

Report on District Nurse Education in England, Wales and Northern Ireland 2012/13

Introduction

The QNI has become concerned at recent reports of a fall in the number of District Nurses currently in training in England, Wales and Northern Ireland. This is a worrying trend when the demand for District Nursing services is rising, but the number of qualified District Nurses is in decline.

In response we undertook a review of the latest position regarding the educational courses available and the number of District Nurses being trained. This paper forms part of the QNI's *Right Nurse, Right Skills* campaign (see Annex A) and summarises our findings. It has been written to raise awareness of the issue and inform policy and decision making at a national and local level.

Key Points

- The number of qualified District Nurses in the workforce has fallen from 10446 in 2002 to 6381 in 2012, a decrease of over 40% in the past decade¹.
- 21% (7 out of 33) of District Nursing (DN) courses in England, approved by the Nursing and Midwifery Council, did not run in 2012-13.
- At least 67% (16 out of 24) of DN courses running in England 2012/13 had 10 students or less on the programme and 13% (3 out of 24) had only 5 students or less.
- National guidance states that care provided in the home and community is unique and fundamentally different from providing care in a clinical setting². However, there is no requirement for nurses working in the community to have a specialist community qualification.

¹ Health and Social Care Information Centre, full time equivalent figures from annual workforce census as at 30 September 2012. See annex B for complete breakdown of figures.

² *'Care in Local Communities: A new vision and model for district nursing'*, NHS England, Department of Health and The Queen's Nursing Institute (2013)

Recommendations

1. That policy and professional leaders with responsibility for long term conditions, integrated care, community nurse education and workforce planning consider the evidence in this report and work with the QNI and other stakeholders to reverse the decline in qualified District Nurses.
2. That the guidance set out in *Care in Local Communities: A new vision and model for district nursing*³ is implemented through service and education commissioners.
3. That any discussion and action regarding District Nurse numbers and training starts with the needs of patients and their carers.
4. That measures are taken to raise the profile of District Nursing as a rewarding and fulfilling career choice for ambitious practitioners, with a key role in meeting patient and carer needs.

Summary of findings

Between January and March 2012, the QNI contacted the DN course leader of every university in England, Wales and Northern Ireland listed with the Nursing and Midwifery Council (NMC) as an approved provider of the District Nursing (community specialist practitioner) programme. The purpose of the contact was to request the numbers of student District Nurses on the programme at the time of the request, and to identify whether there was any concern at the numbers being commissioned currently.

38 universities are listed by the NMC as approved to deliver the DN community specialist practitioner programme as a full time and/or part time programme at undergraduate (UG) and/or postgraduate (PG) academic levels.

36 of these institutions provided information contributing to this report. The number of universities in each of the 3 countries approved to deliver the DN programme is provided in Annex B.

1. Numbers of District Nursing students undertaking the DN programmes in 2012/13:

England: 187 DN students in 24 universities (part time and full time)

Wales: 86 DN students in 4 universities (part time and full time)

N. Ireland: 17 DN students in 1 university

2. Average size of the intake

England: 8 DN students per cohort in 24 universities (from a range of 4 to 18 DN students)

Wales: 22 DN students per cohort in 4 universities

N. Ireland: 17 DN students in one university

³ *ibid.*

3. Academic level of study: undergraduate and postgraduate levels

England: 27 universities offer the programme at both levels; 2 at UG level only and 2 at PG level.

Wales: 2 universities offer the programme at both levels and 2 at UG level only.

N. Ireland: the university offers the programme at both academic levels.

Analysis

Commissioned places for District Nursing programmes

There is geographic variability in the availability and commissioning of DN programmes, with those in Wales and Northern Ireland being more actively funded and supported than in England.

The picture in England is less clear with some areas of the country such as the South West being completely without DN programmes for the past several years. This is currently being addressed with the planned validation and NMC approval of a DN programme starting in September 2013.

At the start of the 2012/13 academic year, 29 universities were offering the DN programme. 2 expected to offer the programme later in the academic year with a February 2013 start date.

In London, the number of DN places filled for 2012/13 in September 2012 was just 5 in 2 universities⁴. Whilst more students were due to commence the programme in February 2013 this leaves just 5 District Nurses for the whole of London due to qualify in September 2013.

There were 100 commissioned places available for District Nurse education in London across 2 intakes in the academic year 2012/13, but it is understood that it was not possible to recruit to 50% of this number (50 places) in the first intake in September 2012. This was due to a lack of suitable applicants for the programme and in some cases a failure of the literacy and numeracy assessments.

