

Patient and Client Council

Your voice in health and social care

DISTRICT NURSING CONSULTATION

Introduction

The following information was collated in response to the District Nursing Strategy issued by the DHSSPS. The Patient and Client Council membership scheme was used to recruit participants for six focus groups. In addition, two focus groups with carers took place, one in the Southern Health and Social Trust area and one in the Northern Health and Social Trust area. Comments about the district nursing service were also derived from the Patient and Client Council's project on domiciliary care

Each group was asked a number of questions. The responses are given in detail below.

1. What in your view is the role of district nurses?

There was a certain amount of confusion about the role of the district nurse. People identified the following as roles they would typically associate with the district nurse:

- To provide practical, hands on care - for example, dressings, palliative care, flu injections
- To provide a link between patient and doctor – the district nurse is based in the Health Centre, they liaise with the doctor and come out to your home
- Co-coordinating care – occupational therapy, chiropody etc. are all co-ordinated through district nurse (only one group identified the co-ordination role of the district nurse)
- The district nurse only comes out after a crisis
- Assess for equipment, issue incontinence pads and issue beds. One individual commented further on this latter role:

“The district nurse issues beds (which is ridiculous because the OT issues beds), apart from that I don't know what tasks they carry out. A district nurse was an important part of the Health Service when I was young (67 years ago), now I don't know what they do”

Some people were confused about whether the district nurse and the community nurse were the same thing or not. They also asked if the social worker would be above the district nurse.

2. Do you consider that people have enough information about the district nursing service?

Many people felt that the public could be better informed about the district nursing service. One group suggested that leaflets that explain the service and outline the criteria for accessing the service should be on display in all health centres.

3. What has been your experience of district nursing?

Personal experience of the district nursing service was mixed. While a few people felt that district nursing was an invaluable service, most people did raise some concerns.

A group of carers who had some experience of district nursing raised several issues with the service:

- Continuity – a different nurse calls each time, you would like to have someone who knows your case and who you can talk to for advice
- Uninformed – one person felt that it is often evident when the nurse comes out to their home that they have not even looked at the patients file beforehand and appeared to have no knowledge of the patient's medical record or of tests which had been carried out previously
- No “common sense” approach – for example, one carer had difficulty getting a second sling to use for washing their relative when the original sling was being cleaned and felt there is little flexibility in the type of incontinence pads the district nurse can issue. Another carer agreed that the allocation of incontinence pads is very strict and found it difficult to get the district nurse to allocate more even when this was essential.

“You have to fight for everything”

One service user said they had a very poor experience of district nursing, to the extent that they were in the process of making a complaint. The issues they raised were as follows:

- Communication – poor communication between the family and carers of the individual receiving the service and poor communication between professionals within the actual service. For example, on one occasion their relative was suffering serious side-effects from the drugs they were prescribed but due to a breakdown of communication this information was not passed on, therefore the DN did not act on it
- Reliability – never sure what time the nurse would visit each day which meant that people were indefinitely confined to the house

- Co-ordination – they felt the service was poorly co-ordinated, a lot of confusion about work boundaries and which health professional was responsible for what. This left everyone involved feeling frustrated

One carer described the district nurse who attended their relative as “*disinterested and unhelpful*”. However, two elderly people who talked about the role of the district nurse when commenting on their experience of domiciliary care felt that the district nurse was easy to contact always on hand when needed. One felt the district nurse had done more than anyone else to help organise their home care package.

“District nurse did most to organise care”

The participants of one workshop who had experience of district nursing made the following three points:

- Co-ordination and partnerships – there is a need for more organisation, better co-ordination and partnerships. For example, hospital discharge should be better planned; people are being “*chucked out*” of hospital and then attending Out Patients for bloods, a job they believe should be carried out by primary care. Treatment rooms should be a Trust responsibility and those who *can* go to the treatment room should. Lack of information and co-ordination gives incentive to abuse the system
- Delivery of care – there is clearly not enough staff to deliver the service. The service is not person-centred, for example, patients do not know when the nurses will actually come to the house
- Pressures on staff – some district nurses who were present defended the role, they had sympathy for those doing a difficult job in a service that was under pressure, especially as increasing numbers of people were being discharged early from hospital. District nurses dealing with increasingly complex cases, with overwhelming caseloads, under serious time constraints. In their opinion, nurses were coming home “*worn out*” at the end of each day because of the pressures on the service

Two people who had worked as district nurses in the past described the service as “*invaluable*”. They suggested that the district nurse is sometimes the only social contact a patient has during the day and that, as a result of this relationship, elderly people sometimes have more confidence speaking to the DN. Therefore, the regularity of nursing staff and the local nature of district nursing are both important aspects.

