Making community nursing irresistible by 2020

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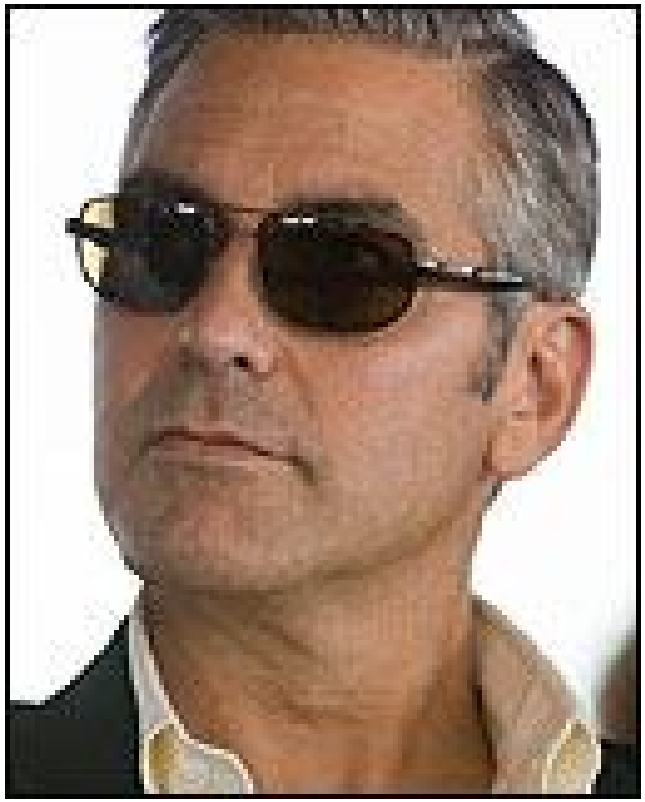
The extent of this presentation

- The nature of being irresistible
- Four questions posed 23 years ago
  - Workforce numbers
  - Describing work activities
  - Education and training
  - Clinical supervision
- Four questions to ask for 2020
  - Will healthcare workforce planning still be stuck outdated methodologies ?
  - Will the burden of work in health care be greater the hospital or the community setting?
  - Will we still be training health professionals to work in hospital and re-training them to work in the community?
  - Will we still be wasting time and money in outdated ways of working?

The nature of being irresistible



5 questions asked in 1988 - 23 years ago

(An Inaugural lecture on being appointed as the first Queens Nursing Institute Professor of Community Nursing; University of Manchester)

- Workforce numbers
  - The complexity of different titles (9 at that time) and the absence of a well articulated clinical career
- Describing work activities
  - The poor ability of nurses to articulate their work and the patients condition
- Education and training
  - Why educate for hospital work and then re-train for community work?
- Clinical supervision
  - The need to support lone practitioners, dealing with emotionally disturbing casework, time for peer support and professional development (demands of re-registration?)
  - (The accumulating evidence now)
    - Reduction in stress
    - Patient outcome?
    - Sickness and absence reduction

4 questions to ask about 2020 (in nine years time)

- In 2020
  - Will healthcare workforce planning still be stuck with limited methodologies and therefore poor data ?
  - Will the burden of work in health care be greater the hospital or the community setting?
    ‘The third health care revolution ’ care of chronic long term illness (Jim Easton Oct 2011)
  - Will we still be training health professionals to work in hospital and re-training them to work in the community?
  - Will we still be wasting time and money in outdated ways of working?

Will healthcare workforce planning still be stuck with questionable methodologies ?

- What kind of workforce do we <u>really</u> need?
  - What happens in other countries and how do they perform?
  - Do we fiddle round the edges or go for radical reform?
  - The Centre for workforce intelligence (is it really intelligent?)