This contributes to the QNI view that District Nursing suffers from a lack of profile when nurses are choosing their career pathways, which is in part due to student nurses having little or no exposure to community nursing practice in their training⁵.

Numbers of District Nurses qualifying in summer 2013

The places are also commissioned as full time and part time; at some universities the course is now only available part time. The information provided about these different modes of study of the current DN students was incomplete. However, based on the information provided, a substantial number of the DN students are studying part time and the estimated maximum number of District Nurses qualifying in the summer of 2013 is 254 for England, Wales and Northern Ireland⁶.

⁴ Information supplied by the London Deanery, which managed all applications on behalf of NHS London for 2012/2013 entry.

⁵ Although the Government in its May 2013 Mandate to Health Education England requires them to ensure at least 50% of student nurses undertake community placements by March 2015.

⁶ The number is derived by adding the full time number of DN students starting in September 2012 and adding this to half the number of DN students on the part time programmes - on the basis that the total number was given for students enrolled on part time programmes and approximately half will be in year 1 and half in year 2.

Cohort size

There were comments from some universities in England about the small cohort size they were supporting and the diminishing number of students on the programmes in recent years. There was evidence of one local arrangement to address the small cohort size where 2 neighbouring universities had agreed that one would provide the District Nursing programme for both in 2012/13 rather than split a small cohort even further.

The concern for those with the small cohorts is the viability of the programme in the longer term. It is feared that the universities in which they are taught will consider the DN programme to be financially unviable in terms of the resources required to support small groups year on year, even where some learning within the programme may be shared with other community specialist practitioner students, such as Health Visitor and School Nurse students.

Academic level of the programme: a Specialist Practitioner Programme

The course is required to be delivered at academic level 6 (equivalent to the last year of an undergraduate degree) or academic level 7 (postgraduate degree level) by the NMC. Universities may choose to offer one or both levels when they seek NMC approval for their programmes. Annex C provides further information on the academic levels of the programme.

There was recognition that now pre-qualifying nurse programmes leading to first registration are required to be offered at a first degree level only (from September 2013), there will be a diminishing market for the undergraduate (BSc) programme, which is essentially a 'top up' degree for those nurses who hold a Diploma of Higher Education (Dip HE) in nursing. There was some evidence that the universities were already responding to this trend, with only four offering the programme at an undergraduate level only. Others added comments that their undergraduate programmes will be closing in the near future, with postgraduate programmes only to be on offer henceforward.

Contributing to this is the growing perception of the District Nurse as a specialised practitioner working at a strategic level, often running large teams. The caseload of the team includes highly dependent complex patients that require advanced practice skills and a case management approach. This association with advanced practice means that postgraduate level preparation is now required to support the development of new District Nurse practitioners.

It was not possible to determine the precise numbers studying on each of the 2 levels amongst the 290 DN students on programmes in 2012/13, as the data was not always provided in that way by the universities.

NMC Standards of Education for District Nursing

There is also some concern within the District Nursing profession that the Nursing and Midwifery Council's Standards for Specialist Education⁷ require revision and that given the current situation with the NMC, this is unlikely to happen for some time. Universities meanwhile are seeking to interpret the NMC standards to meet the needs of District Nurses in practice. For example, while undertaking the research for

⁷ 'Standards for specialist education and practice' NMC, 2001

this report, the QNI was advised that two universities were seeking to revalidate their programmes to enable the independent prescribing qualification to be included in the course in place of the community prescribing qualification.

The independent prescribing qualification goes beyond the requirements of the standards but reflects the way in which District Nurses are now practising and the way in which patient needs are being met within those localities. It is also notable that in May 2013 the first DN programme in the UK has been mapped to advanced practice and has gained RCN accreditation in addition to the NMC approval.

Conclusion

It has been widely recognised that social and demographic changes, increases in long term conditions and constraints on public funding require greater integration of care and a community orientated NHS bringing care closer to patients in their own homes and communities. In order to meet the increasing demand for and complexity of nursing care in the home, we need to prepare a workforce with the capacity and capability to respond to these changing needs. This should begin with investment in the education and development of District Nurses to ensure that enough appropriately skilled community health care professionals are ready and in place to meet the demand.

