



## **Strategic Programme for Primary Care: National Community Nursing Specification for Wales Consultation response**

**July 2022**

Age Cymru is the leading national charity working to improve the lives of all older people in Wales. We believe older people should be able to lead healthy and fulfilled lives, have adequate income, access to high quality services and the opportunity to shape their own future. We seek to provide a strong voice for all older people in Wales and to raise awareness of the issues of importance to them.

We are pleased to respond to Welsh Government's consultation on the community nursing specification as this is an area that impacts older people greatly. A review of the community nursing specification comes at a time of great change in health services, and it is important that these changes are reflected in updates to the specification and in particular pay close attention to an increased need for community nursing.

### **Staffing levels**

In preparing this response we have considered the feedback we have had through our national surveys of older people's experiences. In our most recent survey<sup>1</sup>, around a third of respondents that spoke of community nursing told us of either good or excellent care they had from community nurses for ongoing treatment and for palliative care. One told us, "The district nurse is a god send." Another told us of how easily they were able to get the care they needed following a hospital stay at the time they needed it. Another said, "During my late husband's illness the district nurses did everything they could to keep him comfortable, sending him to hospital when necessary, and getting the equipment we needed." It was clear from many responses how highly valued community nurses are by older people that are able to access their care and support.

Where negative comments were included, these related to a lack of access and nurses not having enough time to fulfil their role completely. Around two thirds spoke of difficulties in getting community nursing support. One said, "Been waiting months

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<sup>1</sup> <https://www.ageuk.org.uk/globalassets/age-cymru/documents/covid-19-survey/age-cymru---report-on-the-current-experiences-of-people-aged-50-or-over-across-wales-of-the-covid-19-pandemic-and-views-on-the-year-ahead---june-2022.pdf>

for a district nurse to visit my father, even though 2 referrals have been made. Visited surgery so that they could show me what to do regarding dressings etc, so now I do it myself.” Another said, “We were looking after my Mum until she passed away. The hospital sent her home to die. [...] When we were upset, the support was different. Pre COVID nurses would have sat with us and had coffee allowing us time to talk.”

Section 4 of the specification includes that ‘Consistent treatment, support and continuity of care, delivered by the minimum number of nurses where it is safe to do so, should be considered wherever possible.’ Currently legal requirements under Section 25B of the Nurse Staffing Levels Wales Act do not apply to community nursing. Considering the shift in care towards community care and away from hospital settings, as well as the increased onus on community services needed as part of Discharge to Recover and Assess procedures following a hospital stay, it is vital that the volume of community nurses and other related disciplines needed to meet demand is known.

We know that there are vacancies in the nursing workforce and that this position has been exacerbated by the Covid-19 pandemic. The Nursing Workforce in Wales 2020 report<sup>2</sup> highlights the increased need for community nursing over the last decade relating to increased community care and an ageing population. It also highlights difficulties in accurately assessing how many nurses work in community nursing through a lack of accuracy in data collection. Welsh Government’s statement in 2021 said that additional work is needed to establish what volume of registered nurses are needed in a variety of settings with a long lead in time before such a change can be implemented. Whilst we understand that calculating accurately safe staffing levels will take time to achieve, it is important that work in this area is implemented at pace to ensure that levels of community nursing are at the right levels as quickly as possible.

## **Professional development**

Linked to this, the specification details the importance of professional development for community nursing under section 11. This details the relevant proportion of work time that should be allocated to achieve this. The Nursing in Numbers report says that in 2019 only 64% of nursing staff in Wales had been able to complete all their mandatory training with only 47% able to complete it during working hours.<sup>3</sup> The report also details how spend on agency nurses is increasing. This suggests that nurses in Wales are more stretched than their counterparts in England.

The responses to our survey showing a lack of access to community nursing would suggest that issues do relate to the workforce being over stretched. One respondent to our survey question asking what would make their lives better going forward from the pandemic simply responded, “Having a competent assigned Parkinson’s nurse.”

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<sup>2</sup> The Nursing Workforce in Wales (2020) <https://cdn.ps.emap.com/wp-content/uploads/sites/3/2020/11/Nursing-in-Numbersv13.pdf> - accessed 26th July 2022.

<sup>3</sup> The Nursing Workforce in Wales (2020) <https://cdn.ps.emap.com/wp-content/uploads/sites/3/2020/11/Nursing-in-Numbersv13.pdf> - accessed 26th July 2022.

Without time to complete necessary training and develop increased knowledge in specialisms the quality of care suffers. Further consideration is needed on how nurses can be supported to complete training and development.

