District nursing – who will care in the future?

Despite the well established policy of ‘shifting’ care from hospitals to the community[1], the overall proportion of nursing staff employed to provide general nursing care to people in their own homes has changed little. Specifically, the number of District Nurses is reported to have decreased by 40% in the last decade[2]. In this Policy+, we review data on the district nursing workforce, look at the issues to be considered in planning, and ask whether we will have the workforce needed to provide district nursing care in the future.

Staffing numbers
Community nursing services are delivered by a variety of staff, including district nurses, community staff nurses, nurse practitioners, community matrons amongst many others[3]. District Nurses (DNs) typically work in complex multidisciplinary teams alongside a wide variety of support staff. The boundaries between the roles of District Nurses, community staff nurses and support workers are not clearly demarcated or defined. Hence the skill-mix of teams varies considerably in different parts of the country.

At a national level, the workforce census data show the number of staff by qualification (as opposed to role), such as Health Visitor or District Nurse (Figure 1). Following the national policy to increase numbers of Health Visitors, the steady decline over the last decade has started to be reversed. However the number of DNs has continued to fall (by 44% since 1999), as the number of DNs being trained is exceeded by the number leaving/retiring. The balance between staff groups providing care in the community has shifted. In 2005, DNs accounted for 20% of all NHS staff recorded in the community; in 2012, only 12% of community nursing staff were qualified as DNs.

![Figure 1. NHS Health Visitors and District Nurses in England](image)

Source: Health & Social Care Information Centre 2013

Workforce characteristics
A large scale survey identified a number of characteristics of nurses working in the community[4] which have implications for the future of this workforce. A larger proportion are older (27% are aged over 50, compared with 19% in NHS hospitals); the service is thus likely to lose many of the older and more experienced members of its workforce. District Nurses (like Health Visitors and other community based nurses) report heavy workloads and are more likely than hospital nurses to say they feel under too much pressure; a situation which may be exacerbated if retirees are not replaced by new entrants to the community nursing workforce. The Queen’s Nursing Institute warn that numbers of DNs currently being trained are “nowhere near the replacement level required to maintain the district nursing workforce”[5].
Despite being more likely to hold a degree, nurses working in the community are typically less positive about career prospects: 26% agree that they “have a good chance to get ahead in nursing”, compared with 35% of NHS hospital nurses. Professor Viv Bennett (Director of Nursing, Department of Health and Chief Nurse, Public Health England), highlights the challenge and says there is a “need to promote district nursing as a dynamic career pathway for nurses”[6].

Challenges in measuring and planning community nurse staffing levels
National workforce statistics mask wide variation in recruitment and retention issues between different areas[7]. Describing nurse staffing levels in the community is more complex than within hospitals. They are typically captured as either a ratio (e.g. number of DNs per 1,000 head of population) or through average caseloads (i.e. patients seen per DN or per community based RN). But defining either is fraught with difficulties as none of the parameters are fixed. Variation starts with the service itself - what is being done, how frequently it involves contact with client. Added to this there are inconsistencies in the numerators and denominators used to express caseload or staffing levels. Such challenges result in a paucity of data, at both local and national level, from which benchmarks could be produced, and few tools are available to enable the number of community nurses required to be planned.

Hurst warns that the data, that does exist, needs to be treated with caution: “Workforce size and mix are historical and irrational at best. Moreover, the number of variables that influence staffing is growing, thereby complicating workforce planning[8].”

In Scotland, a community nursing workload assessment tool has been developed[9]. The tool was developed in partnership with community practitioners, such as district nurses, to ensure it is fit for purpose. It looks at the number of patients, the complexity of the care provided and time required for travel, to plan staff needed and also factors in additional time for unexpected disruptions, or tasks such as administration. The use of such evidence based workforce planning tools, in conjunction with professional judgement and local care standards, is mandatory in health boards across Scotland.

The ‘Compassion in practice implementation plan’ identifies the need to develop a community nursing workforce tool as a national action for England, to be introduced by April 2014[10]. This is not the first time there has been a call for action; the Cumberlege Report in 1986[11] also said more intelligent and informed community nurse workforce planning was needed.

Conclusions and implications
• A policy of moving care to community settings requires a community nursing workforce that can meet the growing numbers of patients cared for at home, many with complex needs.
• However, there are concerns as to whether the workforce is sufficient, in terms of overall numbers and skill mix, as the number of DNs expected to retire increases and the number being trained falls.
• There is a paucity of data on the staffing and skill-mix of district nursing services and a lack of robust mechanisms for workforce planning.

Key points for policy
• There is an urgent need to build on recent approaches to more robust workforce planning for the community nursing service.
• The challenge for commissioners, providers and workforce planners to align the assessment of the demand for district nursing services with service commissions and workforce plans will require new approaches, if a shift to greater levels of care in the community is to become a reality.
• Strategies should be developed to enhance career prospects in community nursing, as a means of encouraging recruitment to, and retention in, the service.