Community and Primary Care Nursing: Leading and shaping new models of care – responding to the five year forward view

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NHS England
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Twitter: #5YFV #shapeofcaring #FutureNHS
Housekeeping
Aims of the day:

- Bring people together
- Time to think
- Take Action
Mrs. Andrew’s Story…what went wrong
Five Year Forward View

One of the key aims is:

- To enable general practice, community pharmacy and other primary care services to play a much stronger role, at the heart of a more integrated system of community-based services.
Five Year Forward View – Opportunities for community and primary care nurses

Focus on prevention and public health
• Behaviour change to tackle lifestyle factors

Empowering patients and citizens
• Support and information for self–management and personalised care

Engaging with communities
• Partnership with the voluntary sector and public engagement

New models of care
• MCPs/PACs/VsH/Care Homes

Leadership at a local level
• Influence in driving integrated care
• Supporting development of a modern workforce

Improving quality
• Patient safety
• Patient experience
• Clinical effectiveness

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Introducing Transforming Nursing for Community and Primary Care (TNfCPC)

New Models of Care
Contribute to the development and implementation of the models

Good Practice
Sharing and learning in line with the 5YFV

The Shape of Caring
Consider the implications of the review for community and primary care nursing

Compassion in Practice
Embedding the Action Areas and 6Cs

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What we know

- Meeting the health and care needs of people in their local communities will require a different approach
- Ageing population requires an emphasis on frailty
- Needs of communities changing – secondary prevention
- Need to engage and mobilise Community and Primary Care Nursing
- Partnership approach required
Where do we need to be?

- New Models of Care - right skills, values and behaviours to deliver them
- Engagement with patients, carers and citizens
- Focus on well being and prevention
- Personalised care planning & self management
- Upskilled Workforce – across all care sectors
- Working across organisational boundaries
What have we done so far?
Transforming Nursing for Community and Primary Care (TNfCPC)

Commissioning Development
- Shared good practice
- Pricing & Incentives
- Frail Older People
- Supporting Community & Primary Care Nursing

Integration
- Joint medical & nursing collaboration
- Service component handbooks

Prevention
- Securing clinical leadership
- Commissioning tools & levers
- Working in partnership
- Action planning
- Supporting carers

Workforce
- Education & career pathways
- Workforce planning
Commissioning Development

...is supporting commissioning

- QNI review of workforce planning (2014)
- Community Nursing Workforce Commissioning Specification
- Consolidated literature on out of hospital care for commissioners (2014)
- Working with the Commissioning Nurse Leaders Network (CNL Network)
- Sharing good practice
- Working with the national pricing and incentives team
- Guidance and toolkit for frail older people
Commissioning Development

...is working to support general practice nursing

- Raising awareness of and supporting the use of the Primary Medical Services Assurance Framework for nursing in primary care
- Established a National Forum for Community and Primary Care Nursing
- Providing leadership for general practice nursing
- Contributing to delivering the Ten Point Plan for primary care
Integration

...is working to support care-planning, risk stratification and multi-disciplinary team working

- Collaboratively developed handbooks on:
  - Case finding & risk stratification
  - Multidisciplinary team working
  - Personalised care & support planning
- Accountable clinician for out of hospital care
Integration

...is working to support care-planning, risk stratification and multi-disciplinary team working

Service Components and Personalised Care pack link:

http://www.england.nhs.uk/resources/resources-for-ccgs/out-frwrk/dom-2/ltc-care
Workforce

...is ensuring the right skills in the right place

- Education and career pathway for district and general practice nursing
  - Education commissioning service specification
  - Career framework
- Future workforce planning
Prevention

... is focusing on those at risk and those with long term conditions

- Secure clinical leadership for secondary prevention
- Using commissioning levers for successful outcomes
- Behaviour change – partnership working
- Supporting carers
- Framework for Personalised Care (DH/PHE)
Working Collaboratively

- Nursing response to the ‘General Practice Ten Point Plan’
- Supporting the delivery of ‘New Models of Care’ within the Five Year Forward View
- Establishing a community nursing workforce commissioning framework
Nursing is integral to the 5YFV

- Prevention
- Engaging Communities
- Empowering Patients
- Use of Innovation
- Local Leadership
- Modern Workforce
- Exploit Info. Revolution
- New Models of Care
- Aligned National Leadership

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### What does it mean for Nursing?