Doctor and nurse populations in 4 European countries – average lengths of hospital stay

	Population (Millions)	Docs per 100,000. Range – 213 - 364	Nurses per 100,000. Range – 508 - 794	Ratios of Nurses to Doctors (OECD)	Average length of stay in Hospital (days) 2000	2008
• UK	62 million	213	794	3.7	9.3	7.7
• Poland	38 million	229	549	2.4	7.1	5.6
• Italy	60 million	364	508	1.3	7.0	6.8
• Germany	81 million	339	771	2.2	10.7	9.8

Doctor and nurse populations in 4 European countries - infant mortality and life expectancy

	Population (Millions)	Doctors per 1000,000 Range – 364 - 213	Nurses per 100,000. Range – 508 - 794	Average life expectancy Average 77.9 years	Infant mortality (per 1,000) Average 5.46
• UK	62 million	213	794	79.4 years	5.38
• Poland	38 million	229	549	75.6 years	7.79
• Italy	60 million	364	508	80.5 years	4.46
• Germany	81 million	339	771	79.4 years	4.21

Some health data, some illness incidences and some unanswered questions .

	Vaccination Coverage Range 88% - 95%	Stroke mortality per 1000,000 M	F	Heart disease mortality per 1000,000	Mortality from suicide per 1000,000	Dementia as population percentage (over 30 yrs)	DOES COMMUNITY NURSING MAKE A DIFFERENCE ? ?
• UK	91.2%	50	47	132	6.1	1.5%	?
• Poland	88.8%	91	64	147	13.9	1.0%	?
• Italy	95%	53	43	86	5.3	1.7%	?
• Germany	94.8%	42	36	117	9.4	1.7%	?

Does Community Nursing and Health Visiting make a difference and where is the evidence?

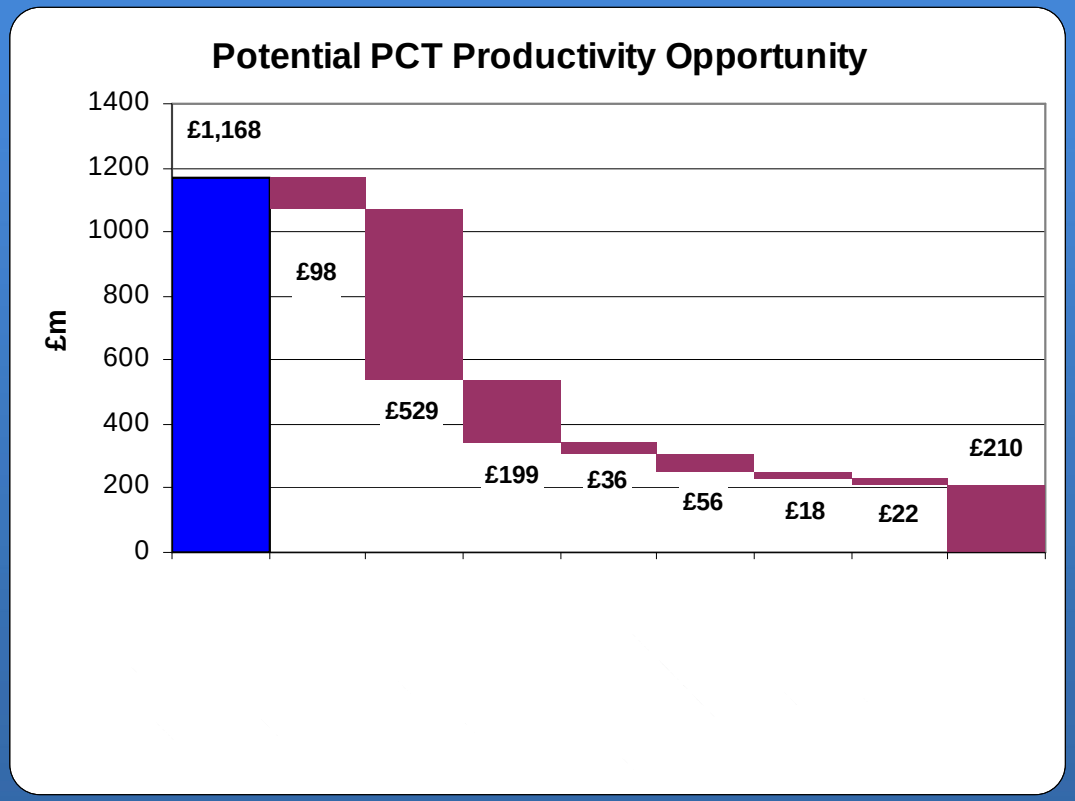
Can we respond to the Jim Easton question?

More of the same or doing different things?

Is community nursing and health visiting that special?

How do we develop a more adequate evidence base?

