challenges. However, little is known about the nursing associate role in community and primary care settings. This article provides an overview of what is known about the nursing associate role in community and primary care settings and introduces some emerging findings from recent research. The article identifies some of the benefits that nursing associates can bring to community and primary care nursing teams and some of the challenges involved in training and embedding nursing associates in these sectors of the health and social care workforce.

How can skill-mix innovations support the implementation of integrated care for people with chronic conditions and multimorbidity? 2022, European Observatory on Health Systems and Policies: European Observatory Policy Briefs 2022 *OpenAthens log in required**
The increasing and changing demands of complex patients (with chronic conditions and multimorbidity), combined with growing workloads and shortages of primary care providers, demand the reorganization of services for more patient-centred and more efficient care. Reorganizing health and social care services to integrate care requires that the health workforce adopt "skill-mix changes" including reskilling; a different approach to sharing tasks and roles; and improved coordination. Skill mix changes typically involve innovative re-allocation of tasks between professions; new supplementary roles; and/or the introduction of greater teamworking and flexibility.

The most promising skill-mix innovations for improving integration of care of patients with complex needs are:
1. Shifting tasks and roles to achieve new divisions of work
2. Relocation of care to other settings for example to nurse-led clinics or patients' homes
3. Introduction of (an explicit) care coordination role with different professionals (case managers, patient navigators) developing shared care plans and monitoring patients' health and well-being.
4. Empowering patients and caregivers through specialist staff
5. Introduction of dedicated prevention roles in primary care
6. Establishment of teamwork and collaboration in multi-professional teams

The changing context of advanced practice nursing within the UK community care setting December 2021, British Journal of Community Nursing *Abstract only**
Advanced practice nursing (APN) roles have developed partly to address demand and workforce issues. In community care

settings and general practice, an advanced nursing practitioner is generally understood to mean a nurse who has undertaken additional education and training in clinical assessment, including history-taking and physical examination, clinical reasoning and independent prescribing, so they can safely manage patients presenting with undifferentiated and undiagnosed conditions. Capabilities in the Skills for Health framework cover everything from communication and consultation skills, practising holistically and personalised care, to working with colleagues and in teams. The framework is intended to ensure advanced nursing practitioners work to an advanced level. It is also designed to support them to demonstrate and evidence their capabilities to service commissioners, employers, people accessing healthcare and the public.

Does integrated health and care in the community deliver its vision? A workforce perspective 2021, Journal of Integrated Care *OpenAthens log in required**
The findings of this study suggest collaborative partnership working, staff engagement, culture, professionalism and organisational structures are the fundamental features of IC. This highlights the importance of valuing and understanding the uniqueness of the workforce perspectives through lived experience in practice. Seek to listen, understand and learn what matters to people with the "voice of the workforce" a critical factor to support the IC agenda. A key barrier highlighted multiple IT platforms prevent full integration as it currently does not afford interoperability with one system record to one patient, further hindered by differing levels of IT literacy.

The study offers an insight and understanding of IC experienced by professional aspirations focussing on "strength-based care" and "person-centred care", improving outcomes for people in the community. Interestingly, the differing use of terminology with

social worker colleagues using both "strength-based care" and "person-centred care", whereas health professionals used only "person-centred care" indicating a possible fundamental difference in professionals' approaches to a person's needs and the necessity for a common understanding.

Safety huddle in a community nursing setting September 2020, British Journal of Community Nursing *Abstract only**
A safety huddle is a meeting held among district nurses, allied health professionals, specialist nurses, administrative staff, community matrons and healthcare assistants, also known as the wider multidisciplinary team. This article aims to identify and discuss the importance of safety huddles within a community nursing team. The author, a Specialist Community Practitioner District Nurse (SCPDN), explores why safety huddles were introduced and the implications of staff and patient safety if a safety huddle is not performed. The article also discusses the role of the SCPDN, how patient harm is sustained when communication failures occur within a team, new technologies implemented into practice and the implementation of safety huddles electronically.