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<td>Improve information: personal access to integrated records</td>
<td>Support England’s 5.5m carers – particularly the vulnerable</td>
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<td>Strengthen powers for Local Authorities</td>
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<td>Targeted prevention programmes – starting with diabetes</td>
<td>Support patient choice</td>
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<td>Increase patient control including through Integrated Personal Commissioning (IPC)</td>
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Future challenges

• Communication and engagement
• The next steps we should take for the Transforming Nursing for Community and Primary Care programme
• Engage with the National Forum for Community and Primary Care Nursing
• How we mobilise together to have maximum input into the Five Year Forward View and New Models of Care
“Thank You”

NHS England – Central Nursing Directorate
Shape of Caring Review

Shaping the recommendations....
Lord Willis was set this question:

‘How do we ensure the education and training is fit for purpose to support nurses and care assistants in delivering high quality care over the next 10-15 years?’
Challenges

• Population to grow 7% to 68 million by 2022
• +80’s will rise from 1.4m to 2.4 (2027) and 3.6m (2037)

• Currently 1.5 million with long term conditions – 70% of health spend

• 2030 4 million with diabetes.
• 4.2 million with kidney disease (8.3%)
• 40% rise in dementia patients (156% by 2050)
• 46% of men and 40% women obese by 2035

• Chronic care costs will rise by up to 75% by 2050
Five years
NHS Five Year Forward View:

• Greater focus on prevention
• Patients will gain far greater control of their own care
• Barriers will be broken down in the NHS
• New care delivering models, including development of integrated out-of-hospital care Multi-specialty Community Provider
• Need to invest in primary care, including community nurses
• Enhancement of technology and exploiting technology revolution
Future vision of the nursing and care assistant workforce

- The future nurse and care assistant workforce is likely to be able to:
  - Play an enhanced role in the community
  - Enable healthy lives and support self-care
  - Enabling whole person and coordinated care
  - Have the ability to have more flexibility around roles and pathways
  - Support and Lead research and innovation while adhering to the 6Cs

Enhanced Leadership and confidence
Not starting from scratch

• Prime Minister’s Commission on the Future of Nursing and Midwifery (2010): 20 recommendations relating to nursing/midwifery
• Willis (2012): 29 recommendations relating to nursing/HCSW
• Francis (2013): 29 recommendations for nursing/HCSW
• Cavendish (2013): 18 recommendations for HCSWs
The Evidence?

- 12 visits to view examples of good practice
- 5 Nurse/Care Assistant focus groups:
- 5 Director of Nursing meetings
- 2 patient public focus groups
- Key note speeches at Cardiff, Kingston, RCN Congress and 6Cs Live
- Call for evidence - over 160 Submissions
- Twitter chat – 160,000 accounts reached
Lord Willis introducing the...
Theme – review explores

Theme 1. Enhancing patient voice in Education and training
Theme 2. Valuing care assistants
Theme 3. Widening access
Theme 4. Assuring flexibility in the system
Theme 5. Assuring high quality learning in pre-reg
Theme 6. Assuring sustainable ongoing learning post-registration
Theme 7. Sustainable research and innovation
Theme 8. Assuring high quality funding and commissioning
Theme 1 – Enhancing Patient/carer voice

• Wide variety of existing engagement with patient within education and training – Do we know what makes a difference yet?

• Do we need effective standards and QA process to ensure patient voice heard within education and training

• We not only need to enhance the patient voice within education but the student voice – learn from their learning experience
Theme 2 – Valuing care assistants

- 1.3 million front line staff who are not registered nurses deliver 60% of hands on care.
- There is wide range of training for care assistants HEE could be the custodians of these standards
- The Care Certificate requires strong QA process and needs to be evaluated
- Need to explore a new bands 3 role with standards which will act as a bridge between currently unregulated care assistants and registered workforce.
- e-Portfolio for approved signed off caring skills
Theme 3 - widening access - role of the care assistant

- Evidence to suggest greater examples of widening access, including vocational qualifications and bridging programmes needed.
- Supportive of pre-degree care which could potentially widen access to nursing for young people and allows participants to understand more about hand-on caring. This has the potential to reduce attrition.
- Could HEI’s increasingly accredit prior experiential learning (APEL) entry into pre-registration education if experiential learning improved.
- Note only 35% want to become nurses – but want valuing!
Theme 4 – assuring flexibility

• There needs to be more **work-based learning routes**
• There needs to be an **educational/training skills ‘e-passport’** for both nurses and care assistants
• Need to explore different models other than the current model of the four fields of nursing which could potentially be more appropriate for the future and would ensure that student nurses did not specialise so early?
• Possible options could include: - 2 years multi-specialism/whole person care + 1 year chosen specialism +1 year with preceptorship
• Possible 5th strand Community and General Practice?
Theme 5 - assuring quality learning environments

- Mentorship is a key issue – There is a need to review system and current thinking (Amsterdam Model – Norwich).
- Student need to have the opportunity to have more ‘hands on’ experience
- Skills considered advance need to be part of graduate skill set
- Undergraduate students feedback suggest there is a need for greater consistency across education and training - National Assessment framework?
- Listening to student voice is key annual student feedback to HEE/NMC to inform future policy.
Theme 6 - assuring quality: ongoing learning

• Preceptorship could potential be linked to revalidation and to an enhanced education model (2+1+1)

• Further research will be needed to identify the knowledge skills and behaviours between the graduate and non-graduate workforce to better develop appropriate support for both.

