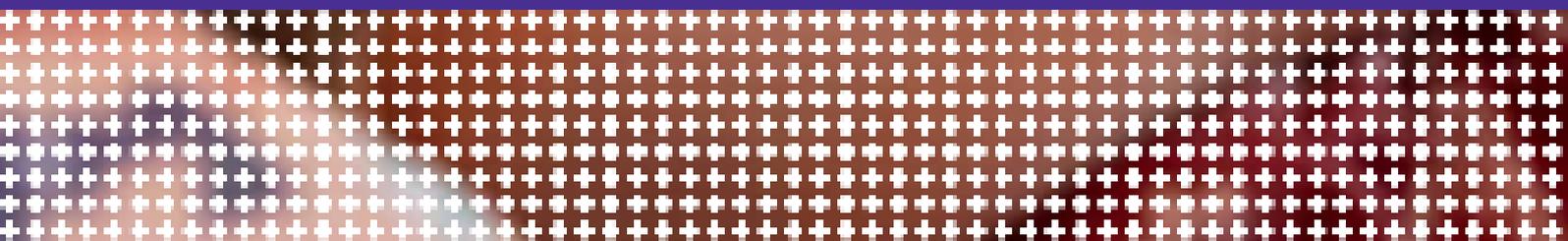




District Nursing Today

The View of District Nurse Team Leaders in the UK



The Queen's Nursing Institute

The Queen's Nursing Institute is a charity dedicated to improving nursing care for people at home and in the community.

We work with nurses, managers and policy makers to make sure that high quality nursing is available for everyone in their homes and communities. Our aim is to ensure that people receive high quality care when and where they need it, from the right nurse, with the right skills.

Today we improve nursing in the home:

- ✦ Through our national network of Queen's Nurses, who are committed to the highest standards of care
- ✦ Through field-specific standards that support specialist, advanced university qualifications for nurses
- ✦ Through our 10 professional networks created to connect nurses in their specific fields of work and which build a strong supportive structure where they are free to share best practice and innovations to improve patient care.
- ✦ By funding nurses' own ideas to improve patient care, helping them develop their skills and innovate services
- ✦ Through our two leadership programmes: Ambition to Lead for experienced nurses and allied health professionals and the Executive Nurse Leadership programme for senior executive nurses.
- ✦ By influencing government, policy makers and employers, and campaigning for investment in services
- ✦ By helping working and retired community nurses in times of financial need
- ✦ By linking up working and retired nurses for regular telephone contact.

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Foreword

The Queen's Nursing Institute (QNI) serves as an independent professional organisation and national advocate for all community nurses in England, Wales and Northern Ireland.

District Nursing is a highly valued, core, universal community service which is provided in every village, town and city, and indeed many other fields of practice in community nursing developed from District Nursing over the past century. It is a jewel in the crown of the NHS and highly regarded by countries around the world as an exemplary universal service which others aspire to develop.

District Nurses, and by extension the individuals, families and communities they care for, are at the centre of the QNI's mission and values. The QNI's International Community Nursing Observatory (ICNO), established in 2019, exemplifies our core belief that the design and activity of healthcare services should be based on independent evidence, and this report offers broad and rich data about District Nursing services today.

The report is based on the responses from District Nursing teams in all countries of the UK including Scotland. The nurses responding to the survey collectively represent a huge body of experience and knowledge. The survey responses show that District Nurse team leaders are carrying more responsibility than ever before. It also reveals that they are responding to the increased complexity of their work by further developing their knowledge, skills and qualifications when they have the opportunity.

The QNI has supported them in their endeavours through our many programmes including the Queen's Nurse title, our Workforce Standards for District Nursing Services, and our new Field Specific Standards to support the Specialist Practitioner Qualification in District Nursing.

The report focuses on the demographic profile of the workforce, working practices and technology, education and professional development, and capacity in nursing teams. I would encourage all District Nurses to review the findings of this report. I also commend it to policy makers, commissioners and service planners, as they work to strengthen the District Nursing services that deliver essential individual and population health in communities everywhere. If District Nursing is to remain a jewel in the NHS crown, it must be nurtured, developed and supported by appropriate levels funding to meet the increased need.

The whole systems working of our health and social services are highly dependent on such an investment and the people we serve in all our communities deserve nothing less.

Dr Crystal Oldman CBE
Chief Executive, The Queen's Nursing Institute



Introduction

District Nursing is a core part of the National Health Service in the UK. It grew out of voluntary origins in the 19th century, from the inspiration of the philanthropist William Rathbone VI, and his friend in this endeavour, Florence Nightingale. The Queen's Nursing Institute was founded in 1887 to systematise this movement and bring trained District Nurses to every community in the United Kingdom.

The Queen's Nursing Institute has undertaken regular surveys of District Nurse team leaders in the UK since 2009. These surveys seek to provide a snapshot of the issues affecting the workforce, highlighting challenges and opportunities that are faced on a national level. Since 2019, these District Nurse surveys have been carried out by the QNI's International Community Nursing Observatory (ICNO).

This survey makes extensive comparison with the data presented in 2019, illustrating trends in the District Nursing workforce since the Covid-19 pandemic. Since the last District Nursing report, we have seen the launch of Integrated Care Boards in England and of many other policy initiatives within the National Health Service. The introduction of 'virtual wards' has also heralded a change in how services are perceived and delivered, though there is no one single model, rather a plenitude of variation.

We have a growing and ageing population and this is having a profound impact on how health and social care must be planned and delivered. As more care is moved into the community, District Nurses are increasingly responsible for people living with a range of complex healthcare needs. The Department of Health and Social Care promotes the need for a fundamental shift away from hospital care towards care being delivered in the community. In England, this policy is enshrined in the NHS Long Term Plan (2019) and has been repeatedly reinforced since then. In the other countries of the UK, national policy is also firmly committed to enhancing healthcare delivered in the community.

Despite these policy commitments, and broad agreement about their delivery, District Nursing services remain under-resourced in many respects. The data synthesised in this report illustrates where the pinch points lie for District Nursing services. It also offers some clear recommendations for how increased resources would achieve major benefits for services, the wider health and care system, and for those individuals receiving essential care in their own homes.

Summary of Findings

The District Nurse (DN) Team Leader workforce largely consists of experienced nurses. In total, 70% of 2023 survey respondents have been on the NMC register for more than 10 years with 36.9% of respondents being on the NMC register for more than 20 years.

There are more team leaders with the District Nurse Specialist Practitioner Qualification (DNSPQ) than when the survey was last carried out (QNI, 2019). The proportion of respondents with a DNSPQ rose from 62.8% in 2019 to 69.8% in 2023. However, only 50.7% of respondents' organisations required them to have a DNSPQ qualification and the DNSPQ is not always supported by employers.

There is also an issue with equity of access. The DNSPQ course represents a significant time commitment, and it can be difficult to fit it in around work and other commitments. This can be a particular challenge for nurses who work part-time or who have caring responsibilities – disproportionately affecting a largely female workforce.

There appears to be a staff retention issue when considering access to the DNSPQ. There is confusion surrounding the DNSPQ and its future and this lack of clarity makes it difficult for

nurses to plan their career paths. This uncertainty about the future of the qualification and the role of District Nurse is therefore a staff retention risk.

There were a number of issues around capacity, both in workloads and in workplace culture. 31.9% of respondents had to delay or defer visits every day, 32.6% most days, 25.8% once a week, 8% less than once a week and only for 1.7% of nurses, never.

56.6% of respondents in the 2023 survey did not have to refuse referrals because of capacity or workload issues compared to 61.7% in the 2019 survey. 18.5% of respondents in 2023 had to refuse on a daily basis, up from 11.7% in 2019. 12.8% refused at least once a week in 2023 up from 11.7% in 2019. The percentage refusing at least once a month remained similar (5.9% in 2023 compared to 6.1% in 2019). District nurses felt unable to refuse referrals due to employer policy or pressure from managers.

The most common aspects of care not done or not undertaken to professional satisfaction due to capacity/workload issues were: psychological care/support (43.3% of respondents), assessment (38.6% of respondents) and managing continence (30.8% of respondents). The focus on task orientated work rather than person centred care was a source of dissatisfaction.

77.2% of respondents had heard of the QNI Workforce Standards, (QNI, 2022). 60.1% found the standards somewhat helpful, 28.9% very helpful and 5.2% extremely helpful (total 92.2% positive) with only 5.8% finding them not helpful.

Virtual wards and remote monitoring are having a growing impact on community nursing services. 46.2% of respondents stated that they had made no difference to their workload, but almost a third (28%) stated that they had increased workload. Only 4.5% said that they had decreased workload.

There appear to be more band 3 and 4 staff including Nursing Associates in DN teams than in 2019. In 2019 73.9% of respondents had no Nursing Associates on their team compared to 52.4% in 2023.

Scheduling and the use of electronic health records still presented a number of issues, including scheduling or not allocating enough time for work. These findings are similar to the findings presented in Nursing in the Digital Age report (QNI, 2023).

The number of team leaders without the prescribing qualifications of V100, V150 or V300 is falling and almost a third of team leaders (27.9% of respondents) in 2023 had a V300 qualification compared to 18.5% in 2019. The proportion of respondents who had completed an advanced clinical assessment course/module increased from 38.2% in 2019 to 43.4% in 2023.

Caseloads for District Nursing teams appear to be rising. Responses in the 101 to 200 range have gone down (24.8% in 2019, 20% in 2023) while those of 600 plus have gone up (11.5% in 2019 to 16.2% in 2023).

The availability of team leaders providing direct patient care varied; 23.4% of respondents spent less than 20% of their time seeing patients/giving direct care. However, it is recognised that much of the work of the team leader will still be directly related to patient care in support of the team and in liaising with other professionals, including discussing patient care and making referrals.

Unpaid overtime was common. 43% of respondents are carrying out 4 to 7 hours unpaid overtime per week, 33.3% 1 to 3 hours, 15% 7 to 10 hours and 8.7% more than 10 hours.



‘The proportion of respondents with a DNSPO rose from 62.8% in 2019 to 69.8% in 2023. However, only 50.7% of respondents’ organisations required them to have a DNSPO qualification and the DNSPO is not always supported by employers.’



More respondents in 2023 had access to parking permits. 39.8% of respondents had access to a car parking permit in the 2023, survey compared to 30.7% in the 2019 survey. However, 39.4% of respondents were not fully reimbursed for fuel costs. Other issues such as compensation for wear and tear, taxation on reimbursement of fuel costs and paying full costs after the 3,000-mile annual limit is reached were also raised.

There has been a slight increase of those aged 25-44 in this workforce, but the largest part of the workforce is still over the age of 45. 20.7% of respondents are over the age of 55 and 1.3% over the age of 65.

Methods

A large-scale cross-sectional survey, last run in 2019, was sent by email to the QNI DN mailing list. There is no specific QNI District Nurse Team Leader mailing list, so there was a degree of self selection. The data was analysed using descriptive statistics and due to the high volume of free text Bard was utilised (BARD AI), with samples checked for fidelity.

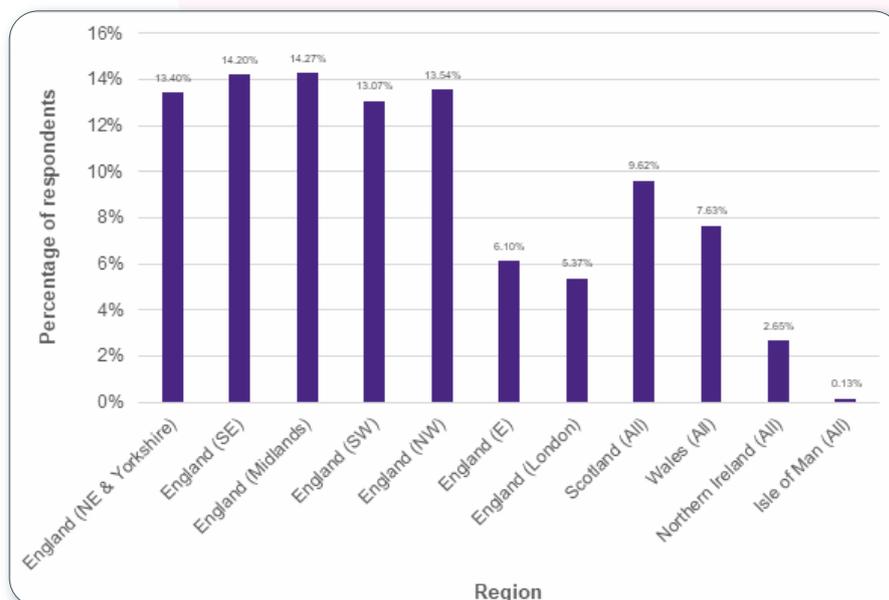
Response Rate

The 2023 survey had 1518 responses. The target email was opened by 3177, however as above this mailing list was not comprised exclusively of DN Team Leaders.

Results

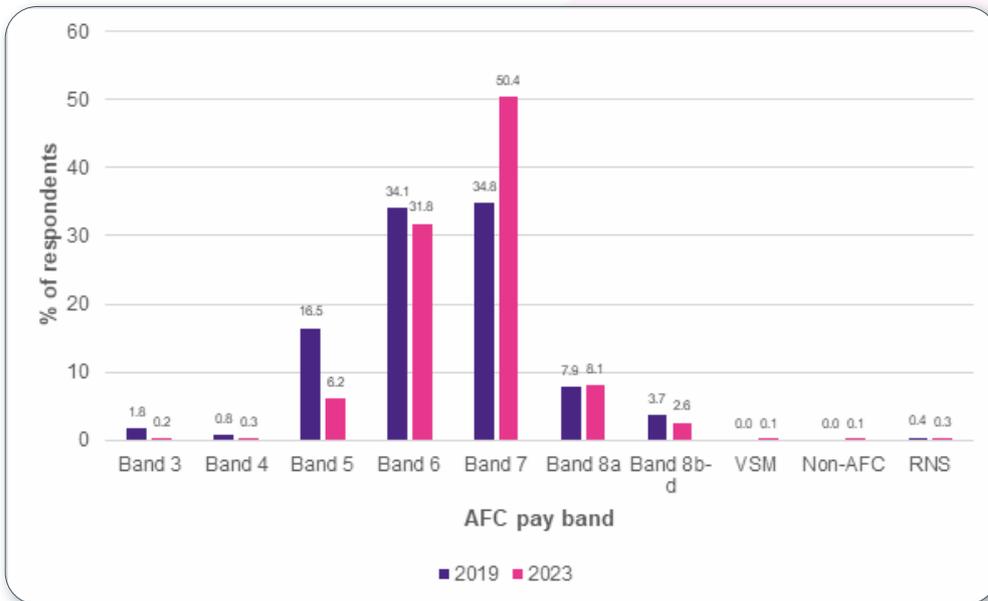
Q2 In which geographical region/s do you deliver care?