NHS Long Term Plan and what it means for community nurses 2019, Journal of Community Nursing *OpenAthens log-in required**
Often those with frailty present to community and primary care services in crisis, but frailty is a condition which can be easily and well managed in the community setting, particularly if identified early. People living in areas of deprivation are more vulnerable to early onset frailty, but this is currently not recognised earlier in their life course and leads to unwarranted health outcomes, including admission to hospital or a long-term care facility. The Long Term Plan addresses this with its three core elements of increasing urgent community response and recovery support, NHS support for people living in care homes,

and the Ageing Well approach to support those living with frailty to proactively manage their condition and reduce the risks associated with it.

District nurses, primary care colleagues and the wider community workforce are well placed to deliver these models, but must be supported to do so by underpinning core skills and capability frameworks such as frailty, dementia and end-of-life care. There must be a growth in workforce and a welcoming of new and additional supportive roles to give the much needed capacity, but also a recognition that existing services need to work in different ways. At the centre of this, is the district nurse specialist practitioner, already skilled in population health management and caring for complex and diverse caseloads. Never has there been such a promising time for community nursing. We must take this opportunity to influence service developments locally, based on the knowledge of those who really understand what is needed for their populations. Take time to read the plan and think about the services currently delivered in your area. What needs to change to make the plan happen, and what will you do to see that it does?

Conference Proceeding: Transforming community nursing services in the UK: lessons from a participatory evaluation of the implementation of a new model of community nursing in East London June 2019, The British Journal of General Practice
A community nursing model based on the Buurtzorg approach was piloted between June 2017 and August 2018 with a team of nurses co-located in a single general practice in the Borough of Tower Hamlets, East London. The initiative was evaluated using a qualitative approach within the participatory Researcher-in-Residence model. Patient experience of the service was positive, in particular because of the better access, improved continuity of care and longer appointment times in comparison with traditional district nursing provision. However, certain aspects of the

Buurtzorg model were difficult to put into practice in the NHS because of significant cultural, human resource, and regulatory differences between The Netherlands and the UK. While many of the principles of the Buurtzorg model are applicable and transferable to the UK, in particular promoting independence among patients, improving patient experience, and empowering frontline staff, the successful embedding of these aims as normalised ways of working will require a significant cultural shift at all levels of the NHS.

Future of Specialist Practice Qualifications in district nursing for band 6 leadership roles January 2019, British Journal of Community Nursing *Abstract only**
District nurse numbers in the UK are rapidly declining. To overcome this severe staff shortage, one community trust in a rural county appointed 'case managers' (nurses without Specialist Practice Qualifications in district nursing [SPQDN]) in band 6 leadership roles that were traditionally held by district nurses. Here, we aimed to establish the value of the SPQDN to determine if there is a future for the conventionally accepted DN role, instead of case managers. The study used an exploratory mixed-methods design. Using the classic e-Delphi technique, data were collected over 5 months from 10 purposively sampled senior nurse managers employed by the community trust who formed an expert panel. In round one, the panellists provided three responses each to the question 'what is the future for district nurse specialist practitioner qualifications in [the trust] for band 6 leadership roles?' In rounds two and three, they answered a close-ended questionnaire using a 3-point Likert scale. The core findings suggest that SPQDN and the district nurse role are considered extremely valuable (both achieving 100% consensus). Additional findings are linked to four core themes, namely, (1) SPQDN, (2) clinical practice educators, (3) workforce and (4) leadership. This study recommends continued

investment in SPQDN and the district nurse role with the use of succession planning for workforce management.

