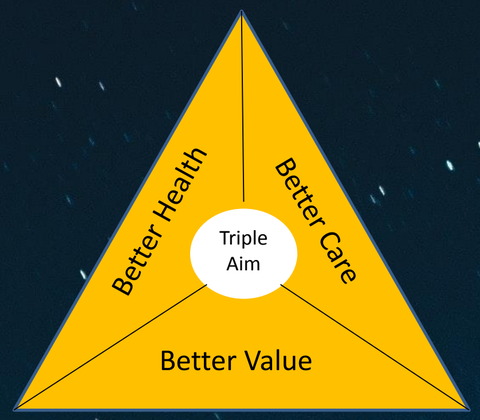
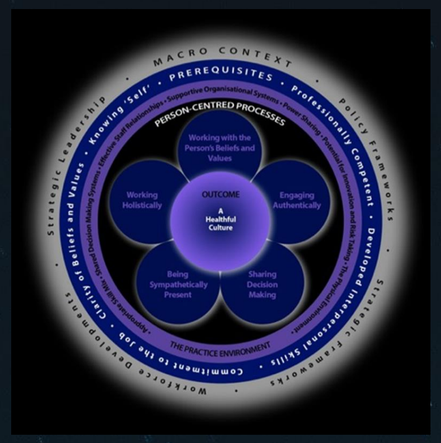
24/7 Community Nursing

Discussions regarding integrating Out of Hours (OOH) care with community nursing has been on-going for a number of years. In response to the COVID-19 pandemic, with an anticipated rise in OOH care needs, Dumfries and Galloway's (D&G) region wide 8am to 6pm community nursing service was tasked with integrating OOH nursing into their service with immediate effect. The teams mobilised quickly, and provided a 24 hour service within 7 days. The 24 hour Community Nursing service will become a permanent change to service on 30 November 2020.

Justification of Initiative

- D&G has one of the highest proportions of elderly residents in Scotland (National Records of Scotland, 2019), a demographic projected to increase 66% by 2034 across Scotland. Additionally, the elderly are high volume users of OOH services (Scottish Government (SG), 2015).
- The population of D&G traditionally place a high demand on community services (including OOH), with half the region's population amongst Scotland's most deprived, many with no private transport, and public transport often sparse (Crichton Institute, n.d.).
- OOH services are heavily used by the elderly, the housebound, and those at the end of their lives, groups seen primarily by the Community Nursing Service. In 2018 there were 1950 deaths in D&G, 77% of these people statistically had long term conditions and deteriorating health over years months and weeks prior to death, requiring complex care. In this same period, Community nurses in D&G made 225000 home visits primarily for wound and palliative care (D&G Health and Social Care Partnership (H+SCP), 2019). Community Nurses in the region are by necessity, well trained and practiced in palliative care.
- The OOH service is under great strain, facing the rapidly escalating needs of an increasingly elderly population; financial austerity; and recruitment issues. 30% of patients use OOH services in the last days of life (Marie Curie, 2019), however these patients, at times, face difficulty accessing the care and support they need OOH. This can result in inappropriate admissions, with 29% of acute beds filled by those in the last year of life (SG, 2018). As a result, despite 70% of people wishing to die at home only 50% of people actually fulfil this wish (Dying Matters, 2018).
- Primary care is ideally placed to be the first point of contact for the majority of patients, both in and out of hours (SG, 2015) with funding offered to practice and district nurses to encourage a sustainable and supportable 24 hour community nursing service to be developed. This transformation of services would be both more effective and more flexible (SG, 2017).
- Directing care away from hospital and towards primary care, will tackle a number of issues that the OOH service faces: increasing the quality of care; improving the health of the population; and ensuring better value, the triple aim of integration (Berwick, Nolan and Whittington, 2008) (SG, 2017b).
- Additionally, a major palliative review with users and providers of palliative care, found respondents wanted care and support to be flexible, seamless and compassionate with improved communication. Main outcomes were to support people who wish to die at home by providing the person with the right level of support (D&G Integrating Joint Board (IJB), 2019), and access to the right care at the right time (Smith *et al*, 2013) to lessen suffering, and facilitate people spending more time where they want to be (D&GH+SCP, 2019).