Figure 1. 99.2% RR (response rate) for this question. The 2019 survey used different geographical areas, hence no comparison is presented.



Q5 Please select your AFC (Agenda for Change) pay band

Figure 3. 99.2% Response Rate



In 2023, 50.4% of respondents were paid at Band 7, 31.8% at Band 6 and 6.2% at Band 5. There appears to be an increase in the proportion of Band 7 respondents, with a corresponding drop in Band 5s and 6s.

Q6 How long have you been on the NMC register?

Figure 4. 99.3% Response Rate

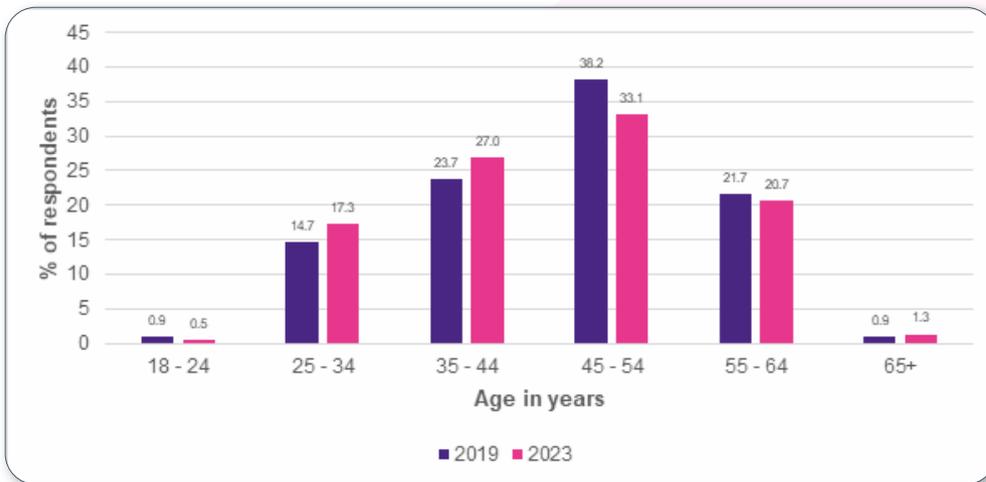


In total 70% of 2023 respondents have been on the NMC register for more than 10 years with 36.9% of respondents being on the NMC register for more than 20 years.



Q7 Please select your age band

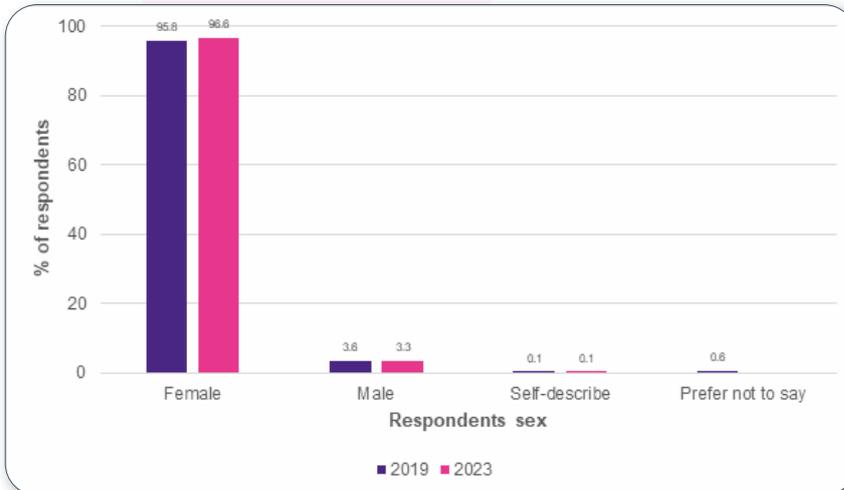
Figure 5. 98.4% Response Rate



33.1% of 2023 respondents were aged 45 to 54, 27% 35 to 44, 20.7% 55 to 65, 1.3% 65 plus and 0.5% 18 to 24. In total 44.8% of 2023 respondents were aged 18 to 44 compared to 39.3% of 2019 respondents. 55.1% of 2023 respondents were aged 45 to 65 plus compared to 60.8% of 2019 respondents.

Q8 Please select your sex

Figure 6. 99.2% Response Rate



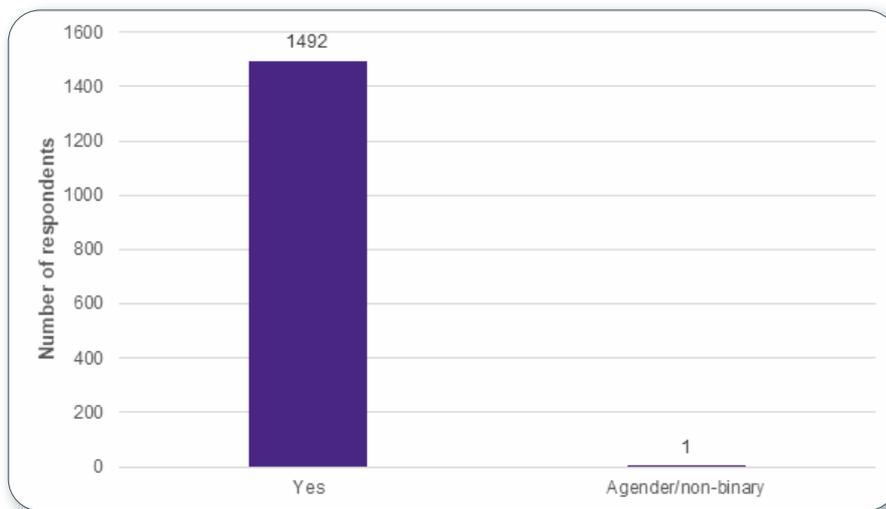
In 2023 96.6% of respondents were female, compared to 95.8% in 2019.

‘In 2023, 50.4% of respondents were paid at Band 7, 31.8% at Band 6 and 6.2% at Band 5. There appears to be an increase in the proportion of Band 7 respondents, with a corresponding drop in Band 5s and 6s.’



Q9 Is the gender you identify with the same as your sex registered at birth?

Figure 7. 98.3% Response Rate

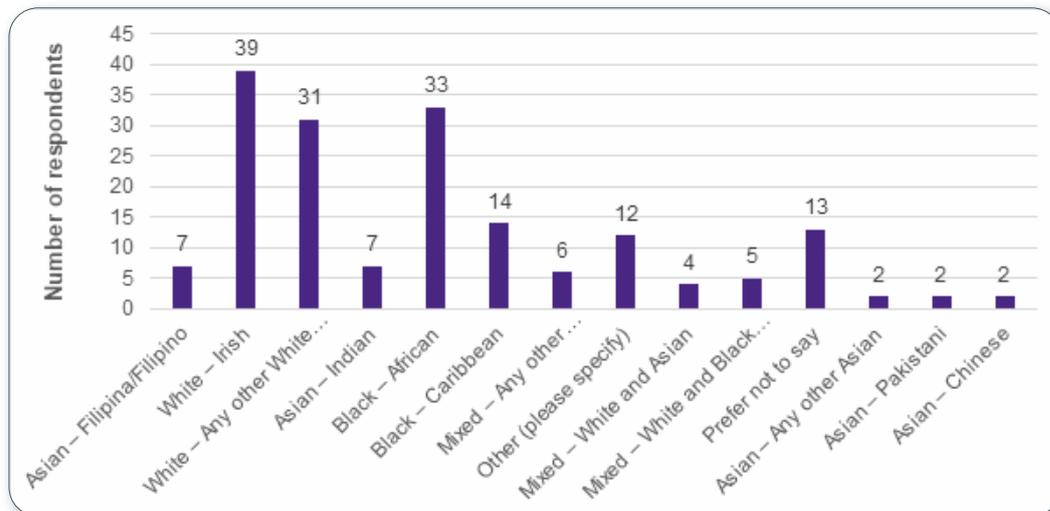


Q10 What is your ethnicity?

88.3% (1331/1508) reported 'White-British 99.3% Response Rate

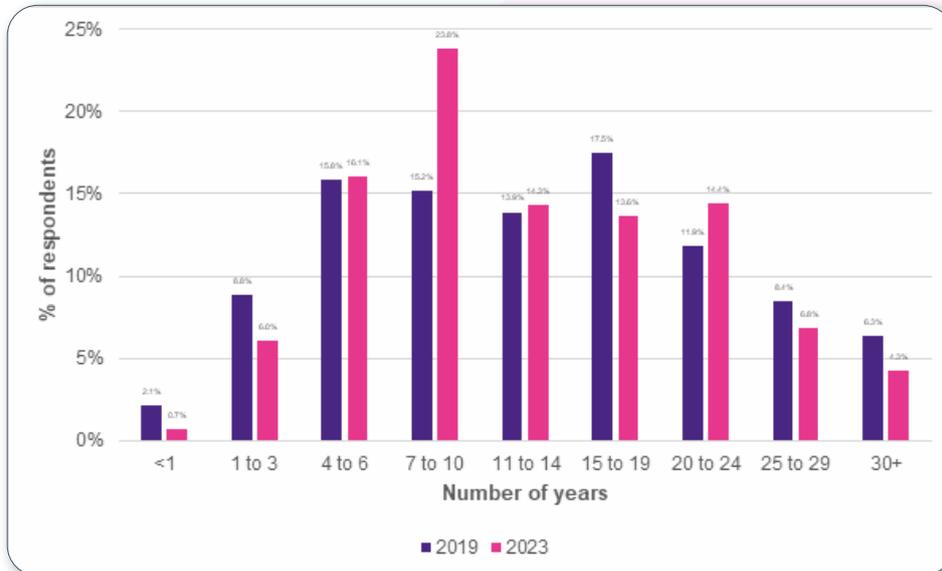
Figure 8. Non-White-British responses (n=177).

In 2023 the most common non-White-British responses were White-Irish (39), Black-African (33) and White - Any other White background (31).



Q11 How long you have worked in the District/Community Nursing service?

Figure 9. 99.1% Response Rate



In the 2023 survey, 46.6% of respondents had worked in the District/Community Nursing service for less than 10 years (42% in 2019). 53.4% of respondents had worked as a DN for more than 10 years (58% in 2019).

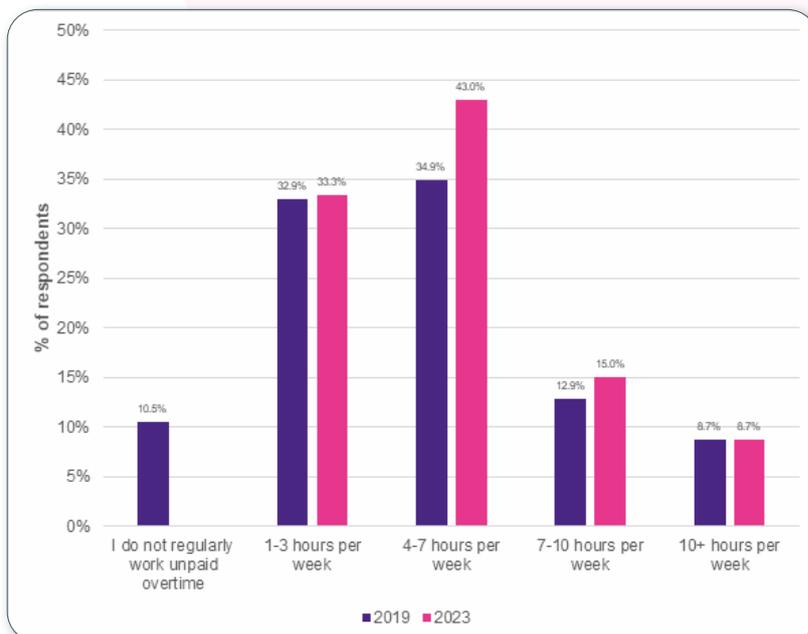
Q12 How many hours per week are you contracted (i.e. paid) to work in your role? (Please enter number of hours, e.g. 37.5). 98.8% Response Rate

1143 (76.2%) respondents worked 37.5 hours per week, 145 (9.7%) 30 hours per week and 53 (3.5%) 22.5 hours per week. Of the remainder, the most hours of work reported was 40 per week, the least 7.5 hours per week.

Q13 If you work unpaid overtime (including working through meal breaks) and please estimate the average hours of unpaid overtime per week.

Figure 10. 95.4% Response Rate

There was no 'I do not regularly work unpaid overtime' option in the 2023 survey).

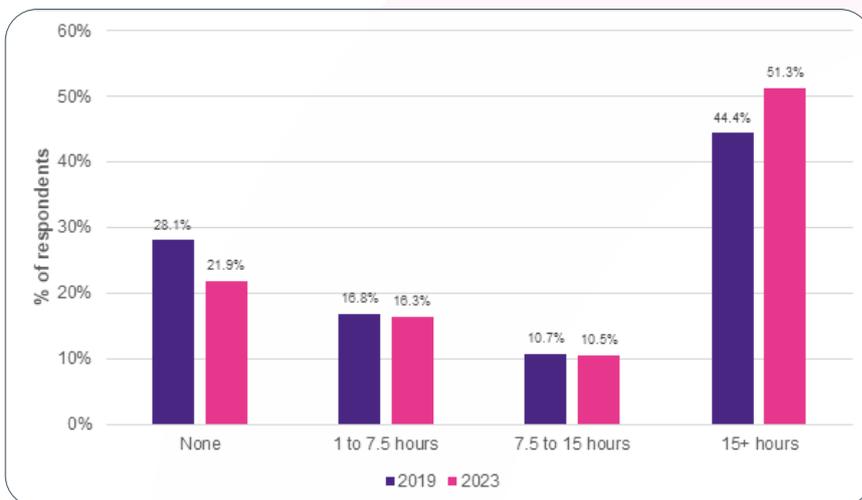




In total, the 2023 survey reported 43% of respondents carrying out 4 to 7 hours unpaid overtime per week, 33.3% 1 to 3 hours, 15% 7 to 10 hours and 8.7% more than 10 hours. Comparison with 2019 is difficult due to the lack of a 'none' option in 2023.

Q14 How many hours of administrative support is provided for the District/Community Nursing team you work in each week?