[Tackling the workforce crisis in district nursing: can the Dutch Buurtzorg model offer a solution and a better patient experience? A mixed methods case study](#) June 2018, BMJ Open
The adapted Buurtzorg model of community nursing demonstrated feasibility and acceptability to patients, carers, GPs and other health professionals. For many patients, it was preferable to previous experiences of district nursing in terms of continuity in care, improved support of multiple long-term conditions (encompassing physical, mental and social factors) and proactive care. For the neighbourhood nurses, the ability to make operational and clinical decisions at team level meant adopting practices that made the service more responsive, accessible and efficient and offered a more attractive working environment. Challenges were reported by nurses and managers in relation to the recognition and support of the concept of self-managing teams within a large bureaucratic healthcare organisation. While there were some reports of clinical effectiveness and efficiency, this was not possible to quantify, cost or compare with the standard district nursing service. The adapted Buurtzorg model of neighbourhood nursing holds potential for addressing issues of concern to patients, carers and staff in the community. The two interacting innovations, that is, a renewed focus on patient and carer-centred care and the self-managing team, were implemented in ways that patients, carers, other health professionals and nurses could identify difference for both the nursing care and also the nurses' working lives. It now requires longer term investigation to understand both the mechanism for change and also the sustainability.

Demographics

[Florence Nightingale's legacy on the role of men in community nursing](#) June 2021, British Journal of Community Nursing *Abstract only**
Males currently account for one in ten UK nurses, with that figure even less in community nursing, and the ones present receive differential treatment when it comes to hiring and promotion, career opportunities, and stigma associated with gender perceptions. This article attempts to gain a better understanding of the problems that face workforce planning with regards to the lack of men in community nursing.

[Understanding the general practice nursing workforce in New Zealand: an overview of characteristics 2015-19](#) February 2021, Australian Journal of Primary Health *OpenAthens log in required**
Limited knowledge about the nursing workforce in New Zealand general practice inhibits the optimal use of nurses in this increasingly complex setting. Using workforce survey data published biennially by the Nursing Council of New Zealand, this study describes the characteristics of nurses in general practice and contrasts them with the greater nursing workforce, including consideration of changes in the profiles between 2015 and 2019. The findings suggest the general practice nursing workforce is older, less diverse, more predominately New Zealand trained and very much more likely to work part-time than other nurses. There is evidence that nurses in general practice are increasingly primary health care focused, as they take on expanded roles and responsibilities. However, ambiguity about terminology and the inability to track individuals in the data are limitations of this study. Therefore, it was not possible to identify and describe cohorts of nurses in general practice by important characteristics, such as prescribing authority, regionality and rurality. A greater national focus on defining and tracking this

pivotal workforce is called for to overcome role confusion and better facilitate the use of nursing scopes of practice.

Staff and student perceptions and experiences

[General practice nurse trainees' perspectives on general practice nursing as a career choice: qualitative findings from a vocational training scheme in the United Kingdom (UK)](#) October 2023, BMC Primary Care
Despite the success of the various access schemes in changing attitudes within undergraduate nursing clinical placements, the number of newly qualified nurses accessing general practice as their first post destination has remained stubbornly low. The reasons for this are multifaceted. The lack of primary care content in UG curricula remains an issue, as does the need for GPNs to need previous experience. The need to create a sustainable workforce 'pipeline' for general practice, however, has never been more critical. If this is to be successful, new, younger, NTGPNs must be able to see general practice as both a suitable 'first post' destination and a viable career option in the longer term. Therefore, there must be clearly defined career pathways with the necessary, associated educational infrastructure to support GPNs in their professional and career development. As a successful first step towards the development of a sustainable post-qualification GPN career pathway, transition to general practice programmes such as this must be fully embedded into the infrastructure and culture of general practice, and the necessary funding to ensure their long-term future must be guaranteed.

[Staff experiences of the nursing associate role in a community setting](#) September 2023, Nursing Standard *Abstract only**
This article details a service evaluation that explored the experiences of the nursing associate role among clinical staff in one community NHS trust using an online questionnaire and in-depth interviews. Three themes were identified from the data: nursing associate training and support; the nursing associate role in development; and nursing associate role recognition and prospects. Overall, the findings showed that trainee nursing associates enjoyed the academic aspects of their training, but support was variable. Additionally, the nursing associate role was viewed as being 'in development' and, while wider recognition of nursing associates is required, the nursing associate role offers a unique career opportunity.