We welcome the inclusion in the specification on how capacity issues should be escalated. However, having escalation procedures may not be sufficient in the short term to address this issue. Further consideration needs to be given on what happens in different circumstances when workload vastly outstrips available staffing, as has happened through the pandemic. We would suggest that an additional section is included on exceptional circumstances, such as a pandemic scenario to help address the gap.

The scope of practice section clearly sets out knowledge and experience needed under the 'fundamental areas of practice for all registered community nurses' and these areas are all appropriate to the community nursing role. We would suggest that this explicitly includes an understanding of legal frameworks such as Lasting Powers of Attorney. Our support services have been approached for advice where their role as an attorney has been ignored by a range of health care professionals that in some cases has resulted in poor decision making on the care of an older person. We believe this area of the specification could be strengthened to specifically include an understanding of lasting powers of attorney that apply to community nursing roles.

The specification does not detail all the training that is needed for community nursing services. Age Cymru believes that all professionals that are likely to have contact with older people should be trained in the following as a minimum in order to provide good quality care to the various groups of older people:

- Human rights training.
- Dignified care and dementia care training
- Respectful communication, protecting privacy, promoting autonomy and Addressing essential needs such as nutrition (as well as identifying any necessary support with eating, drinking or feeding and swallowing, hydration and personal hygiene in a sensitive manner).
- Training in understanding, recognising and managing dementia-related conditions.
- Training on equality and diversity issues to ensure that the needs of all vulnerable groups are met appropriately.

### **Providing care to care home residents**

The specification draws attention to the role community nursing provides to care home residents and that nursing levels need to be able to provide a service. Feedback from our networks indicates that there can sometimes be issues with access to health care from community teams for care home residents across Wales and that this position has been exacerbated through the pandemic.

The 2021 Nursing in numbers report found that nurses account for just 3% of staff employed in care homes, and this is slightly down on the previous year's figure. As

the population of Wales ages and more people require care in later years, it's likely that the number of older people in residential (non-nursing) care will increase. As such it is important that community staffing structures reflect this important area of their work.

### **Preventative care**

We welcome the focus on preventative care under section 4.2 and 4.3 of the specification and the multi-agency and holistic nature of this area of care. With increased demands on health care through an ageing population, it is vital that this focus of community nursing is given additional attention as this will allow more people to age healthily. This benefits them whilst reducing demand on health services.

### **Support for nurses**

We welcome the emphasis of restorative supervision under section 4.3. The specification says that this 'should' be offered every 6 months. It would benefit by saying that it 'will' be offered. Restorative supervision is of particular importance given the acute position of nursing through the pandemic. The caring nature of nursing may mean that nurses would prefer to provide care for their patients rather than take time they need for such vital support to assist with recovery. Making this a mandatory offer may increase take-up of restorative supervision and potentially assist with staff retention.

### **Working hours**

5.1 section refers to the working hours of community nursing and the necessity of providing a 24/5/365 service. However, older people have told us of issues in continuity of care through multi agency working where community nurses and partner agencies are not able to discuss the care of a patient as they do not work the same hours and so there is no opportunity to have these vital discussions. The issue reported to us appears to relate to a specific nurse not being on shift at the right time for discussions with other professionals as opposed to no nurses being on shift. It is vital that staffing rosters take into account the need for discussion with other professionals.

### **Use of digital technology**

Responses to our surveys on the use of digital technology in health care are mixed. Some older people have told us of the benefits of telephone appointments, arranging appointments online (rather than repeated calls to the surgery until they are able to get through) and a few have told us of how apps have helped them through their care journeys.

The increase in use of digital technology has benefited many areas of care, but not all changes made necessary through the pandemic have benefited older people. A

lack of face to face contact has sometimes led to delays in health's ability to provide the right care in the right place at the right time. Many older people are not digitally literate and so reliance on digital technology carries a risk. We welcome the recognition within the specification of how patients have the right to not use digital technology if they do not wish to do so for a variety of reasons.

## **Communication**

Many responses to our survey, feedback from our advocacy and information and advice services have told us of poor communication with older people, their carers and other loved ones through health services. Sometimes this relates to how various professionals have not communicated with each other and so caused avoidable distress. One respondent told us, "Not seen a GP or nurse since coming home from hospital. [...] I was in with kidney failure. All care routes should have the right communication pathways in place to avoid people 'falling through the gaps.'

Chapter 10 on communication focusses on communication as a means of supporting nurses to do their job well in a multi-disciplinary setting but makes no reference to the importance of communication with the patient themselves. Whilst it is of course a given that community nurses routinely communicate with their patients, communication needs to happen between visits, and this should be referenced in the specification as this also takes time and needs to be factored in.