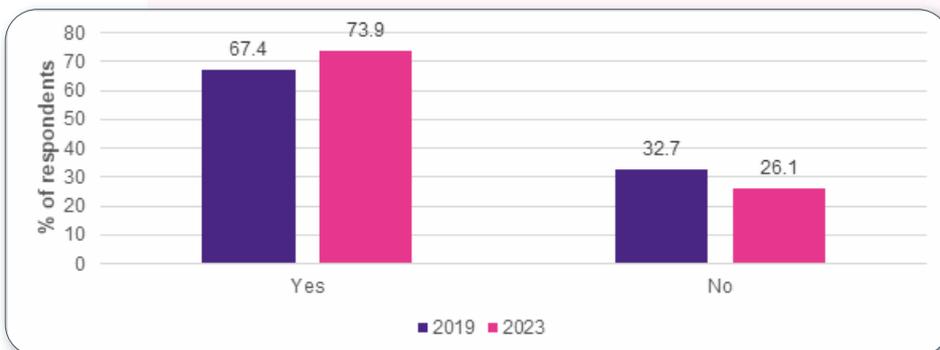
Figure 11. 98.8% Response Rate



In the 2023 survey, 51.3% of respondents had 15 or more hours of support (44.4% in 2019), 16.3% 1 to 7.5 hours support (16.8% in 2019) and 10.5% 7.5 to 10 hours support (10.7% in 2019). In total 78.1% of 2023 respondents had some support (71.9% in 2019). 21.9% in the 2023 survey reported having no support at all (28.1% in 2019).

Q15 Are you responsible for the allocation of work to the team?

Figure 12. 98.8% Response Rate



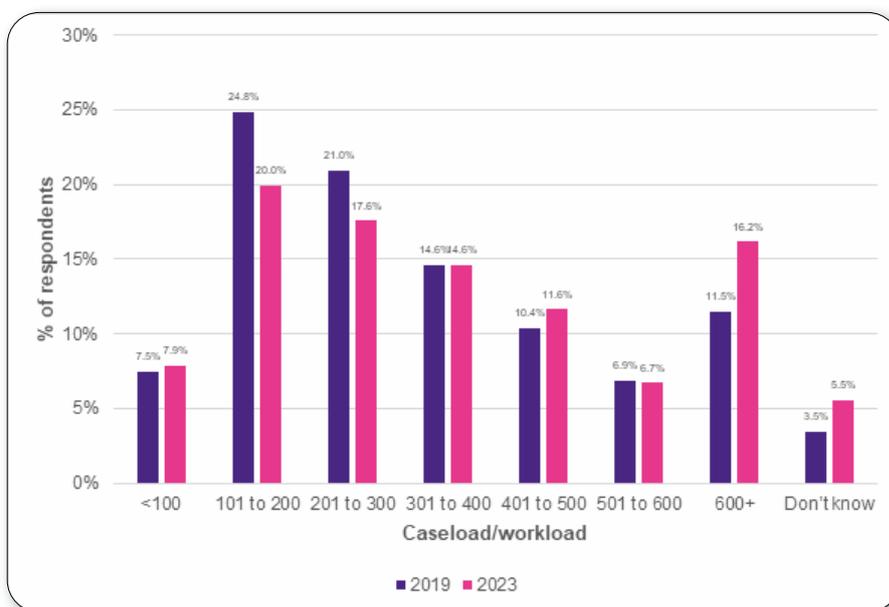
In the 2023 survey, 73.9% of respondents were responsible for the allocation of work to the team compared to 67.4% in 2019.

'46.6% of respondents had worked in the District/Community Nursing service for less than 10 years (42% in 2019). 53.4% of respondents had worked as a DN for more than 10 years (58% in 2019).'



Q16 What do you estimate your team's current caseload/workload size to be?

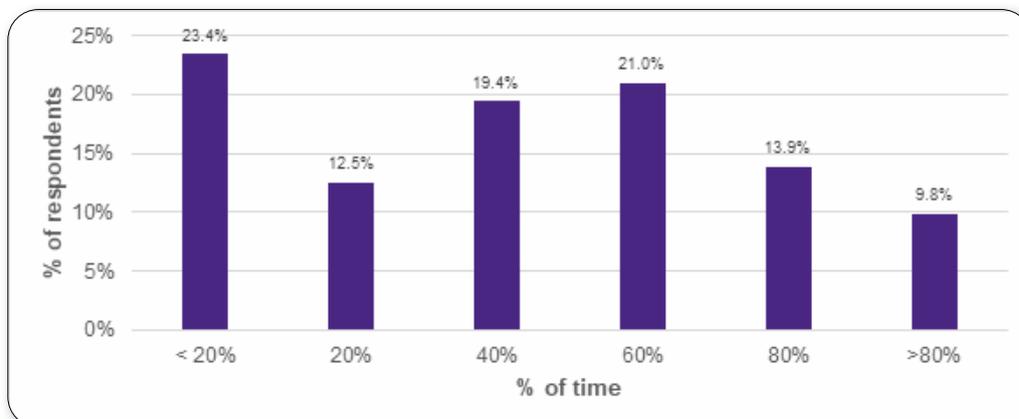
Figure 13. 99% Response Rate



Caseloads of 101 to 200 have gone down (24.8% in 2019, 20% in 2023) while those of 600 plus have gone up (11.5% in 2019 to 16.2% in 2023).

Q17 How much of your time is spent seeing patients/giving direct care?

Figure 14. 99.3% Response Rate



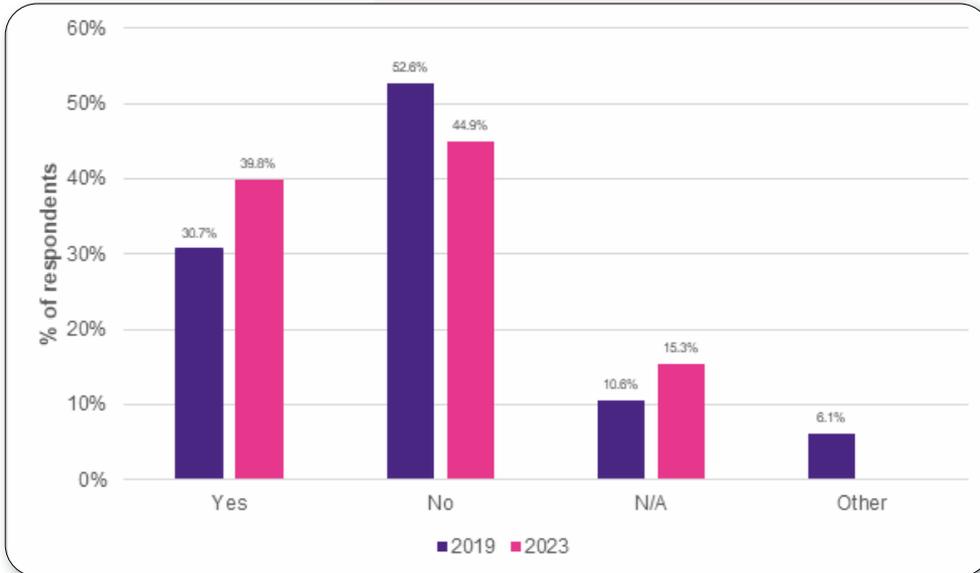
In the 2023 survey, 23.4% of respondents spent less than 20% of their time seeing patients/giving direct care. However, as mentioned earlier, it is recognised that much of the work of the team leader will still be directly related to patient care in support of the team and in liaising with other professionals, including discussing patient care and making referrals.

Q18 What mode of transport do you mainly use when carrying out home visits?

99.3% Response Rate. In 2019 98.6% (2473) respondents used a car. In 2023, 97.1% (1466) respondents used a car. The remaining options were walking, public transport and bicycle.

Q19 If you regularly use a car do you have access to a car parking permit that allows you free parking if required?

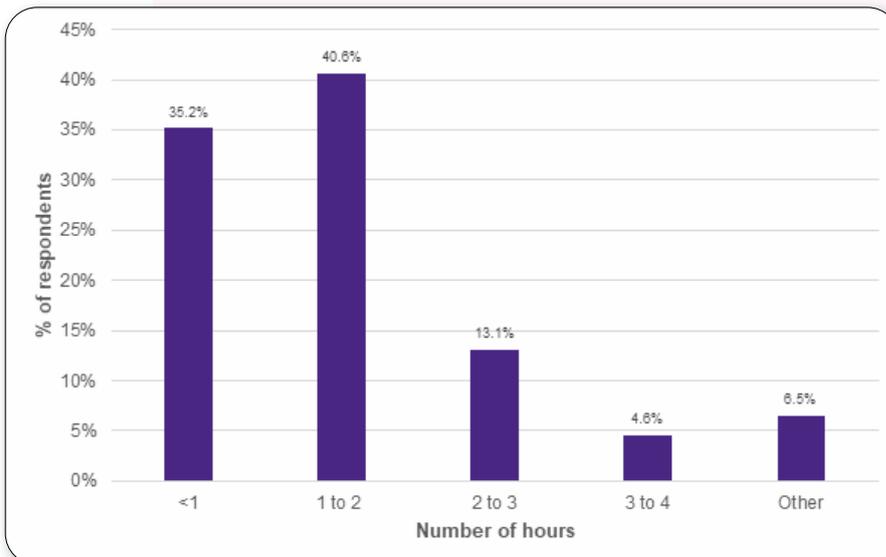
Figure 15. 99.1% Response Rate. 2019 had an extra option, "Other"



39.8% of respondents had access to a car parking permit in the 2023 survey, compared to 30.7% in the 2019 survey.

Q20 Please estimate how much time you spend travelling each day? Please do not include commuting to and from work in this total.

Figure 16. 99.2% Response Rate

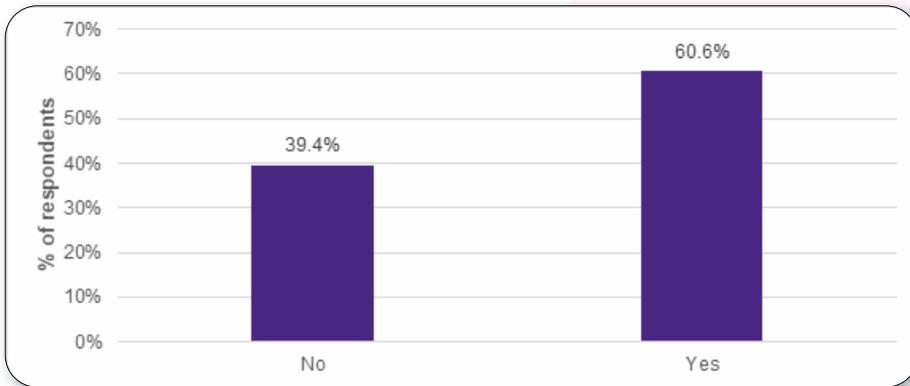


35.2% of respondents in the 2023 survey spent less than an hour travelling. 40.6 spent 1 to 2 hours, 13.1% 2 to 3 hours and 4.6% 3 to 4 hours.



Q21 Are you fully reimbursed for fuel costs?

Figure 17. 98% Response Rate



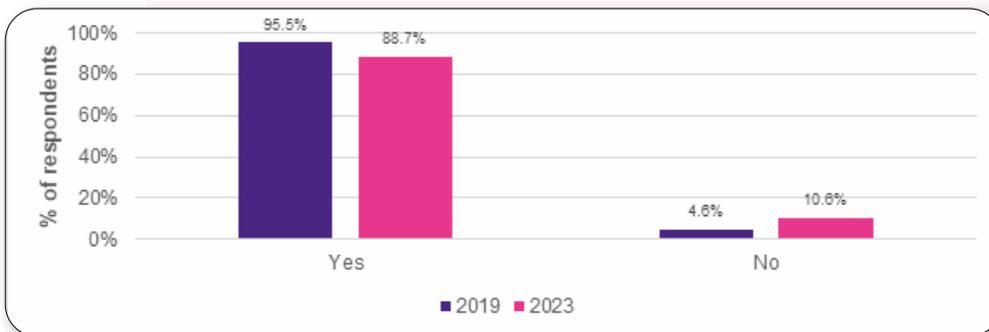
39.4% of respondents were not fully reimbursed for fuel costs in the 2023 survey.

Text analysis of comments:

- A range of mileage reimbursement rates are reported, from 8p per mile to 65p per mile
- Numerous comments about reimbursement levels not covering costs, including wear and tear
- Many nurses paying their own costs to a greater extent even more after reaching the limit of 3,000 miles during the year
- Notes that expenses are taxed
- The situation is slightly confused by reimbursement rates that suggest cars may be lease or pool cars.

Q22 Did you have an annual appraisal last year?

Figure 18. 99.1% Response Rate



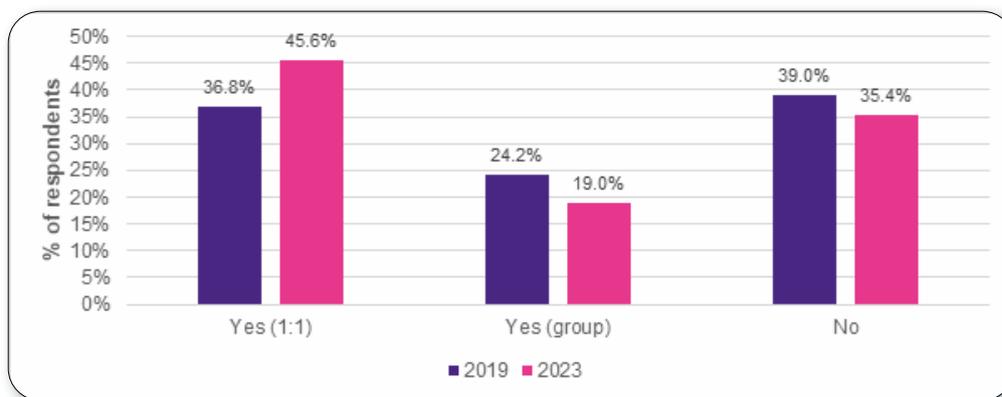
88.7% of 2023 respondents had an annual appraisal compared to 95.5% of 2019 respondents, a drop of 6.8%.

39.4% of respondents were not fully reimbursed for fuel costs in the 2023 survey, many nurses paying their own costs to a greater extent, even more after reaching the limit of 3,000 miles during the year.



Q23 Do you have access to regular clinical supervision (at least once a month)?

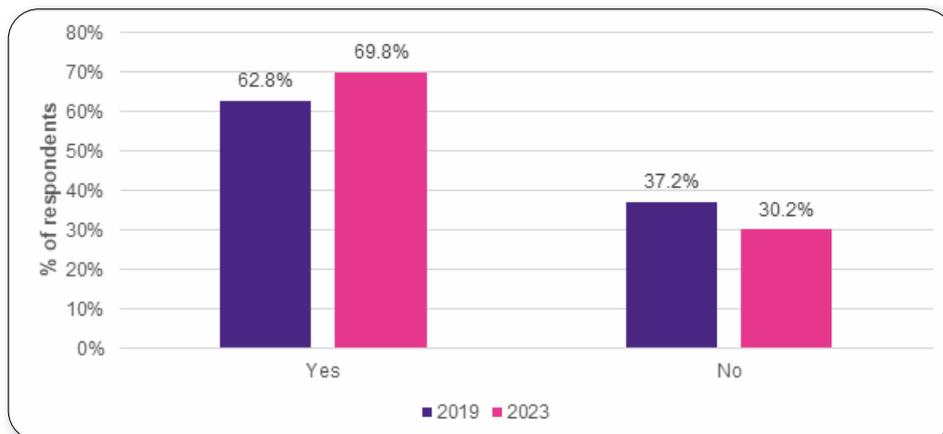
Figure 19. 99%



The percentage of respondents having access to regular 1 to 1 clinical supervision rose from 36.8% in 2019 to 45.6% in 2023. Group supervision fell from 24.2% in 2019 to 19% in 2023. 39% of respondents had no regular clinical supervision in 2019, down to 35.4% of respondents in 2023.