4. Is there anything you would change about the district nursing service?

Resources - need to offer staff the training, support and resources necessary to make the role of district nurse more attractive in order to retain good staff who have the necessary skills set to fulfil the role. Emphasis should be on training, do not employ people until they are fully trained. Resource allocation and management must be addressed

Co-ordination and communication – too many people are supposed to be co-ordinating care, which leads to lots of duplication. For example, the working relationship between the district nurse and hospital staff could be improved. Rather than the district nurse continuing on from where hospital nurse left off, they often adopt a different approach to treatment, repeat prescribing, multiple appointments – “*waste of resources*”

Workforce planning – the district nursing service currently lacks co-ordination which is having a negative impact on both nursing staff and patients

Assessment – it would be best if one person could carry out assessment of a person, rather than lots of people just dealing with one specific area of need

Access – make the service more easy to access; it is difficult to contact district nurses as there is only one point of contact for a large number of nurses. One elderly couple said they found it difficult to get access to a district nursing service because of where they live (a geographically isolated rural area)

Care-plan – there is a sense that the assessment process looks at the endgame rather than the steps necessary to get there, which is unrealistic. One service user commented that the success of the care plan really depends on family and carer support, as you cannot realistically expect someone to progress if there is no carer present at home

Treatment notes – currently no continuous record of treatment received, who had already done what with patient, no continuity. One group raised the question, when the district nurse has been out to visit a patient do they go back and put details on the patient’s record?

Continuity – when a patient is nearing the end of their period of care they can find it difficult to be without the regular contact with the district nurse, so it was suggested that there be a referral to a befriending scheme which should be started in conjunction with the DN visits

Carers – make sure that family carers are given their place

5. Are you aware that a new district nursing strategy is out for consultation?

Most of those who were aware of the new district nursing strategy agreed that the vision for the service outlined within the strategy was a good one. However, they felt that it was difficult to see this vision becoming a reality.

They believed that the role of the district nurse as set out in the new strategy would only work if the staff to patient ratio was strictly maintained at a manageable level and staff were equipped with the skills necessary to carry out the role of district nurse properly. In the opinion of the group, there is currently not enough staff to deliver the service outlined in the new strategy. One person noted that many, if not most, district nurses were people in their forties and fifties, with little evidence of new district nurses being trained.

“You can’t expect the quality without the resources”

A community health worker said that the new district nursing service envisioned by this consultation needs to be supported by a dynamic and creative vision of community based services. However, they expressed concern that targets for district nursing would be negative versions of hospital based targets, for example reductions in admissions and lengths of stay. As a result, the district nursing service would be at risk of being like so many other services – individual practitioners with an unmanageable workload and no time to really engage with the business of community health services.

One group suggested that frontline staff are not aware of the policy review; in fact, they suggested that frontline staff were *“always the last to know”*. They questioned how many reviews lead to actual change?

“When does this become real?”

Conclusions

Most respondents are aware of the role of the district nurse, although there is some confusion with community nurses. A need for further information was identified, particularly around how and when the service should be accessed.

Respondents agreed that the service was invaluable, but concerns were raised about organisation and co-ordination of care. When asked how the service could be changed a number of issues were raised – they included being aware of the carer’s role, continuity of care and care planning. The responses given should help inform service development and implementation of the strategy.

Recommendations

The Patient and Client Council recommends that:

- Patients and carers should be fully involved in the implementation of this Strategy.
- Information is provided to patients and their families which clearly sets out the role of the district nurse.
- The role of carers should be a central part of any patients care plan.
- District nurses should ensure that patients have a care plan that they hold personally in their own home.