• HEE needs to ensure consistency regarding on-going learning by setting standards and commissioning accredited training

• There needs to be a greater career pathways there is the potential to develop four pathways (around model of care – shared care, managed care and restorative care) which incorporate different specialisms.

• Potential to review the need to commission training places to support these pathways
Theme 7 – Research and Innovation

There needs to be greater collaboration to develop post graduate doctoral research centres to drive up research and increase clinical careers.

There should be greater links between Health Science Networks and CLAHRC’s to ensure that the workforce is able to adopt the latest research.

Concerns around the need for more evidence based practice

LETB’s to adopt Magnet Idea and define framework around beacon indicators
Theme 8 – Commissioning and Funding

Challenging to always find the answers to questions regarding funding need expert group to look at planning and unpick

Concerns regarding attrition on pre-registration courses – there needs to be standardised data collection

To commission health for local population there needs to be more equitable funding in place which is not professional orientated.
Start of the journey ............

There will be a need for further debate and work post-publication
Next Steps

The review will publish on 12\textsuperscript{th} March

There will be a consultation and development phase before HEE and NMC takes forward any recommendations.

We look forward to hearing your feedback!
Prevention in the Five Year Forward View

Anne Moger
Primary care nurse adviser
**Prevention in clinical work**

- Learning from clinical experience – partnership with patients, clients and communities
  - Understanding the context and circumstances
  - Explaining what could make a difference
  - Supporting arriving at solutions and strategies
  - Reinforcement and encouragement
  - Patients, clients, communities determining their own health and well-being
  - Supported by structural change

- Nurses as uniquely well placed to give help and support
Prevention in the Forward View

• Seventy percent of the NHS budget is now taken up by long-term health conditions rather than those susceptible to a one-off cure.
• Smoking, drinking, obesity make big contribution to these LTCs.
• Radical upgrade in prevention: failure would result in:
  • stalling of recent progress in healthy life expectancies;
  • health inequalities widening,
  • and an inability to fund the treatment and care that people need because we will be spending billions of pounds on wholly avoidable illness.
Increasing risk:

- Smoking: lung and other cancers, heart disease, stroke, COPD
- Alcohol: hypertension; CVD, dementia, diabetes, liver disease, cancers - breast and gastrointestinal tract; depression, anxiety, trauma
- Obesity: diabetes, CVD, hypertension, dementia, cancers, MSK
- Physically active lifestyle reduces risk including CHD, stroke, type 2 diabetes, some cancers, obesity, MH and MSK conditions.
The Forward View challenges the divide between patients and professionals: better health through increased prevention and supported self-care.
NHS role in prevention

• Local authorities and Public Health England - clear role to play in improving the health of the population

• NHS has role supporting those with risk factors, illness or LTCs maintaining or improving their own health and wellbeing.

• Mandate: staff should use every contact they have with people as an opportunity to help people stay in good health – by not smoking, eating healthily, drinking less alcohol, and exercising more.

• 15-16 planning guidance: CCG action plans: behavioural interventions for patients and staff, in line with NICE guidance, with respect to smoking, alcohol and obesity, with appropriate metrics for monitoring progress.
NHS England approach to behaviour change

- Systematic specific approach:
  - updated NICE guidance on individual behaviour change
  - topic specific guidance pathway on obesity, alcohol related harm and on smoking.

- Pathway approach,
  - Identification, assessment of risk, delivery of evidence-based intervention
  - behaviour change interventions of progressive intensity according to the clinician’s relationship with the patient and the client’s assessed level of risk.