Q24 Do you have a District Nurse Specialist Practitioner Qualification (DNSPQ)?

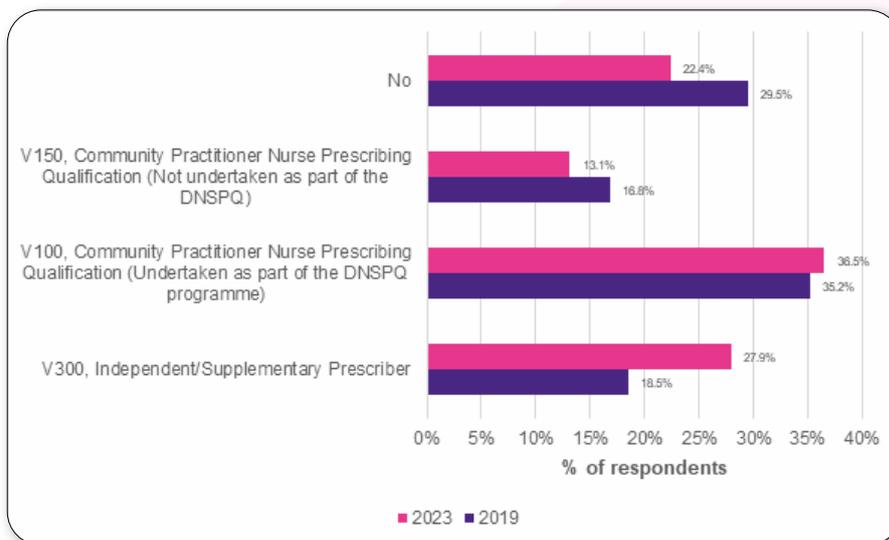
Figure 20. 98.8% Response Rate



The proportion of respondents with a DNSPQ rose from 62.8% in 2019 to 69.8% in 2023.

Q25 Are you a nurse prescriber/non-medical prescriber?

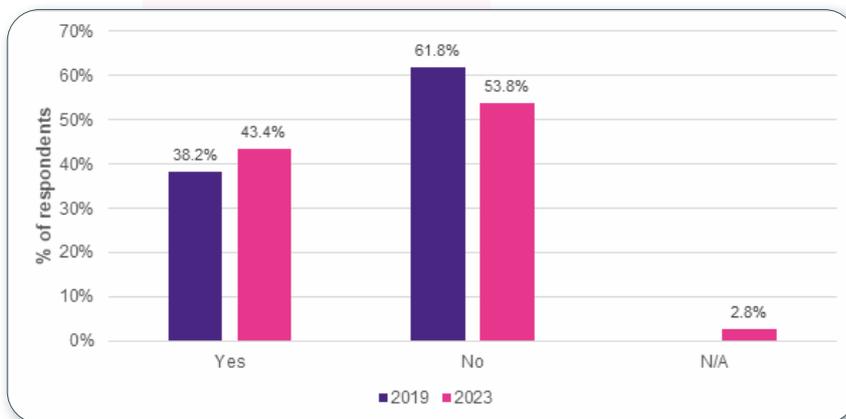
Figure 21. 99.3% Response Rate



The proportion of respondents who were not nurse prescribers/non-medical prescribers fell from 29.5% in 2019 to 22.4% in 2023. 27.9% of respondents in 2023 had a V300 qualification, compared to 18.5% in 2019.

Q26 Have you completed an advanced clinical assessment course/module?

Figure 22. 99% Response Rate. The 2019 survey did not have a 'not applicable' option).



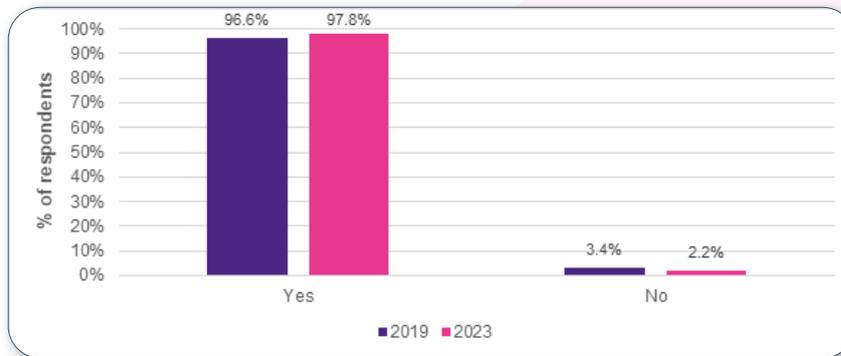
The proportion of respondents who had completed an advanced clinical assessment course/module increased from 38.2% in 2019 to 43.4% in 2023.



hello
Sarah
Community Support Lead

Q28 Does the service that you work in provide placements for pre-registration nursing students?

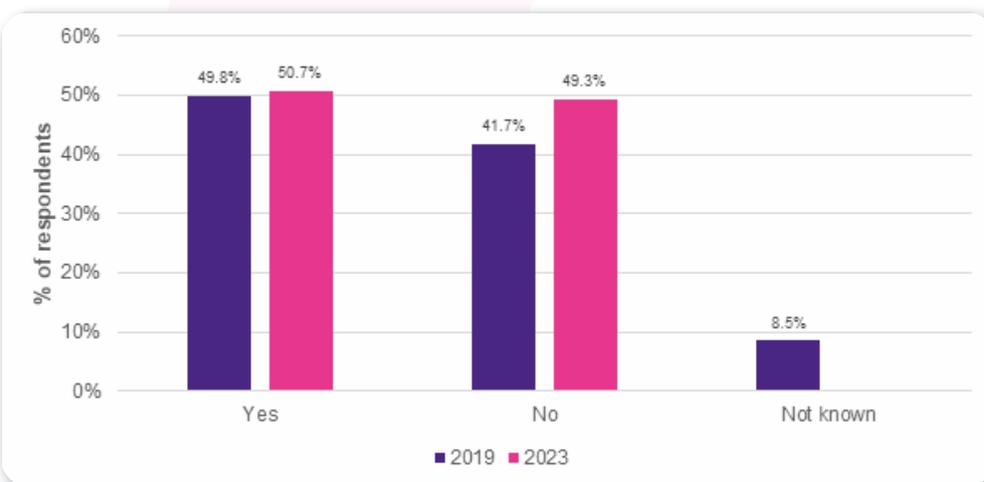
Figure 23. 98.8% Response Rate



In 2023, 97.8% of respondents worked in a service that provided placements for pre-registration nursing students. In 2019 the proportion of respondents that provided placements was 96.6%.

Q30 In your organisation are you required to have the DNSPQ?

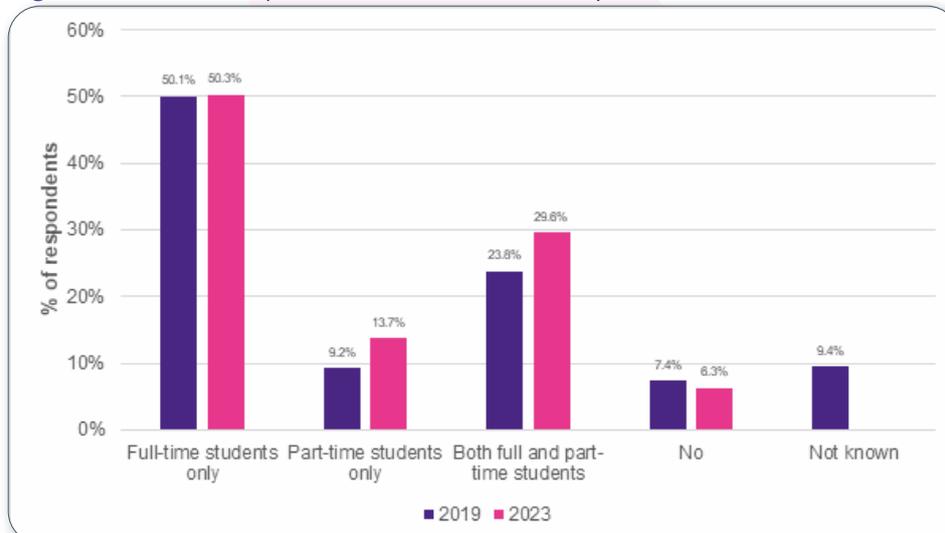
Figure 25. 98.8% Response Rate. The 2019 survey had a 'Not known' response.



50.7% of respondents' organisations required them to have a DNSPQ qualification in the 2023 survey compared to 49.8% in the 2019 survey.

Q31 Does your organisation send community nurses to the DNSPQ course at a university?

Figure 26. 97.8% Response Rate. The 2019 survey included a 'Not known' category).



The proportion of respondents who were not nurse prescribers/ non-medical prescribers fell from 29.5% in 2019 to 22.4% in 2023. 27.9% of respondents in 2023 had a V300 qualification, compared to 18.5% in 2019.



In the 2023 survey, 50.3% of respondents' organisation only seconded students full time to the DNSPO course at a university, 13.7% only part time students and 29.6% both full and part time students.

Analysis of comments (from 129 comments):

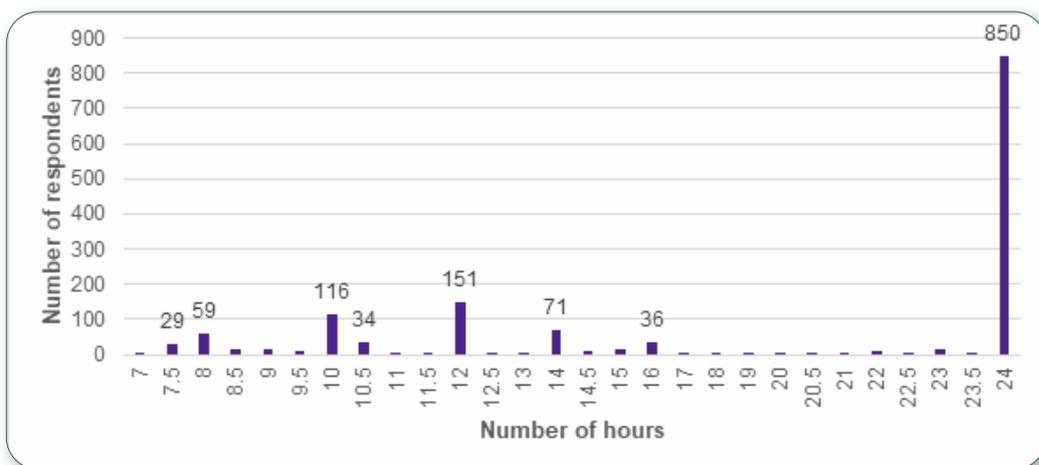
Limited availability of courses: There are a limited number of DNSPO courses available, and they are often difficult to access. This is due to a number of factors, including the fact that the course is quite demanding and there is a lot of competition for places. Some employers have opted out of the university-based course and developed their own employment based course.

Financial constraints: The DNSPO course is perceived to be costly, as often means taking a lower band role and there is not always financial support available from employers or NHS trusts. There might also not be DN or team leader jobs available on completion of the course

Time commitment: The DNSPO course requires a significant time commitment, and it can be difficult to fit it in around work and other commitments. This can be a particular challenge for nurses who work part-time or who have caring responsibilities.

Q32 How many hours does your service operate in a 24-hour period?

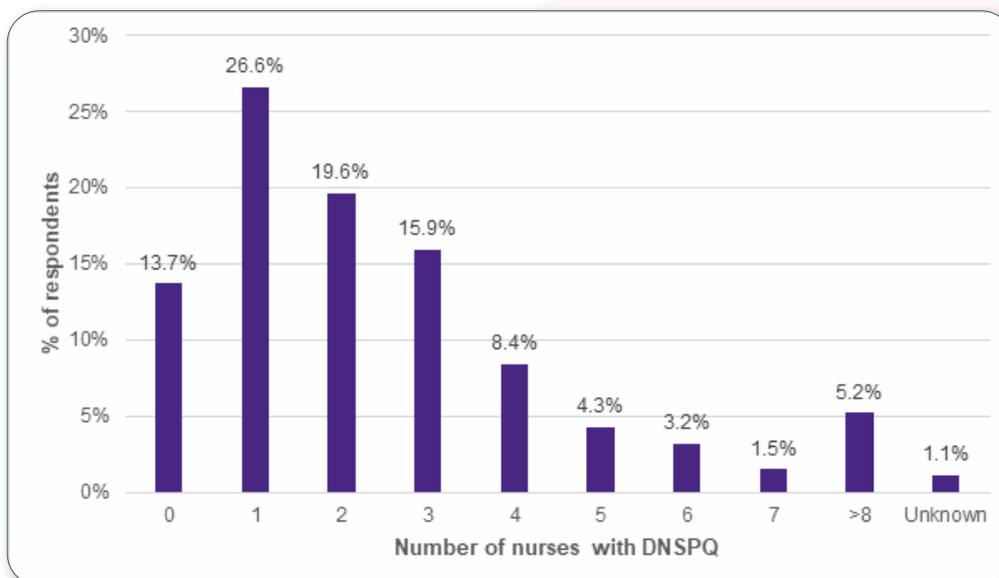
Figure 27. 97.4% Response Rate



24 hours a day was the most common service provision (850 respondents).

Q33 How many nurses with the DNSPQ do you have in your immediate team?