The Role of the Nurse

- McCance and McCormack (2017) in their person centred practice framework described the formation and nurturing of therapeutic relationships between not only the patient and their care provider, but between members of the multi-disciplinary team (MDT) and beyond, as being the cornerstone of person centred care.
- It has been suggested that person centred care cannot be provided by one solitary professional group. A team approach appears to be critical in providing humanistic, holistic care (Ghebrehiwet, 2011). However, Carlstrom *et al.* (2015) further clarify that team care provision, which increases wellbeing and decreases complications, is enhanced when nurses have a role in coordinating care.
- Peplau (Forchuk, 1993) describes the multiple roles of the nurse as: Leader; Teacher; Resource Person; Counsellor; Surrogate; and Stranger. Within person centred practice the nurse will adopt all of these roles when appropriate. Coordination of multidisciplinary care is a facet of the leading role.
- The integration of community nurses into the OOH service is a material shift in practice and will require nurses to play a major role in all facets of care including planning, managing and providing care, whilst providing continuity through being an interface between in and OOH GP services and the wider MDT (SG, 2017). This will necessitate new ways of working and innovative thinking (SG, 2015).
- Commitment is a prerequisite in person centred care (McCormack and McCance, 2017). Miller (2016) proposes this value is often found more readily in nursing out with mainstream/acute care in services for excluded populations, perhaps due to heightened vocational calling. It could therefore be expected that community nurses will bring this value to OOH to help transform the service in collaboration with the original team. This concurs with Howarth *et al.* (2020) who describe the value community nurses add with their salutogenic approaches, putting patients at the heart of the care process whilst promoting inter-professional care and collaboration.
- The new OOH team with community nurses at the helm will learn new ways of working together whilst continuing to advocate for their patients, radiating the ethos of lifelong learning (Nursing and Midwifery Council, 2015) and bearing out Peplau's belief that nurses are educators and a resource; that they are advocates and a support.

Positive Impact of Initiative

- This initiative cannot be characterised by one single definition of integration due to there being a number of stakeholders involved (Goodwin, Stein and Amelung, 2017). It identifies with all three classifications: User led; Process based; and Health based integration (World Health Organization (WHO), 2016).
- Aligning with the user led model, the initiative has been planned and led by service users (National Voices, 2013) who during consultation asked for improved communication and better access to community based services (D&GH+SCP, 2019). OOH nursing care is generally urgent, unscheduled, and prior to the initiative could be seen as task based. However, the extension of community nurses, with their widespread links and collaborative relationships with the wider MDT into the OOH team has enabled the provision of seamless continuous quality care round the clock, with open communication between in and OOH GP services (SG, 2018) (Howarth *et al.*, 2020). Additionally, a new palliative phone line has been created which allows patients who require urgent palliative care to access the OOH team quickly. This reflects true person centeredness; service users had a share in this decision, and will feel empowered as a result (National Institute for Health and Care Excellence, 2019).
- The initiative will improve efficiencies through combining services, collaboration and alignment of care, Process based integration (Kodner and Spreeuwenberg, 2002). Existing community nurses are being utilised to cover the OOH period rather than recruitment. Quality assessment and care is available 24/7, with patients able to see 'the right professional, at the right time, in the right place' (SG, 2015, p5), reducing unnecessary hospital admissions and delivering continuity of relationships with the primary care teams. As such, the integrated service will be more responsive, with a shorter time from referral to assessment (Maslin-Prothero and Bennion, 2010). Timmins and Ham (2013) emphasise this engagement across professions not only ensures reduced demand on hospital services, but moreover, provides better patient care and optimal outcomes for service users, the definition of health based integration (WHO, 2016).
- The initiative not brings a positive impact for patients, and for budget holders, but also for those providing care. Pearson and Watson (2018) discuss that integration of services is often welcomed by teams who see the benefits of working together and who have the opportunity to be involved in redesigning a service to improve patient outcomes. Likewise Maslin-Prothero and Bennion (2010) add that integration allows for improved team working and communication; development of shared cultures; and greater job satisfaction. However, integration is less successful when initiatives, are overseen in a rigid, top down, command and control structure with little attempt to involve front line staff or bring them on board (Pearson and Watson, 2018).

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