[A qualitative exploration of the thoughts, feelings, experiences and expectations of student district nurses](#) February 2023, British Journal of Community Nursing *Abstract only**
A District Nurse (DN) is a registered nurse who has undertaken a Nursing and Midwifery Council approved programme. Over the years, there has been a dramatic decrease in the number of qualified DNs. However, this is slowly changing, with the number of nurses enrolled on to a Specialist Practitioner Qualification in District Nursing (SPQDN) programme now increasing. There is a strategic drive, as outlined in the NHS Long Term Plan, which strives to bring care into people's homes, as opposed to the acute setting. However, to do this, a highly skilled and competent workforce is needed. In order to explore the experiences and expectations of student DNs, a qualitative study was undertaken. A cohort of SPQDN students (programme commencing September 2019) located in the North West of England, were interviewed. A face-to-face focus group (n=9) was held within the first week of the start of the programme. An online focus group (n=7) and a single online interview (n=1) took place at the end of the programme (July 2020). Key themes were identified within the two data collection points. These included 'feelings', 'career aspirations', 'the role and title of District Nurse' and 'future practice'. Findings showed that initially, students were anxious, apprehensive and excited with regards to starting the SPQDN. However, at the end of the programme, the students noted that

they had grown in confidence as a clinical practitioner and as a leader.

[Community nursing placements: student learning experiences during a pandemic and beyond](#) March 2022, British Journal of Community Nursing *Abstract only**
This article explores the challenges in maintaining community nursing placements as dynamic learning experiences for student nurses during the pandemic and beyond. Opportunities to create new ways of working and learning are essential to ensure student nurses can continue to be exposed to community nursing care. Developing insight, understanding, knowledge and skills in this unique learning environment is instrumental to encourage the next generation of community nurses and increase the future workforce. Suggestions for alternative ways of providing learning experiences during the present period are discussed, which could also be embedded as long-term strategies in the future.

[First year pre-registration nursing student perceptions of community nursing roles: a thematic analysis](#) 2022, British Journal of Community Nursing *OpenAthens log in required**
This study suggested that student nurses' perceptions of community nursing roles are ambiguous and complex. The influence of the media is strong and has several guises; students' prior experiences and their personal opinions of the nursing profession all accumulate to inform individuals. From an international perspective, clinicians, academics and professional bodies must contemplate an alliance to urgently promote community nursing strategies. Engaging media resources can echo the value of these roles from recruitment and beyond. Universities have an opportunity to integrate community nursing and public health education into the pre-registration curriculum from conception. From the practitioner's perspective, strong leadership, role modelling and positive student experiences may

help to nurture nursing students' interest in community roles. This will not only validate community nursing as a challenging and desirable professional pathway, but can enrich and diversify the skills required to construct a sustainable community nursing workforce.

[Does integrated health and care in the community deliver its vision? A workforce perspective](#) 2021, Journal of Integrated Care *OpenAthens log in required**
The findings of this study suggest collaborative partnership working, staff engagement, culture, professionalism and organisational structures are the fundamental features of IC. This highlights the importance of valuing and understanding the uniqueness of the workforce perspectives through lived experience in practice. Seek to listen, understand and learn what matters to people with the "voice of the workforce" a critical factor to support the IC agenda. A key barrier highlighted multiple IT platforms prevent full integration as it currently does not afford interoperability with one system record to one patient, further hindered by differing levels of IT literacy.

The study offers an insight and understanding of IC experienced by professional aspirations focussing on "strength-based care" and "person-centred care", improving outcomes for people in the community. Interestingly, the differing use of terminology with social worker colleagues using both "strength-based care" and "person-centred care", whereas health professionals used only "person-centred care" indicating a possible fundamental difference in professionals' approaches to a person's needs and the necessity for a common understanding.

[New graduate employment in general practice: Perceptions of final-year nursing students](#) July 2021, Nurse Education in Practice *Abstract only**
To meet current workforce needs in areas with increasing demand, nurse educators need to support undergraduate nursing students to explore a wide range of career pathways following graduation. Informed career choices and well-structured educational preparation during undergraduate education may be an effective strategy in building a sustainable future workforce in settings such as general practice.