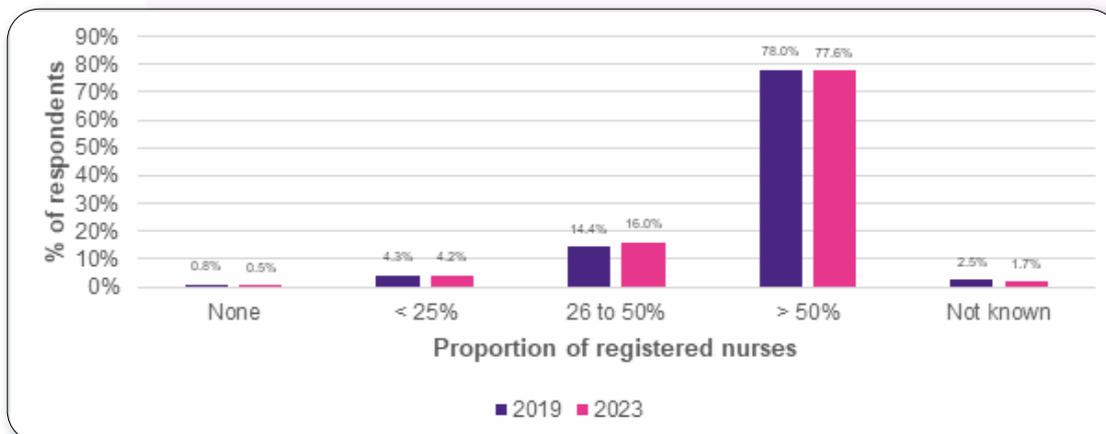
Figure 28. 95.9% Response Rate



The most common number of nurses with a DNSPQ in the team was one nurse, with 26.6% of respondents. 13.7% of respondents had no-one with a DNSPQ.

Q34 What proportion of your immediate team are registered nurses? e.g. if 6 are registered nurses in a team of 10 people select "51 to 80%" meaning 6 registered nurses and 4 unregulated team members and/or Nursing Associates."

Figure 29. 98.8% Response Rate

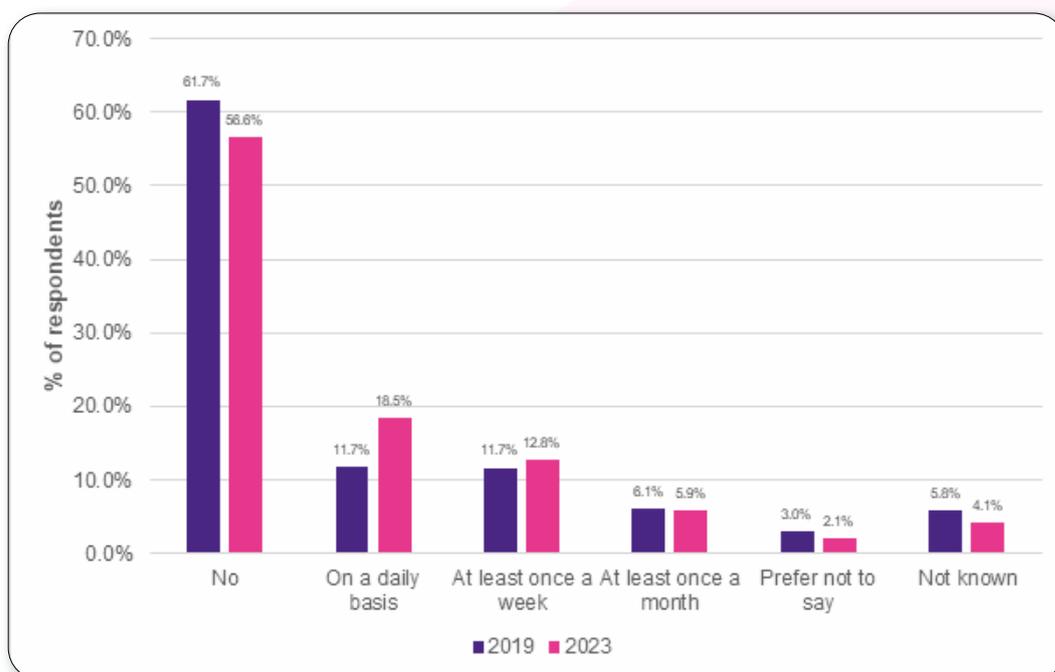


In the 2023 survey, 77.6% of respondents said registered nurses comprised over 50% of their immediate team. 16% had 26 to 50% and 4.2% less than 25%. These figures are very similar to 2019.



Q35 Does your team ever have to refuse referrals because of capacity or workload issues?

Figure 30. 96% Response Rate



56.6% of respondents in the 2023 survey did not have to refuse referrals because of capacity or workload issues, compared to 61.7% in the 2019 survey. 18.5% of respondents in 2023 had to refuse on a daily basis, up from 11.7% in 2019. 12.8% refused at least once a week in 2023 up from 11.7% in 2019. The percentage refusing at least once a month remained similar (5.9% in 2023 compared to 6.1% in 2019).

Text analysis (from 491 comments):

District nurses felt unable to refuse referrals due to employer policy or pressure from managers. This can lead to a backlog of work stress and delays in patient care.

There are a number of reasons why district nurses may be unable to refuse referrals. These include:

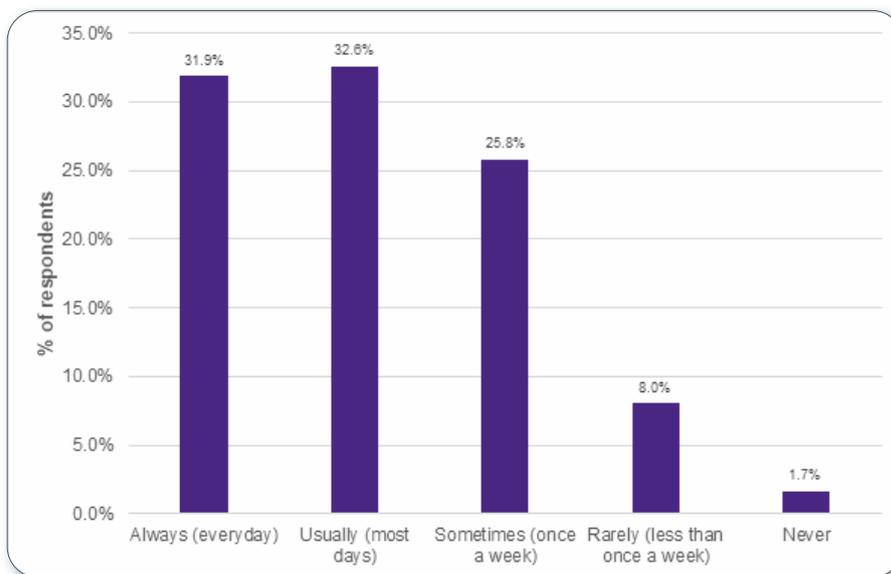
- Lack of a formal referral policy: some trusts do not have a formal referral policy, which can make it difficult for district nurses to know when they are able to refuse a referral.
- Fear of repercussions: district nurses may be afraid of repercussions from managers if they refuse referrals. This can be a particular problem for nurses who are new to the role or who are not confident in their ability to make decisions about patient care.
- A culture of always saying yes: some trusts have a culture of always saying yes to referrals, even if the team is already at capacity. This can put pressure on district nurses to take on more work than they can realistically manage.

‘Some trusts have a culture of always saying yes to referrals, even if the team is already at capacity. This can put pressure on district nurses to take on more work than they can realistically manage.’



Q36 Do you/your team have to delay or defer visits to another day?

Figure 31. 98.4% Response Rate



In the 2023 survey, 31.9% of respondents had to delay or defer visits every day, 32.6% most days, 25.8% once a week, 8% less than once a week and only 1.7% never.

Text analysis (from 115 comments):

There seem to be a number of reasons why district nursing teams may be reluctant to refuse referrals. These include:

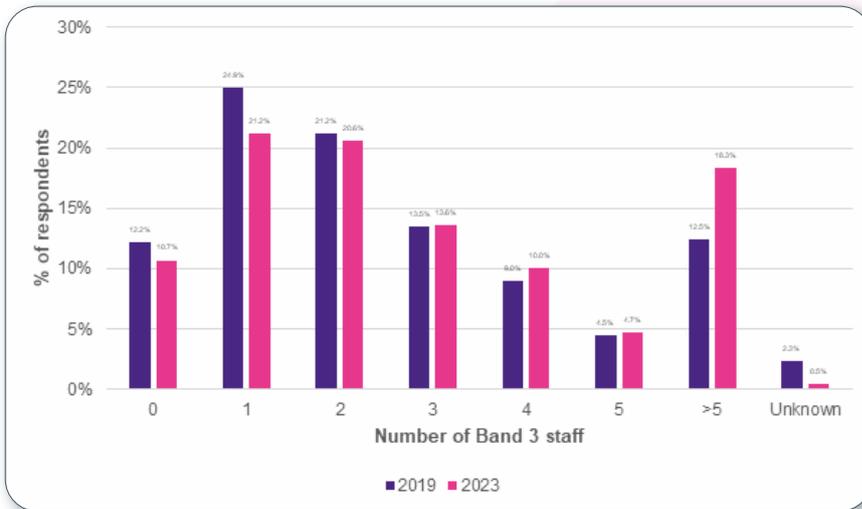
- A culture of not refusing, even when capacity is tight.
- A fear of being seen as unhelpful or uncaring.
- A lack of support from managers.

There were also a number of things suggested that could be done to help district nursing teams to manage their caseloads and to avoid having to refuse referrals. These include:

- Increasing the number of district nurses.
- Providing more support for district nurses, such as additional training and resources.
- Improving communication between district nurses and other healthcare providers.

Q37 How many Band 3 staff do you have in your immediate team?

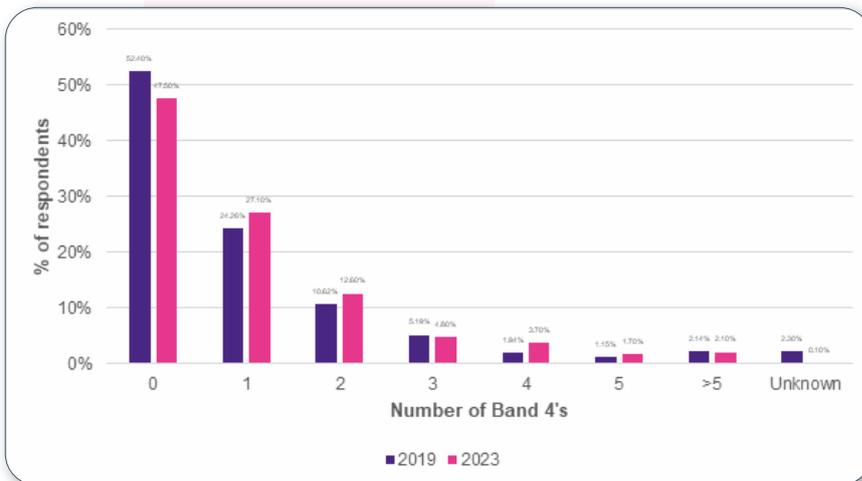
Figure 32. 95.3% Response Rate



Overall, there were fewer with 0 or 1, and more with 4 or 5 plus in 2023, compared with 2019.

Q38 How many Band 4 HCSW/HCA/Assistant Practitioners do you have in your immediate team?

Figure 33. 92.8% Response Rate

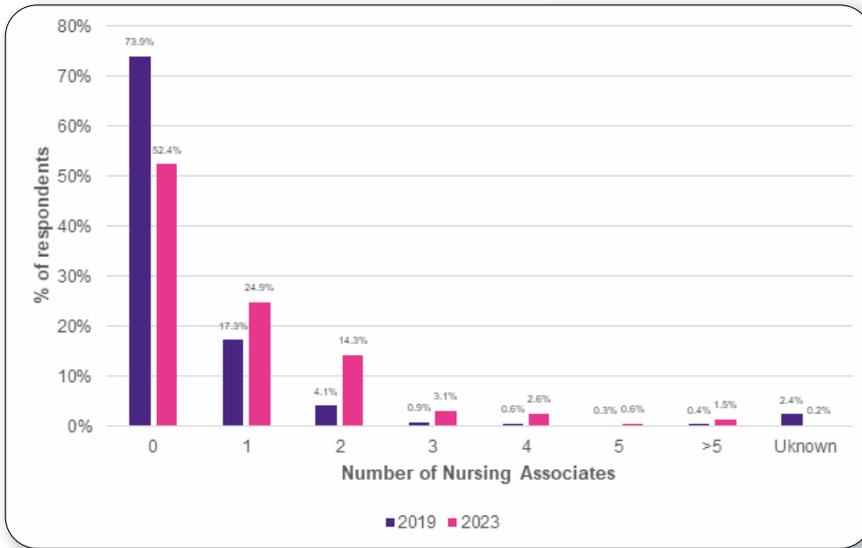


In 2019 52.4% of respondents had no Band 4s in their team, compared to 47.5% in 2023.



Q39 How many Nursing Associates do you have in your team?

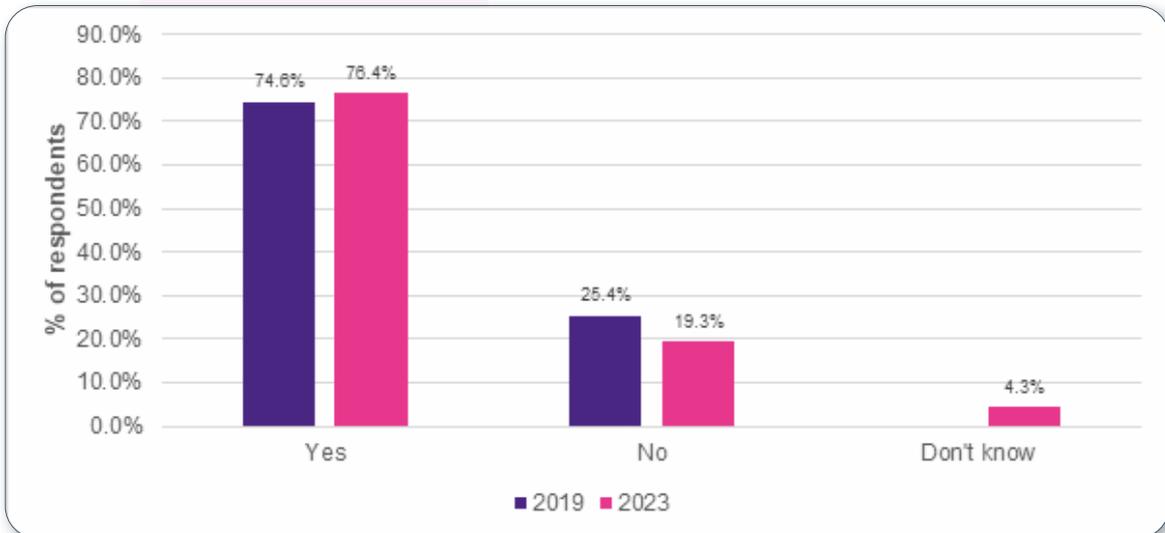
Figure 34. 94.9% Response Rate



In 2019 73.9% of respondents had no Nursing Associates on their team, compared to 52.4% in 2023.

Q40 Do you have unfilled vacancies/frozen posts in your team?