Some of the foundations needed to address this are already in place. These include the focus on quality of care and patient and carer-led services, the new system to integrate training with workforce planning, primary care involvement in commissioning and the recently published strategy paper on District Nursing which it is now essential to implement. The QNI is also encouraged by NHS England's stated commitment to maximise the leadership role of specialist community practitioners and to develop evidence base staffing level guidance for community nursing⁸. Patients receiving care from District Nurses are uniquely vulnerable, both as a result of their health condition and the fact they are receiving care 'behind closed doors' in the privacy of their own homes. More needs to be done through national leadership and local decision making to recognise the unique role and skills of specialist District Nurse practitioners and the value of the Specialist Practitioner Qualification (SPQ) to local providers and community nurse employers.

It is essential that there are enough appropriately qualified and skilled District Nurses to provide the care patients and carers need and that the legitimate policy objective of encouraging local decision making does not translate into a lack of interest locally with the consequent devaluing of the District Nursing qualification. Those with responsibility for commissioning local community nursing services need to recognise the importance of those services being led by an appropriately qualified team leader and commission the services accordingly. Alongside this, those responsible for commissioning the local education and training of the community teams need to ensure sufficient numbers of District Nurses are being trained each year to meet the current and the anticipated demand for their services. This should include raising the profile of District Nursing as a stimulating and rewarding career option.

Without a significant investment now into the right nurse with the right community specialist practice skills, the NHS will be ill equipped to respond to the needs of the people it serves. The 'snapshot' of evidence provided by the QNI's research gives cause for much concern: Now is the time to reverse this worrying trend and to place the needs of the patient and the carer in the community at the centre of the service and education commissioning process.

⁸ *Compassion in Practice - Nursing, Midwifery and Care Staff - Our Vision and Strategy*, NHS England and Department of Health, 2012.

Annex A

The QNI Right Nurse, Right Skills campaign

The QNI has been concerned about the diminishing numbers of qualified District Nurses for some time. In 2009 we published a report '20:20 Vision: Focusing on the future of District Nursing' which showed that 29% of the community nursing service providers no longer supported their community staff nurses to undertake the specialist practice qualification¹. Just 48% of organisations required their team leaders to hold the District Nursing qualification and a growing trend to devalue the qualification was apparent.

The QNI has been running the 'Right Nurse, Right Skills' campaign for the last two years to highlight the value of the qualified District Nurse in delivering care in the community. In 2011 we published 'Nursing Care at Home', a report of patients' and nurses' experiences in which we concluded that:

"Service commissioners should set standards for community competencies to be held by all team leaders or people in key posts, as part of the appropriate community contract for community services with service providers²"

and

"All nurse team leaders should have specific community training so that they can ensure patients receive safe and high quality care in the home"³

Annex B

Total qualified District Nurses working

England as at 30 September each year (full time equivalent)

| 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|--------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 10,446 | 10,303 | 9,766 | 9,569 | 9,023 | 8,717 | 8,352 | 7,860 | 7,693 | 6,937 | 6,381 |

NHS Health and Social Care Information Center: Annual workforce census

¹ '20:20 Vision: Focusing on the future of District Nursing', QNI 2009

² *Nursing Care at Home*, QNI 2011, p38

³ *Nursing Care at Home*, QNI 2011, p39

Annex C

Number of universities approved by the NMC to deliver the District Nurse programme

| Country | Offering SPQ programme | Not offering SPQ programme | Did not respond | Total number of HEIs approved to run SPQ programmes by the NMC |
|------------------|------------------------|----------------------------|-----------------|--|
| England | 73% (24) | 21% (7) | 6% (2) | 33 |
| Wales | 100% (4) | | | 4 |
| Northern Ireland | 100% (1) | | | 1 |
| Total | 76% (29) | 19% (7) | 5% (2) | 38 |

Annexe D

Explanation of academic levels of the District Nursing programmes

| | Undergraduate | Undergraduate | Postgraduate | Postgraduate |
|-----------------------|--|--|--|--|
| Award | BSc (Hons) with SPQ | Graduate Diploma with SPQ | Postgraduate Diploma with SPQ | MSc (no SPQ) |
| Explanation | 'Top up' honours degree for those who hold a diploma in HE | 120 credits at level 6 for those who have a first degree but do not wish to study at PG level or do not meet the entry requirements to study at PG level | 2/3 of a full MSc programme for those who have a first degree and meet the entry requirements to study at PG level | A 'top up' to Masters, normally dissertation only after the SPQ is completed with a postgraduate diploma |
| Credits | 120 | 120 | 120 | 60 |
| Academic Level | 6 | 6 | 7 | 7 |



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