[Home Care: Promoting Knowledge and Creating Impact among Nursing Students](#) April 2021, Journal of Community Health Nursing *Abstract only**
To determine the impact of an educational intervention on student nurse knowledge of and interest in home care careers. A quasi-experimental pre-test/post-test design was used among nursing students (N= 108) completing an online module and simulation. T-tests measured knowledge changes and descriptive statistics measured home care career interest. Knowledge increased significantly (p=.000) while preferred work setting rankings remained stable with a minimal but potentially impactful increase in home care interest. More education and research is warranted given home care workforce shortages and the need to imbed home care education into nursing curricula.

[Final-year undergraduate nursing students' perceptions of general practice nursing: A qualitative study](#) April 2021, Journal of Clinical Nursing *Abstract only**
Perceptions of general practice nursing varied between participants and related to three main themes; ways of working; a broad role to meet diverse health needs; and relationships with patients. General practice nurses were seen to have stable and collaborative working relationships, with their role ranging from supporting general practitioners to being autonomous

professionals. The nurse's broad role was associated with diverse presentations and was considered interesting and challenging. Participants perceived that general practice nurses had more time to spend with patients, and this helped establish trust, and facilitated patient-centred care.

[New to the community setting: Nurses' experiences and the importance of orientation](#) February 2021, Australian Journal of Primary Health *Athens log in required**
There has been little research about the experiences of nurses transitioning into community nursing (CN), despite the growing demand for nurses in this setting and impending shortfall in the nursing workforce in Australia. In this study, nurses from a busy metropolitan CN service were interviewed to explore how they experienced their first months in their new role. The interviews were analysed thematically, with three themes emerging: Adaptation, Focus of Care and Context. Participants detailed their experiences adjusting to new work practices and the community setting, and expanded on their enjoyment from increased autonomy, career goal recognition and rewarding patient relationships and outcomes. The findings of this study are aligned with previous literature about nurses entering the primary healthcare setting from acute care, and particularly highlight the need to individually tailor orientation, preceptorship and ongoing career development programs to each nurse.

Education and training

[Community children's nursing: developing a bespoke model of post-registration education](#) April 2023, Nursing Children & Young People *OpenAthens log in required**
In the UK, the number of educational pathways providing a specialist practitioner qualification in community children's nursing has declined significantly in recent years. This has left many community children's nursing services with little or no

access to educational programmes, despite the rising demand. The four UK governments, together with regulatory bodies such as the Nursing and Midwifery Council, have embarked on ambitious transformation of post-registration career frameworks and standards, the long-term impact of which is uncertain. This article discusses an approach that one community children's nursing service in Scotland took to address these challenges by liaising with a local university and accessing a bespoke advanced practice programme.

Developing research potential in the primary and community-nursing workforce: the impact of a community of practice November 2023, Primary Health Care Research & Development *OpenAthens log in required**
Research-active organisations in the UK have better patient outcomes (Ozdemir et al., 2015). Therefore, research in primary care and the community is likely to be central to improving overall patient care and reducing health inequalities (Ozdemir et al., 2015). Primary care and community nurses understand the significance of a strong evidence base and have been shown to have the knowledge and skills to be able to identify and appraise the evidence, as well as develop their own research (Finney et al., 2020). Yet, challenges to embedding research activity persist. There are perceptions that research is an 'add on' role and concerns that a research career lacks clarity or may hinder clinical career progression, or that research can only be led by medical colleagues (Clifford et al., 2021). Such perceptions and the long-term workload pressures in primary and community settings can make it appear almost impossible to participate in health and care research. However, there is a growing interest within the nursing workforce on how to deliver the best health outcomes for patients through research following the publication of the Chief Nursing Officer for England's strategic plan for research 'Making research matter' in 2021, which set out a clear vision for research to be led by nurses (NHSE, 2021).