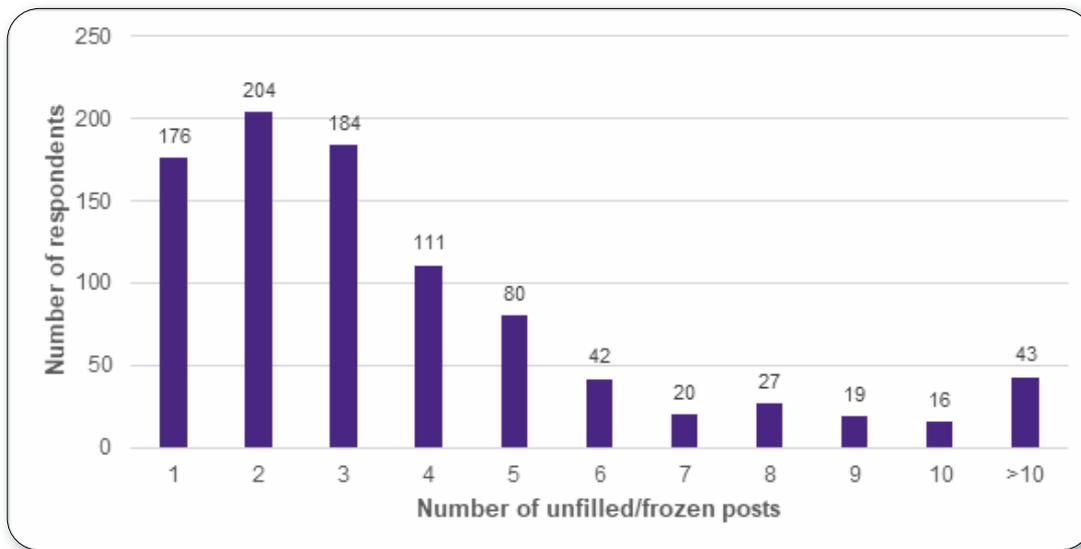
Figure 35. 98.8% Response Rate. The 2019 survey did not have a 'Don't know' option.



District nurses felt unable to refuse referrals due to employer policy or pressure from managers. This can lead to a backlog of work stress and delays in patient care.



Figure 36: How many unfilled/frozen vacancies do you have? (2023 survey only, answered 922).



2 was the most common number of unfilled/frozen vacancies (204 respondents) followed by 3 (184 respondents), 1 (176 respondents) and 4 (111 respondents). 43 respondents had more than 10 unfilled/frozen posts.

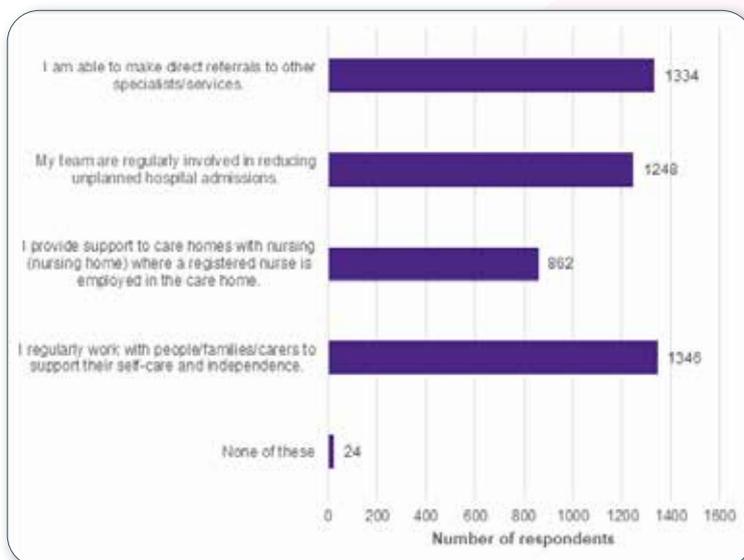
Q41 Do you have any other comments about the use of the title 'District Nurse' to describe the team leader of the District Nursing service? 57.6% Response Rate

Text analysis:

- The title is often misused and it is important to distinguish between community nurses who have completed the Specialist Practitioner Qualification (SPQ) and those who have not.
- The title of District Nurse should be reserved for nurses with the SPQ, while nurses without the qualification should be called community nurses. The reasons for this suggestion, include the fact that nurses with the SPQ have a more advanced level of training and expertise.
- The title of District Nurse is more well-known and respected by the public, and using it for nurses without the qualification can lead to confusion.

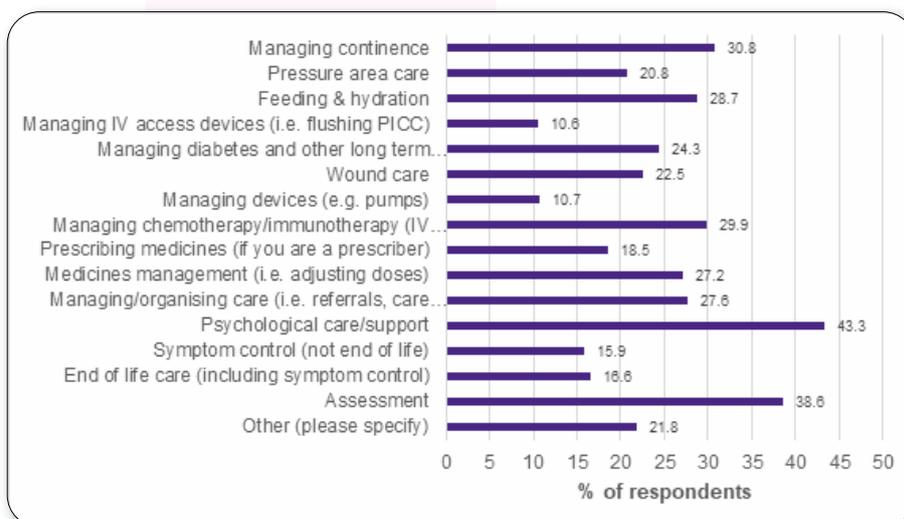
Q42 Which of the following statements apply to your practice?

Figure 37. 94.6% Response Rate



Q43 Are there any aspects of care you/your team do not currently undertake to your professional satisfaction due to capacity/workload issues?

Figure 38. 72.6% Response Rate



The most common aspects of care not undertaken to professional satisfaction due to capacity/workload issues were psychological care/support (43.3% of respondents), assessment (38.6% of respondents) and managing continence (30.8% of respondents). The least common was managing devices (10.7% of respondents).

Text analysis of comments:

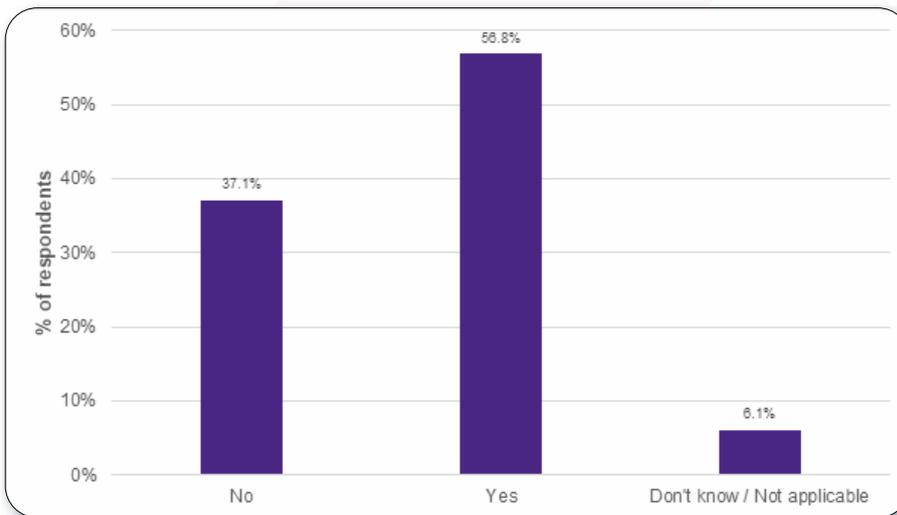
- **Staff shortages and high workloads:** There is a national shortage of nurses, and district nursing teams are particularly affected. This is leading to high workloads and staff burnout.
- **Time constraints:** Nurses often do not have enough time to provide the care they would like to give to their patients or complete documentation. This is due to a number of factors, including high caseloads and administrative tasks.



- **Lack of resources:** District nursing teams often lack the resources they need to provide good quality care, such as equipment and training.
- **Focus on task-oriented care:** Due to time constraints and lack of resources, district nurses often have to focus on task-oriented care, rather than providing holistic care. This can mean that patients' emotional and social needs are not being met.
- **Difficulties with communication and collaboration:** There can be difficulties with communication and collaboration between different parts of the healthcare system, which can make it difficult to provide seamless care for patients.

Q44 Do you have virtual wards/remote monitoring in your locality?

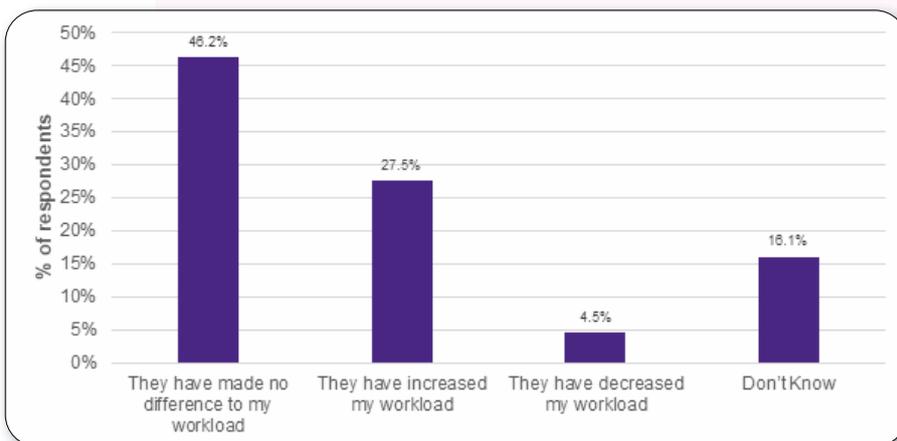
Figure 39. 96.1% Response Rate



In the 2023 survey, 56.8% of respondents had virtual wards/remote monitoring in their locality.

Q45 What impact have virtual wards or remote monitoring had on your workload?

Figure 40. 58.2% Response Rate



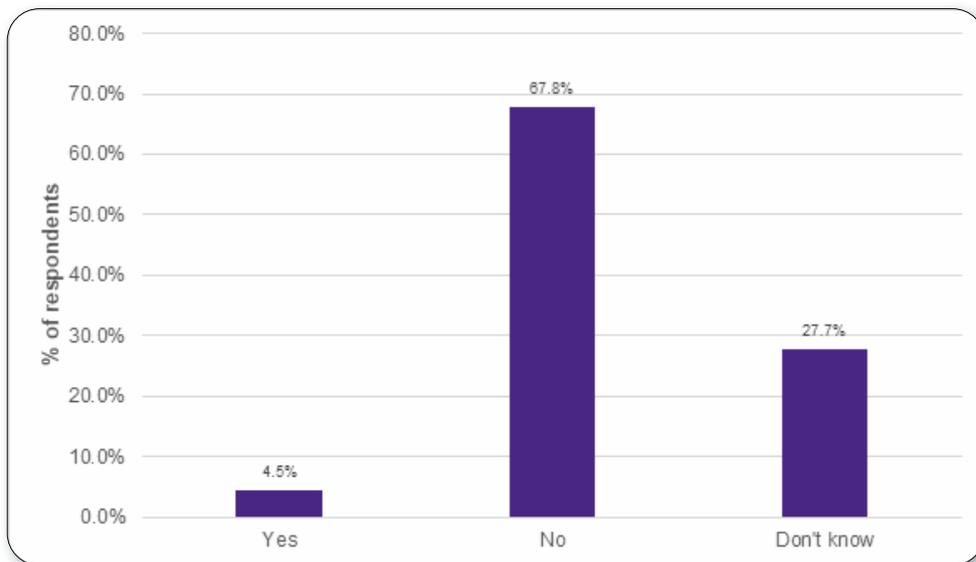
46.2% of respondents stated that they had made no difference to their workload, 27.5% that they had increased workload and 4.5% that they had decreased workload. 16.1% didn't know.

‘The title of District Nurse should be reserved for nurses with the SPO, while nurses without the qualification should be called community nurses. The reasons for this suggestion, include the fact that nurses with the SPO have a more advanced level of training and expertise.’



Q46 Are you part of a Buurtzorg or Buurtzorg style team?

Figure 41. 95.6% Response Rate



Only 4.5% of respondents were part of a Buurtzorg or Buurtzorg style team. 67.8% of respondents were not part of one and 27.7% didn't know.

Responses to Question 47 have not been presented due to the small number of responses to that question (under 100).

Q48 Have you found the QNI Workforce Standards helpful?

