International Perspectives: Community Health Nursing

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Outline

- Community nursing – past present and new roles in the UK
- Netherlands – the Buurtzorg model in London and self-managing teams
- Hong Kong - lessons from reshaping community nursing
- Conclusions and key messages
Primary care in England: today

• Clinical Commissioning Groups (CCGs) commission services
• General Practitioners provide personal, continuing and preventive care mostly in group practices
• Community nursing services comprise district nurses, health visitors, specialist staff GP employed practice nurses, nurse practitioners etc
Themes of successive government policy

• Patient/carer choice and access
• Value for money and equitable distribution of resources – rationing debates
• Building organisational flexibility and efficiency through partnerships and teams
• Developing professional knowledge and evidence based practice
Policy changes in primary care

• Commissioning following the patient

• The health care market

• Expansion of the independent sector and social enterprise initiatives
Community Nursing workforce trends

• Increase in qualified and support staff and decline in staff with specialist qualifications

• Rapid growth (23%) of practice nurses

• Decline of 46.4% in district nurses (2010-2017) (QNI)

• Part-time work is common, more women, ageing profile
UK developments in new community roles
Why do we need new roles? (1)

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<th>Diseases of modern lifestyles</th>
<th>Rising consumer expectations</th>
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<th>Rapid demographic change – by 2045 nearly a quarter of population will be over 65 years</th>
<th>Rising costs of health care</th>
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Why do we need new roles? (2)

- Workforce redesign for new models of service delivery
- Quality of care and patient safety
- Retaining skills in the workforce
Framework for Modernising Nursing Careers

- **Children, Family and Public Health**
- **First Contact, Access and Urgent Care**
- **Long Term Care**
- **Acute and Critical Care**
- **Mental Health and Psychosocial Care**

**Senior Registered Nurse**
advanced practice – delivering total care packages or complete episodes

**Registered Nurse**
leading care delivery, care coordination and case management

**Associate**
supporting health, self care and care delivery
Examples of new roles

• Nurse consultant/midwife/health visitor

• Community Matrons

• Nurse practitioners/entrepreneurs eg nurse-led social enterprise

• Independent prescribers

• Physician Assistants
The role of the nurse consultant

- Expert practice;
- Leadership;
- Education/training;
- Practice development, evaluation, research
National evaluation showed consultants:

• Strategic and effective leaders

• Valued opportunity to develop nursing and improve care

• But often stressed by juggling complex demands and poor work/life balance
Outcomes for patients

• Clinical outcomes
• Patient experience
• Services received
• Follow-up care
Nurse consultant roles can make a difference when there is:

• Organisational support - planning and commitment
• Leadership and professional support
• Encouragement for learning and reflection

A Community Matron at work

http://www.bbc.co.uk/news/health-41974736
Evidence community matrons make a difference to health care:

- Community matrons can perform as well as doctors in intermediate care

- Improve access to services and follow up

- Initiate and sustain service improvement

The Netherlands

Buurtzorg model of self managing community nursing teams
Buurtzorg ("care in the neighbourhood")

- A "not for profit" organisation in the Netherlands

- Employs 9500 nurses in 800 independent teams providing care to 60,000 patients a year with 45 back office staff, 15 coaches and no managers

- Developed to address fragmentation and poor quality care as well as low satisfaction of community nurses.

https://www.buurtzorg.com/about-us/
Buurtzorg vision to Support Independence

Onionmodel Buurtzorg
Buurtzorg works inside-out: empowering and adaptive, network creating, supporting.
A review of the Dutch evidence and applicability to the United States reported

- “Buurtzorg has earned high patient and employee ratings and appears to provide high-quality home care at lower cost than other organizations” (Gray et al. 2015 [5] p1 6).

- The total health costs per patient were about average for Dutch home care when the cost for nursing homes, physician and hospital care were included.
Buurtzorg International

• Supporting this model in 24 countries

• Pilot testing of this model in England and Scotland.

https://www.buurtzorg.com/collaboration/
Reshaping community nursing services in Hong Kong
Hong Kong - facts and figures

- Hong Kong population = 7 million

- 60% of all deaths by chronic disease

- Rapid population ageing

- General Practitioner led service with low status community nursing service
Chronic Care Model
Stratified chronic disease management model

Cluster
Population with Chronic Diseases

- High complexity and dependency requiring case management (OAH and Home)
- High risk of problems, and hospitalisation and requiring disease or care management
- 70-80% of population self-care with some support/management

Nursing working in the community contribution

- Case management, continuing and palliative care, treatment for specific symptoms, tertiary prevention
- CDM, rehabilitation post critical event, treatment for specific symptoms, secondary prevention
- Health promotion, secondary prevention

Professional care
Self care
“In the community care sector, there is relationship building and you get direct satisfaction seeing positive outcomes from your patients.”

Hong Kong Nurses
In conclusion
Questions for community nursing innovation

The organisation and context

Commissioning
Culture of organizations

Improved health, recovery
Empowerment/Enablement
Influencing change

Patient and client outcomes

Policy and politics

The role of the nurse

Nurse skills & training
Communication and relationships

Working with others in teams and partnerships

Professional cultures and differences
Roles & activities

Professional cultures and differences

Influencing change

Empowerment/Enablement

Improved health, recovery
Nursing: past, present and future
Vielen Dank!

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