Examining family and community nurses' core competencies in continuing education programs offered in primary health care settings: An integrative literature review February 2023, Nurse Education in Practice *OpenAthens log in required**
This integrated review uncovered the contribution of the FCN professional profile and core competencies in the existing continuing education programs offered in PHC. Some core competencies of the FCN professional profile, such as cultural competencies and health information and communication technology (e-health), play a very limited role in the existing FCN continuing education, while others, including ethics, managing change, managing disparity and diversity and leadership skills, do not emerge at all. The identified gaps can be incorporated into future FCN continuing education programs and may help to improve nurses' competence and health care delivery and support new integrated models of care, i.e., person-centered and community-based models.

An ethnographic evaluation of a speciality training pathway for general practice nursing in the UK July 2022, Nurse Education in Practice *OpenAthens log in required**
If nurse education and in this context GPN, wishes to move forward to secure a robust, thriving skilled workforce then there will be a need to consider the current model for recruiting and training the next cohort of nurse's keen to work in General Practice. It is important to recognise that this new developmental pathway is a first step towards cultural change. Developing a model of education that has the potential to develop nurse roles in General Practice as well as providing advanced level clinical practice, mentoring and leadership should be a consideration for any commissioners and education providers. Overall, the speciality training pathway is a vital and important part of developing General Practice Nursing.

[Enhancing the clinical supervision experience of staff members working within primary and community care: a best practice implementation project](#) August 2022, JBI Evidence Implementation *OpenAthens log in required**
The evidence base implementation project has narrowed the gap between the stigma around the complexity of clinical supervision and its benefits within primary care. It has shown that with careful planning and consideration, clinical supervision can be incorporated within a team environment in primary care. Even though this change can be difficult to accommodate and proves to be challenging at times, the project team would, therefore, like to deliver all training sessions online with a recorded educational session for staff to access at their free will and for all staff to have access to the training for future reference and for new staff joining the team, the project team would also like to incorporate an evaluation to the session for feedback to be received. The project team has recognized a limitation of the project that the implementation of clinical supervision across the wider section of primary care is an issue at a broader organizational level, yet it is hopeful that the results from this implementation project show that the wider expansion of clinical supervision in primary care can be achieved. Despite this limitation, the project team felt that the implementation project was a success and improved the quality of nursing care, by supporting the wellbeing of staff members within a team. It has shown the importance of evidence-based implementation projects in regard to upskilling nursing staff of their knowledge and expertise and integrated the best available evidence into nursing practice.

[Strategies for embedding population health concepts into nursing education](#) 2021, Nursing Forum
Advances in community and public health are needed to address contemporary health needs, particularly poor health outcomes related to the social determinants of health and inequity. Nurses are ideally placed to promote meaningful advances in community and public health, collectively referred to as population health. Nurse educators can promote a deeper understanding of core population health concepts by threading these concepts throughout the academic nursing curricula in addition to standalone population or public health courses. Strategies for incorporating population health concepts in a variety of courses can be conceptualized through the themes emphasizing context, honoring community voices, cultivating community connection, and fostering leadership in social responsibility. Nurse educators with expertise in population health can serve as a resource for faculty as these strategies are implemented. Teaching population health provides exciting opportunities for innovative approaches to facilitate students to link their practice to wider social contexts. Further steps to strengthen the public and community health workforce will still be needed to meet population health needs.

[Investigating the implementation of a collaborative learning in practice model of nurse education in a community placement cluster: A qualitative study](#) 2020, Open Nursing Journal *OpenAthens log in required**
This paper reports the findings of a pilot study to implement Collaborative Learning in Practice in one region of the United Kingdom, which was intended to increase placement capacity, introduce students to this sector, and accelerate their learning and development of key skills and behaviours. Three themes emerged: Peer support, which concerned the benefits of being in placement with other students; Developing and learning, which was about the acquisition of skills including leadership; and Organisation, which related to issues and concerns involved in the preparation and daily management of the collaborative learning in practice experience. Some positive aspects were reported, particularly in relation to hospice and General Practice Nursing placements. Most clear was the supportive potential for peer learning fostered by Collaborative Learning in Practice.