Figure 43(a): Are you aware of the QNI Workforce Standards? 74% Response Rate

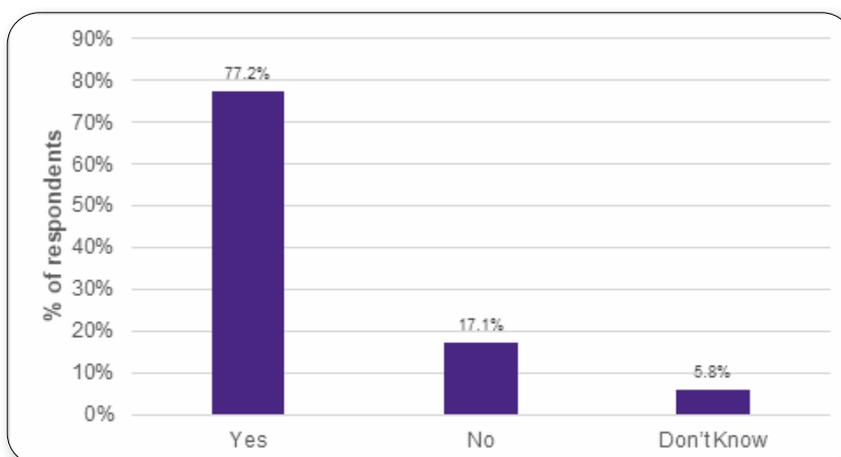
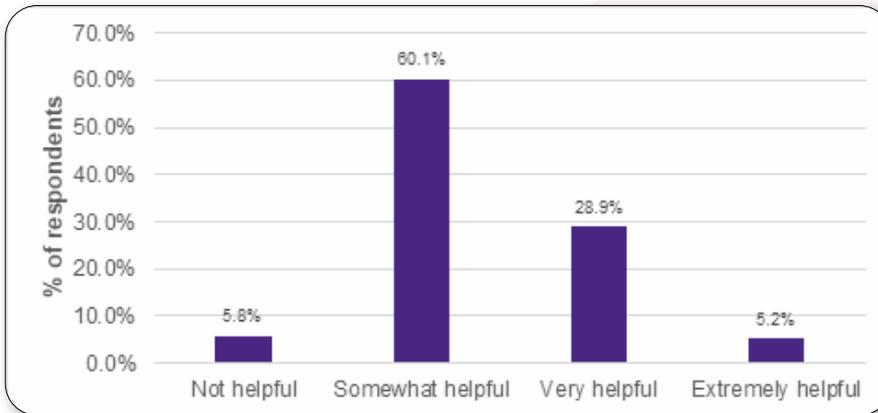


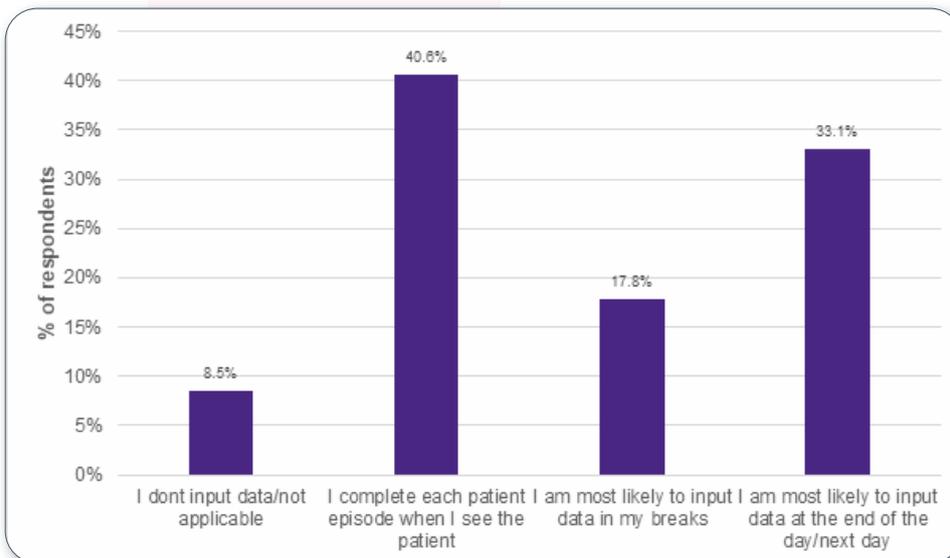
Figure 43(b): Have you found the QNI Workforce Standards helpful?



77.2% of respondents had heard of the QNI Workforce Standards. 60.1% found the standards somewhat helpful, 28.9% very helpful and 5.2% extremely helpful (total 92.2% positive) with only 5.8% finding them not helpful.

Q49 If you use an electronic system to capture your work, please choose the option closest to your use or opinion of the system

Figure 44. 78.8% Response Rate

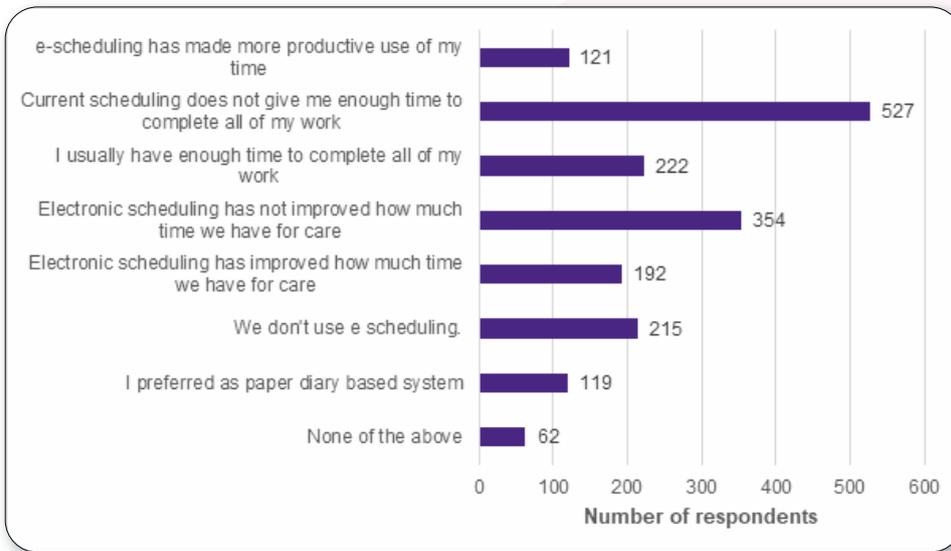


40.6% of respondents completed each patient episode when they saw the patient, 33.1% at the end of the day and 17.8% during their breaks. 8.5% either did not input data or felt the question was not applicable to them.



Q50 In scheduling work please tell us how you feel about how it is scheduled.

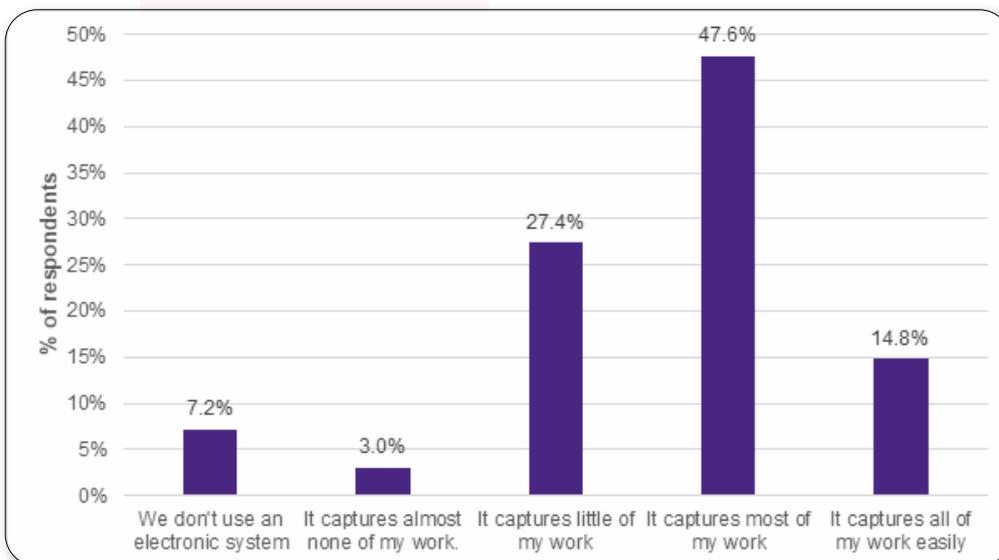
Figure 45. 78.7% Response Rate



The majority of respondents did not find scheduling helpful.

Q51 If you use an electronic system to record your work, for example RiO, SystemOne, EMIS etc., how well do you think it captures your day-to-day work?

Figure 46. 78.3% Response Rate



14.8% of respondents thought the electronic system captured all of their work easily. 47.6% of respondents thought it captured most of their work, 27.4% little of their work and 3% almost none of their work. 7.2% of respondents didn't use an electronic system.

'77.2% of respondents had heard of the QNI Workforce Standards. 60.1% found the standards somewhat helpful, 28.9% very helpful and 5.2% extremely helpful (total 92.2% positive) with only 5.8% finding them not helpful.'



Q52 What three priority areas would need to change to make a difference to your work?

67.7% Response Rate

Text analysis:

Issues:

- **Staffing levels:** District Nursing services are often understaffed, which can lead to long working hours, increased stress, and a decline in the quality of care provided.
- **Workload:** District nurses are responsible for a wide range of work, including wound care, medication administration, and patient education. This can lead to a heavy workload that can be difficult to manage.
- **Technology:** District nurses often use outdated and unreliable technology, which can make it difficult to record patient information and communicate with other healthcare professionals.
- **Communication:** Communication between district nurses and other healthcare professionals can be poor, which can lead to delays in care and a lack of coordination.
- **Equipment:** District nurses often lack the necessary equipment to provide care, such as wheelchairs and hoists.

Potential solutions:

- **Increased staffing levels:** District nurses need to be adequately staffed to meet the demands of their role.
- **Streamlined referral processes:** The referral process for district nurses needs to be streamlined to reduce the amount of time they spend on administrative tasks.
- **Investment in technology:** District nurses need access to modern and reliable technology, designed for and with them, to improve their ability to record patient information and communicate with other healthcare professionals.
- **Improved communication:** Communication between district nurses and other healthcare professionals needs to be improved to ensure that patients receive the best possible care.
- **Access to equipment:** District nurses need to have access to the necessary equipment to provide care.

Q53 What difference would each change make to your work and the people, families and communities you work with? 65.5% Response Rate

Text analysis:

- Increased staffing levels would allow district nurses to spend more time providing direct patient care, rather than spending time on administrative tasks. This would lead to improved patient care and a more positive experience for patients and their families.
- Streamlined referral processes would reduce the amount of time district nurses spend on paperwork and allow them to focus on more important tasks. This would also lead to improved communication between district nurses and other healthcare professionals, which would help to ensure that patients receive the best possible care.

- Investment in technology would provide district nurses with the tools they need to work more efficiently and effectively. This would include access to electronic health records, which would allow district nurses to easily access patient information and track their progress. It would also include access to mobile devices, which would allow district nurses to document patient care and communicate with other healthcare professionals while they are on the go.
- Improved communication between district nurses and other healthcare professionals would help to ensure that patients receive the best possible care. This would include regular communication between district nurses and GPs, as well as communication with other healthcare professionals, such as social workers and physiotherapists.
- Access to equipment would allow district nurses to provide care more effectively. This would include access to wheelchairs, hoists, and other equipment that is necessary for patient care.
- A more supportive and appreciative working environment would help to improve the morale of district nurses and make them more likely to stay in the profession. This would include providing them with opportunities for training and development, as well as recognizing their contributions to the healthcare system.

Q54 How is the work of your District Nursing team and/or service measured? 69% Response Rate

Text analysis:

- **Patient satisfaction:** Patient satisfaction is an important measure of the quality of care provided by district nurses. District nurses can measure patient satisfaction through surveys, interviews, and feedback from patients and their families.
- **Clinical outcomes:** Clinical outcomes are another important measure of the quality of care provided by district nurses. These outcomes can include things like the number of patients who are discharged from hospital, the number of patients who are able to manage their own care at home, and the number of patients who have improved their quality of life.
- **Staffing levels:** Staffing levels are a measure of the resources available to district nurses. District nurses with adequate staffing levels are more likely to be able to provide high-quality care to their patients.
- **Workload:** Workload is another measure of the resources available to district nurses. District nurses with excessive workloads are more likely to be stressed and burned out, which can lead to poor patient care.
- **Technology:** Technology is an important tool for district nurses to provide care. District nurses can use technology to record patient information, communicate with other healthcare professionals, and access educational resources.
- **Communication:** Communication is an important part of providing care. District nurses need to communicate effectively with patients, their families, and other healthcare professionals.
- **Equipment:** Equipment is important for district nurses to provide care. District nurses need to have access to the necessary equipment to provide safe and effective care.

Q55 How would you like to see the impact of the District Nursing service measured in your area? E.g. Reducing numbers of delayed transfers of care supporting individuals to avoid unplanned hospital admissions. 55.1% Response Rate

Text analysis:

- The number of patients who are transferred from hospital to home within the target time frame. This would indicate whether the district nursing service is able to effectively manage patients' care so that they are discharged from hospital as soon as possible.
- The number of patients who are readmitted to hospital within 30 days of discharge. This would indicate whether the district nursing service is providing ongoing care that is effective in preventing readmissions.



- The number of patients who are able to manage their own care at home. This would indicate whether the district nursing service is providing patients with the skills and support they need to live independently.
- The number of patients who report being satisfied with the care they receive from the district nursing service. This would indicate whether patients are happy with the quality of care they receive.
- In addition to these quantitative measures, I would also like to see the impact of the district nursing service measured qualitatively by collecting feedback from patients, carers, and other healthcare professionals. This feedback could be used to identify areas where the service could be improved.

Q56 In your view, in what ways has the District Nursing service adapted and changed to meet the needs of communities in the last 5 years (e.g. more acutely ill people being supported to stay at home)? 67.8% Response Rate

Text analysis:

- District nurses are now caring for more complex patients who are being discharged from hospital sooner. This has led to an increase in the number of home visits that district nurses are making.
- In addition, district nurses are now providing more technical care in the home, such as intravenous therapy and complex wound care. This has required district nurses to develop new skills and knowledge.
- The responses also discussed the challenges that district nurses face in adapting to the changing needs of patients. These challenges include:
 - Increased workload: District nurses are now working longer hours and seeing more patients.
 - Lack of resources: District nurses often do not have the resources they need to provide care to their patients.
 - Burnout: District nurses are at risk of burnout due to the increased workload and stress.
- Despite these challenges, district nurses are committed to providing high-quality care to their patients. The respondents highlighted the importance of investing in district nursing services to ensure that district nurses have the resources they need to meet the changing needs of patients.

Q57 We are aware that some parts of the UK may not be able to access the DNSPO courses – what is your view? 62.7% Response Rate

Text analysis:

- There is limited availability/access to DNSPO, with some nurses having to travel long distances to complete it. The course is also not always fully funded, and participants are required to take a pay cut (lower banding) which can be a financial hardship.
- However, others believe that the course provides valuable skills and knowledge that are not otherwise available. They argue that the course can help nurses to develop their leadership, management, and clinical skills, which can improve patient care. Additionally, the course can help nurses to advance their careers and earn higher salaries.
- There is a need for a more equitable and accessible approach to providing the DNSPO course to all nurses who want to work in district nursing.

‘A more supportive and appreciative working environment would help to improve the morale of district nurses and make them more likely to stay in the profession. This would include providing them with opportunities for training and development, as well as recognizing their contributions to the healthcare system.’



Q58 In your opinion please state the top three benefits of undertaking a DNSPQ course.

62.5% Response Rate

Text analysis:

Enhanced skillset and knowledge: The DNSPQ course is designed to equip you with advanced clinical, leadership, and management skills specific to district nursing practice. This includes:

- **In-depth understanding of complex patient needs and conditions:** The course delves deeper into areas like palliative care, chronic disease management, mental health, and safeguarding, making you better equipped to handle diverse patient populations.
- **Advanced clinical skills and procedures:** You may gain proficiency in areas like complex wound care, pain management, and administering specialized treatments, enhancing your clinical effectiveness.
- **Leadership and management expertise:** The programme can develop your skills in team building, project management, service development, and budget control, preparing you for leadership roles within district nursing teams.
- **Career advancement and recognition:** Completing the DNSPQ can open doors to new career opportunities and promotions within the district nursing field. It demonstrates your commitment to professional development and equips you for more senior positions like team leader, clinical specialist, or advanced practitioner. Additionally, the DNSPQ is recognized as a valuable qualification by healthcare providers and can enhance your credibility and professional standing.
- **Improved patient care and service delivery:** Ultimately, the benefits of the DNSPQ should translate into improved patient care and service delivery. With your enhanced skills and knowledge, you can provide more comprehensive, evidence-based care to your patients, potentially leading to better health outcomes and improved patient satisfaction. You can also contribute to service development and innovation within district nursing, impacting the broader healthcare system.