Will we still be wasting time and money in outdated ways of working?



£1.1 billion potential based on estimates from:

Better Care Better Value

NHS Institute-commissioned report on impact in South West SHA

Opportunity Locator

Understanding the burden of work and making a difference

Releasing Time to Care

The Productive Ward

Now Available

Mental health version available September 2008

Maternity version being developed

Releasing Time to Care

The Productive Community Hospital

Available September 2008

Releasing Time to Lead

The NHS Productive Leader Programme

Available October 2008

The Productive Operating Theatre

In co-production - Estimated completion Summer 2009

Productive Community Services

Being Developed - Estimated completion Summer 2009

The Productive Improvement Agent

Concept being developed

Community Services account for around £11 billion of NHS Spend

"This has given our staff the opportunity to share with us how we can help our organisation do things better"
Dave Mehan, Managing Director, Community Services, Southampton

'Before Productive Community Services, the purpose of our team had been lost, we were all working to our own ends…' Team Leader, Productive Community Services test site

Patient Facing Time increased from 21% to 35%

Driving distances reduced by 21%
Development Site Testing, Planning Our Workload module

No. visits a team's capable of increased by 25%
(for a typical team that is 2100 extra visits / year)
Development Site Testing, Planning Our Workload module

Stock reduced by 75% (£3000)
Whole Organisation Site Testing, Well Organised Working Environment module

Time spent looking for stock items reduced by 66%
Development Site Testing, Well Organised Working Environment module

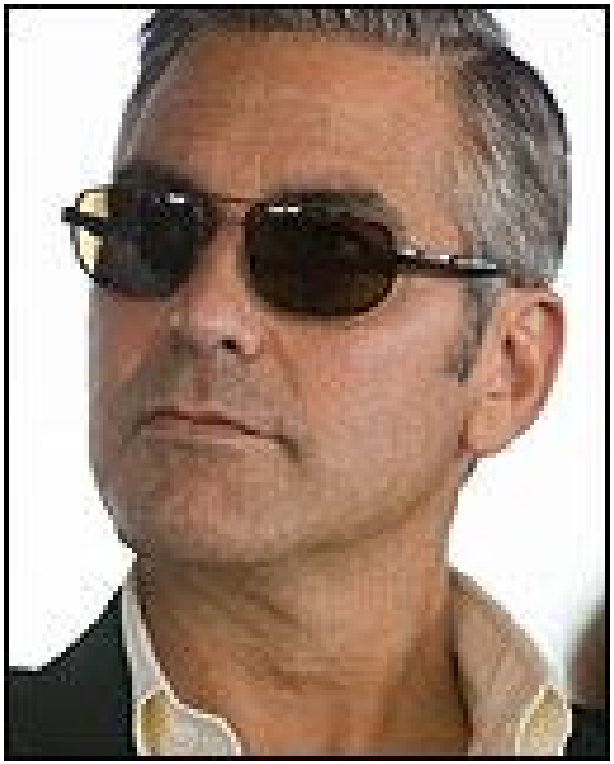
'"Our audits show we are improving the effectiveness of our meetings, and although we allow 20 minutes we find we are just as effective in 10!"
- Team member

Productive general practice

RN4Cast - is it possible to do the same for community nurses?

- RN4Cast – nurse forecasting: human resource planning in nursing; Jan 2009 – Dec 2011
  - Studying workplace dynamics and patient outcomes (patient safety, failure to rescue etc)
  - Consortium of 15 partners in 11 European countries
  - Each country studying 20-50 hospitals, more than 50,000 nurses under review, tens of thousands of patients
  - The focus is hospital care as they employ the majority of nurses, accounts for the greatest errors in care and the greatest expenditure
  - Reports in Dec 2011 (UK centre Kings College)

What might make community nursing irresistible?

- A clear evidence base about the burden of work
  - Are there more productive ways of working?
- A reform of education – initial graduation as community nurses/health visitors/practice nurses/public health specialists
  - Isn't it time to change more radically?
- Clinical supervision for safe and accountable practice for those working independently
  - What more incentive do we need?
- An RN4cast community nursing study that offers evidence based working
  - Who will deliver the research we need?

If we work intelligently, work productively and plan our workforce properly it could all be like this!