Less positive aspects were the potential for horizontal violence and some aspects of nursing home experiences.

International Priorities for Home Care Education, Research, Practice, and Management: Qualitative Content Analysis
December 2018, Nurse Education Today
Collectively, the findings provide a major call to action for nurse educators to re-design existing pre- and post-licensure education for nurses to meet the critical home care needs of a rapidly aging population and their family caregivers. To meet the growing community nursing workforce demands, educators must begin with the curricula used during the first weeks and months of nursing school, that traditionally have focused on hospital and acute care. These first exposures to nursing through text books, lectures, and simulation labs have a strong impact on nursing students' attitudes and beliefs regarding the desirability and status of different types of nursing, often resulting in an undervaluing of community nursing and home care (van Iersel, et al., 2017; van Iersel, et al., 2018; Algoso, et al., 2016). In addition, there is a need for post-basic nursing education programs to work with health care organizations to prepare home care nurses and nurse mangers with the specialized skills needed for successful practice in community settings. Nurse educators can also help to fill the gap in evidence-based guidelines for home care through collaboration with researchers on the development and synthesis of best-practice guidelines. Finally, nurse educators can work with students and professionals at all levels to prepare nurses to effectively communicate with local and national policy makers about education, regulation, payment, and health policies that impact quality of care and access to home and community nursing care.

Real-time simulation: first-hand experience of the challenges of community nursing for students 2018, British Journal of Community Nursing *Abstract only*
Community Challenge is a simulated community event for pre-registration nursing students across all four fields. Through the provision of real-time simulation, the Community Challenge has combined a deeper learning for both nursing students and the drama students who were involved in making the scenarios real and interactive. The event was run over 5 days, with positive evaluations from students and staff. Furthermore, Community Challenge has been found to be successful in expanding opportunities for students that align with national drivers, curriculum planning and interprofessional learning. The event has allowed students to engage in learning with other fields, enhancing their own practice. The Community Challenge has been found to enhance the link between theory and practice within primary care, promoting the relevance and importance of community care within nursing.

Awareness of Community Health Nurses on and Relevance of Global Health Competencies February/ April 2017, iManagers' Journal of Nursing *OpenAthens log in required*
This study was conducted to determine the awareness of community health nurses on and relevance of global health competencies. Specifically, it sought to: determine if there are significant differences of the awareness of community health nurses on and relevance of global health competencies when grouped according to length of service and educational attainment; and, examine the correlation of the awareness of community health nurses on and relevance of global health competencies. The results of the study will add up to the community health nurses' current knowledge on global health competencies for a more effective and reliable global health personnel. The results revealed that community health nurses have very high awareness on global health competencies with

social and environmental determinants of health as the subset with the highest mean. Moreover, they perceive global health competencies as very relevant with health care in low-resource setting as the most relevant subset. Educational attainment and length of service are not factors in determining the awareness of community health nurses on and relevance of global health competencies. Finally, the awareness of community health nurses on global health competencies is significantly correlated to their perceived relevance of the said competencies.

Community visiting nurses training plan: Home dialysis support 2017, CANNT Journal *Athens log in required**
From October 2014 to January 2015, the Peritoneal Dialysis Unit (PDU) at London Health Science Centre (LHSC) had a scarcity of peritoneal dialysis- (PD) trained community visiting nurses working for nursing agencies provided by the Community Care Access Centres (CCAC) in several remote geographical areas serviced by the program. These nurses have become an extension of the PDU by communicating concerns and questions to the PD U staff while providing PD support for patients at home. By October 2014, one town had only two trained nurses to support the launch of an "avalanche" of newly trained patients and their varying degrees of need. To tackle this shortage, the PDU trialed offering community visiting nurse training in the nurses' respective hometowns over a four-month period. The response was excellent with large numbers of nurses being trained during this period. This initiative yielded additional and surprising benefits to patients and their families, and nursing agencies, as well as the LHSC PDU.