Q59 What difference would having the DNSPQ make to your team? 55.8% Response Rate

Text analysis:

- **Improved patient care:** District Nurses with a DNSPQ have a higher level of knowledge and skills than non-specialist nurses, which can lead to better care for patients. For example, nurses with a DNSPQ can provide more complex care, such as complex wound management and intravenous therapy.
- **Reduced hospital admissions:** Nurses with a DNSPQ can help to prevent hospital admissions by providing care to patients in their homes. For example, they can assess and treat patients who are at risk of falls, and they can provide education and support to patients with chronic conditions.
- **Improved staff morale:** Having nurses with a DNSPQ in a team can improve staff morale by providing a sense of leadership and expertise. They can also mentor and support other nurses, which can help to develop their skills and knowledge.

The analysis of the responses also includes some of the challenges of having a DNSPQ in a community nursing team. These challenges include:

- **Cost:** The cost of DNSPQ training can be a barrier to implementation.
- **Recruitment and retention:** It can be difficult to recruit and retain District Nurses with a DNSPQ, as they are in high demand.

Despite these challenges, the analysis concludes that the benefits of having a DNSPQ in a community nursing team outweigh the costs. The analysis leads to the conclusion that all community nursing teams should aim to have at least one nurse with a DNSPQ.

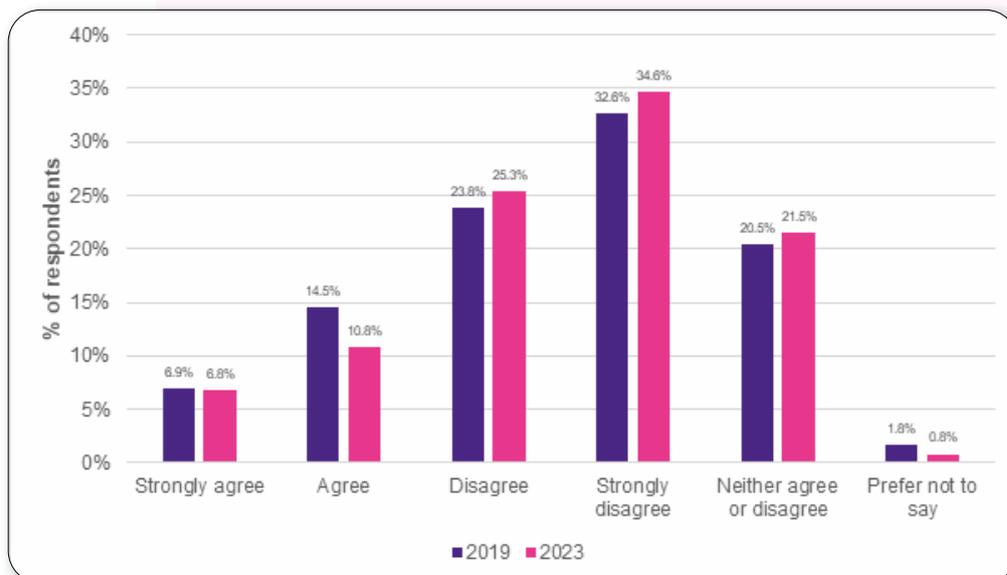
Q60 Do you have any other comments about access to the DNSPQ course? 35.8% Response Rate

Text analysis:

- Overall, respondents were positive about the DNSPQ. Nurses who have completed the course say that it has helped them to develop their knowledge and skills, and that it has made them more confident in their role. They also say that the course has helped them to progress their careers.
- However, there are some concerns. Some nurses say the course is demanding, and that they have to sacrifice their personal lives to complete it. Others say that the course is not always well-supported.
- The DNSPQ is a valuable qualification that can help nurses to develop their careers. However, it is important to be aware of the challenges of the course before embarking on it.
- The DNSPQ should be more accessible to nurses who work part-time or who have caring responsibilities.
- The course should be more flexible and should offer more options for modular study.
- The course should be more closely aligned with the needs of district nursing practice.
- The course should be more affordable and should be fully funded for all nurses.

Q61 There have been suggestions that the District Nurse and General Practice Nurse roles could become fully integrated and delivered within one role – what is your view?

Figure 47. 77.9% Response Rate

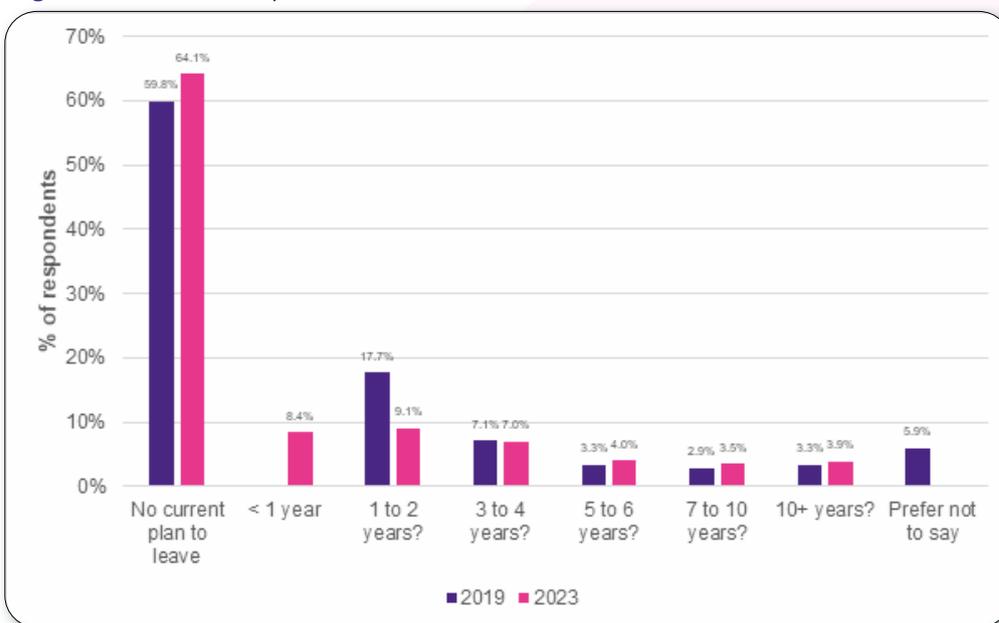


In total in the 2023 survey 17.6% (2019 21.4%) agreed or strongly agreed that the District Nurse and General Practice Nurse roles could be integrated. 59.9% (2019 56.4%) disagreed or strongly disagreed.



Q62 Are you planning to leave the community nursing service (other than by retirement) in the future?

Figure 48. 73.2% Response Rate



In 2023, 64.1% of respondents had no current plans to leave compared to 59.8% in the 2019 survey.

Text analysis of comments (from 201 comments):

- **Dissatisfaction with current roles:** Nurses feel their skills are underutilised, and they are burdened by excessive workload and low pay. There is also a lack of support from management, leading to low morale and job dissatisfaction.
- **Desire for career progression:** Some nurses are interested in pursuing more senior roles, but the pathway is unclear due to the uncertain status of the DNSPO.
- **Uncertainty about the future of the DNSPO:** The analysis includes confusion surrounding the DNSPO, with some organisations phasing it out and others developing alternatives. This lack of clarity makes it difficult for nurses to plan their career paths.
- **Considering leaving the profession:** Many nurses are contemplating leaving district nursing due to the aforementioned issues.

Specific examples:

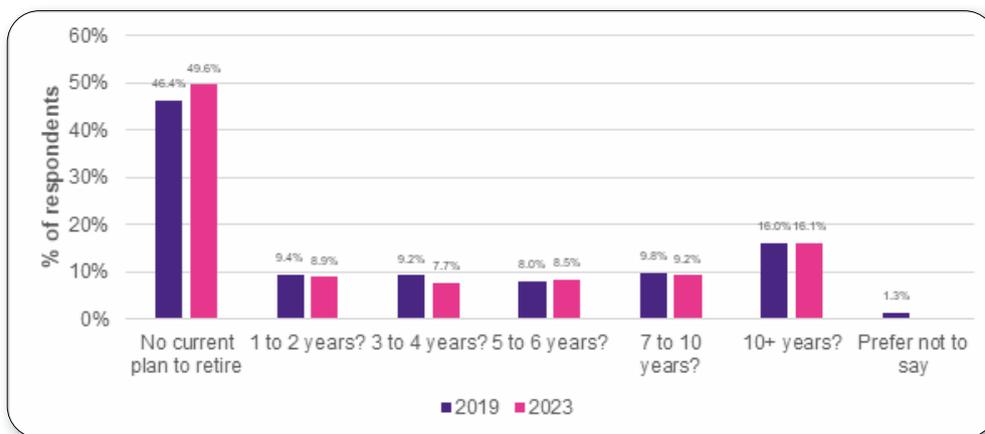
- Several nurses mention feeling undervalued and underpaid, despite their qualifications and experience.
- Some nurses express frustration with excessive workloads and a lack of time to provide quality care.
- Some nurses feel their skills are not being fully utilised in their current roles, and they are not given opportunities to develop their practice.
- There is a general sense of uncertainty about the future of the DNSPO and its impact on career progression.
- Many nurses express feelings of dissatisfaction and low morale, and some are actively considering leaving the profession.

‘Completing the DNSPO can open doors to new career opportunities and promotions within the district nursing field. It also is also recognized as a valuable qualification by healthcare providers and can enhance your credibility and professional standing.’



Q63 Are you planning to retire in the future?

Figure 49. 75.4% Response Rate



In the 2023 survey 49.6% of respondents had no current plans to retire compared to 46.4% in 2019.

Text analysis of comments (from 92 comments):

- Some respondents expressed a desire to retire early, while others indicated they would prefer to work until the traditional (and increasing) retirement age.
- Some nurses felt that they were physically unable to continue working until the traditional retirement age, while others cited financial reasons for needing to continue working.
- Some respondents mentioned feeling undervalued or burnt out in their current roles, which influenced their desire to retire, including some suggestions of retire and return or working bank.

Q64 Is there anything else you would like to say to help us understand the current issues in District Nursing? 40.7% Response Rate

Text analysis

- **Undervalued and overworked:** District nurses are often seen as the “service that can’t say no”. They are expected to take on a wide range of responsibilities, from providing complex care to patients in their own homes to managing complex caseloads. This can lead to burnout and high turnover.
- **Lack of recognition:** District nurses are often not given the same level of recognition as their colleagues in hospital settings. This can lead to feelings of frustration and resentment.
- **Underfunded:** District nursing services are often underfunded, which can lead to a lack of resources and staff. This can make it difficult for district nurses to provide the care they want to.

Trends:

- **The increasing complexity of patient care:** District nurses are increasingly being asked to care for patients with complex medical conditions. This can make their jobs more challenging and stressful.
- **The ageing population:** The ageing population is putting a strain on district nursing services. This is because older people are more likely to need care at home.
- **The increasing demand for community services:** The demand for community services is increasing as people are discharged from hospitals sooner. This is putting a strain on district nursing services.

Recommendations:

- **Increase funding for district nursing services:** This would allow district nurses to have the resources they need to provide the care they want to.
- **Recognise the value of district nurses:** This could be done by giving them more responsibility and autonomy.
- **Improve the work-life balance of district nurses:** This could be done by reducing their workload and providing them with more support.

Report Conclusions

The comments from respondents, as summarised in the answers to Questions 52 to 64 above, reveal very clearly the challenges and preoccupations of District Nurses in 2023. They also help inform the Recommendations below.

Since 2019, more services appear to be struggling with capacity – the number of those turning down referrals, or not being able to complete all work to their professional satisfaction, has increased. More DNs are working unpaid overtime and this is unacceptable.

On a positive note, there appears to be more administrative support available, according to the survey responses. There is a reported shift to larger team caseloads – in particular the small caseloads of under 100 are becoming rarer, and large caseloads over 600 becoming more common. This may indicate that there is a greater number of large DN teams and fewer small ones than there were in 2019, as services have been reconfigured.

Since the last similar survey in 2019, the number of respondents paid at Band 7 on AFC scales has increased, while those on Band 5 and 6 has decreased. This may reflect a shift in the individuals responding to the survey, but it is more likely to indicate a change within the workforce itself.

Team leaders are becoming more experienced and upskilling in response to the greater level of challenge and responsibility that is part of their daily work. More nurses now have the District Nurse Specialist Practitioner Qualification, a prescribing qualification, and an Advanced Clinical Assessment qualification. More respondents are responsible for managing workload allocations, and the work of the team leader includes care directly related to patients, such as care coordination, referrals and clinical support for more junior members of the team.

The QNI has been concerned for some years about the uncertainty surrounding the future of the DNSPQ, which makes it difficult for nurses to plan their career paths and may lead them to explore other career avenues. In 2023, the QNI launched its Field Specific Standards for District Nursing and these are now being taken up by higher education institutions in the development of courses that reflect an advanced level of practice. All QNI field specific standards will be revised and updated on a regular basis.



The QNI also continues to develop its leadership programmes for community nurses and these are designed to strengthen nurses' resilience and other skills necessary in leadership roles. The Ambition to Lead programme, redesigned and renamed in 2024, has been developed specifically for those working in community settings in service management roles.

Many though not all of the concerns raised by District Nurse Team Leaders included in this report could be partly addressed by greater central government funding.

Despite the numerous challenges described, district nurses remain absolutely committed to providing high-quality care to their patients. It is crucially important that the NHS and its constituent bodies continue to invest in district nursing services to ensure they have the resources required to meet the profound changes in individual and population need that are emerging in the 21st century.

Recommendations

- Sustainable investment in the District Nursing current and future workforce and the removal of barriers that make staff recruitment and retention more difficult.
- Clear support for the District Nursing Specialist Practitioner Qualification, including financial support for those who wish to take the qualification and a more clearly defined career path.
- At the relevant level within the system, efforts to address issues that make district nursing more difficult and less effective, particularly poor IT systems, out of date technology, difficult referral systems, and disjointed communication.
- Fairness of reward and management of the costs of delivering care – too many nurses work unpaid overtime and are subsidising their employers in other ways, including paying for parking and less than complete reimbursement for using a car.
- A greater stated recognition for the essential value of the core District Nursing service within the National Health Service and its strategy to deliver more care in or closer to people's homes. Valuing the skills and experience of District Nurses – consideration should be given to a national strategy and campaign to raise the profile of District Nurses and the essential role they play in the NHS and the health of all communities in the UK.

References

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- Nursing in the Digital Age (QNI, 2023) <https://qni.org.uk/resources/nursing-in-the-digital-age/>
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