- Supported by training and development
Pathway approach to behaviour change

- **Very brief interventions** (MECC) opportunistic
- **Brief intervention**: regular contact with those assessed at risk eg DNs, PNs, etc
- **Extended brief interventions**: regular and longer contacts: assessed higher risk, for example a long term condition with co-morbidities.
- **High intensity interventions**, >30 minutes, number of sessions; behaviour change service; assessed high risk of eg BMI >40; or serious medical condition that needs specialist advice and monitoring
Progressive competency framework

Set out in NICE individual behaviour change guidance. Depending on intensity of intervention include:

- Listening skills
- Understanding determinants of health
- Motivational interviewing
- States of change model
- Techniques from CBT

Staff do need appropriate training, development and support.
Prevention integrated into LTC management

- Increasing limited capacity for behaviour to effect outcomes, emotional wellbeing, feelings of control. Quality of life becomes important. Influenced by use of personal budgets, attitudes of carers, clinical teams.
- Individual has greater ability to affect health outcomes by changing behaviours.

Diagram:
- High % of professional care
- Equally shared care
- High % of self-care
- Complex cases with co-morbidities
- High risk cases
- 80-90% of cases

self care
Barriers to implementation?

- **Patients don’t want to change** Identify readiness to change, patient activation.
- **Patients might be offended.** Use of listening skills and motivational interviewing techniques.
- **Nurses’ own lifestyles.** Support better lifestyles for staff.
- **Too busy.** Reduces demand on services.
- **QOF drives disease centred management:** Co-commissioning for personal centred, preventive approaches. Reorganising LTC management around people not diseases.
Commissioners

• Commissioning behaviour change as an integral part of care pathways.
• Using commissioning levers: revisit QOF, CQUINs, KPIs etc
• Using contracting tools: specs, LESs etc
• Commission for: delivery of behaviour change interventions by front line clinicians; competencies; staff health and wellbeing.
Providers

- Embed behaviour change in pathways, protocols, service design and care planning.
- Organisational support; PDRs, objective setting, PDPs.
- Ensure staff have accredited training and development - acquire and maintain the skills.
- Support staff as well as patients in behaviour change - opportunities for developing healthier behaviours.
NHS England are supporting you:

• Clinical leadership: making the case for change to nurse commissioners and providers

• Developing commissioning tools and levers: identifying and sharing good practice, providing templates.

• Partnership working: with HEE, PHE, DH and others clarifying roles and ensuring infra-structure in place especially re training and development
‘Dementia, disability and frailty are not inevitable consequences of ageing….there is sufficient evidence to show the risk of developing them can be reduced through changing common behavioural risk factors.’

- quitting smoking,
- increasing physical activity,
- reducing alcohol consumption
- having a healthy diet
- maintaining a healthy weight.
Frailty – a complex syndrome of increased vulnerability

Prevent/delay frailty
Primary prevention
Health promotion

Delay onset

Reversibility

Delay/prevent adverse outcomes

Life course determinants: Biological Genetic Psychological Social Environmental

Decline in physiologic reserves + Multiple long term conditions

Candidate markers: Nutrition Mobility Activity Strength Endurance Cognition Mood

Adverse Outcomes: Disability Morbidity Hospitalisation Institutionalisation Death

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Frailty as a Long Term Condition?

A Long Term Condition is:
“A condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies” (DH 2012)

Frailty is:
- Common (25-50% of people over 80 years)
- Progressive (5 to 15 years)
- Episodic deteriorations (delirium; falls; immobility)
- Preventable components
- Potential to impact on quality of life
- Expensive
Supported Self Management for Frailty

What it's not....

Provision of information; leaflets, booklets, web links etc

What it is.....

About acknowledging the person’s central role in the management their own care and empowering them and their family and carers to handle their condition as effectively as possible.
What to focus on.....

Potentially modifiable risk factors associated with functional decline in community dwelling older people.

- Alcohol excess
- Cognitive impairment
- Comorbidity
- Falls
- Functional impairment
- Hearing problems
- Mood problems
- Nutritional compromise
- Physical inactivity
- Polypharmacy
- Smoking
- Social isolation and loneliness
- Vision problems

MORE THAN MEDICINE
Loneliness and Social Isolation

• 59% of older adults who report poor health say they feel lonely some of the time or often compared with 21% who report excellent health.
• Social isolation is one of the top five causes for admissions to care homes.
• People who are socially isolated visit their GP more often, use more medication and have more falls.
• Lacking social connections is a comparable risk factor for early death to smoking 15 cigarettes a day and is worse for our health than obesity and physical inactivity.
Frailty Prevention in Practice
Cornwall ‘Living Well’

• Community nursing activity has increased in the LW areas possibly due to shift in care from acute to community but there is less crisis and a more planned care approach.

• The impact of Living well on Community nurses is the importance of behavioural change.

• Instead of following a structured assessment they have learnt better communication skills and a different approach to personalised care despite service pressures.
And the practice...