Technology

The use of digital devices by district nurses in their assessment of service users July 2022, British Journal of Community Nursing *Abstract only**
District nursing services are relentless in adapting to change and continuously seek different methods to improve the care they offer to service users. One of the relatively new changes where adaptation has been necessary is the use of digital devices to record assessments and work in real time. As documented in The NHS Long Term Plan (NHS) (2019), the NHS is being required to grow into the new digital age and, subsequently, district nurses (DNs) have needed to embrace the use of a paper-lite system. Although beneficial overall, the use of technology is a threat to the person-centred nursing approach used in assessment, which is the highest fundamental value in nursing. This article will seek to conceptualise the importance of a person-centred initial assessment with a service user who has either a long-term and/or a lifelong condition whilst considering the use of digital devices, benefits, and drawbacks of their use. It will emphasise the role of the DN, encompassing the multidisciplinary services throughout, whilst also considering any recommendations for further development.

Supporting the spread of health technology in community services 2018, British Journal of Community Nursing *Abstract only**
Health technology has been proposed as a route to financial savings and improved patient safety for many years within the NHS. Nurses have a key role to play in transforming care through such technology but, despite high-level endorsement, implementation of health technology has been uneven across NHS community services. This article looks at three promising applications of health technology in community nursing: mobile access to digital care records; digital imaging; and remote face-

to-face consultations. Current evidence for these technologies gives some indication of what is required before health technologies can benefit patients. Rapidly changing health technologies make it difficult for community services to make fully informed decisions when implementing them. There are challenges in predicting the full financial and efficiency impacts, in making robust estimates of costs and workload implications and in anticipating the effects on patient care and staff experience. Despite these problems, there is mounting evidence of the benefits of technological innovations available to community nurses and their patients.

Caseload

The Sheffield Caseload Classification Tool: testing its inter-rater reliability 2019, British Journal of Community Nursing
Community nursing caseloads are vast, with differing complexities. The Sheffield Caseload Classification Tool (SCCT) was co-produced with community nurses and nurse managers to help assign patients on a community caseload according to nursing need and complexity of care. The tool comprises 12 packages of care and three complexities. The present study aimed to test the inter-rater reliability of the tool. This was a table top validation exercise conducted in one city in South Yorkshire. A purposive sample of six community nurses assessed 69 case studies using the tool and assigned a package of care and complexity of need to each. These were compared with pre-determined answers. Cronbach's alpha for the care package was 0.979, indicating very good reliability, with individual nurse reliability values also being high. Fleiss's kappa coefficient for the care packages was 0.771, indicating substantial agreement among nurses; it was 0.423 for complexity ratings, indicating moderate agreement. The SCCT can reliably assign patients to the appropriate skilled nurse and care package. It helps prioritise and plan a community nursing caseload, ensuring efficient use of

staff time to deliver appropriate care to patients with differing needs.

Developing a caseload classification tool for community nursing
April 2017, British Journal of Community Nursing
Acuity and dependency in the community nursing caseload in combination with safe staffing levels are a national issue of concern. Current evidence suggests that there are no clear approaches to determining staff capacity and skill mix in these community settings. As community nursing caseloads are large with differing complexities, there is a need to allocate community nursing with the best skill mix to achieve the best patient outcomes. A city-wide service improvement initiative developed a tool to classify and categorise patient demand and this was linked to an electronic patient record system. The aim was to formulate an effective management response to different levels of acuity and dependency within community nursing teams and a consensus approach was used to allow the definition of complexity for twelve packages of care. The tool was piloted by a group of community nurses to assess the validity as a method to achieve a caseload classification. Seventy nurses were trained and applied the tool to 3000 patient referrals. Based on this, standards of care were agreed including expectations of assessment, intervention, visit length and frequency. Community nursing caseloads can now be organised according to acuity and complexity of patient need, which determines allocation of staff and skill mix.

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