

## NHS Next Stage Review

*Our vision for primary and community care:  
What it means for nurses, midwives,  
health visitors and AHPs.*

## Key Points

- > Community services staff are in a central position to deliver the Next Stage Review, and of critical importance in delivering our vision for the future of primary and community care
- > Increased influence for community staff in service transformation, through a commitment to multi-professional engagement in practice based commissioning and the piloting of more integrated clinical collaborations
- > Nurses and allied health professionals (AHPs) will play a key role in care planning for the 15 million people with long-term conditions, helping people take more control over their health and care
- > Expanded and new opportunities for nurses and AHPs in improving health and reducing health inequalities
- > Investment in evidence, tools and resources to support continuously improving quality in community services, freeing up more time to care
- > A commitment from the Department of Health to a sustained programme of development for community services, led by a new Transforming Community Services board
- > Giving staff the 'right to request' to become a social enterprise, with accompanying pension portability

"The strategy is a welcome opportunity to support the development of vibrant, successful community services, which are vital for supporting people in their own homes and localities."

*Dame Christine Beasley, Chief Nursing Officer, Department of Health*  
*Karen Middleton, Chief Health Professions Officer, Department of Health*

# How we developed our ideas

Our vision for primary and community care has been developed through intensive debate and discussion with patients and the public, nurses, AHPs, and other clinicians, and under the guidance of an advisory board drawn from leading primary care and community clinicians and national stakeholder groups.

As we discussed these issues with clinicians, patients and the public we found considerable agreement about the key characteristics of high-quality primary and community care services. They believe these to be services that treat people fairly, and are delivered by staff with the power to improve care and make decisions locally.

“The vision for the future of primary and community recognises the contribution of AHPs as integrators of care, The strategy sets the scene and allows AHPs the opportunity to further develop more accessible and patient-centred services.”  
*Grahame Pope, Chairman, AHP Federation*

## Building on solid foundations

We already have an excellent system of primary and community care on which to build, but there are challenges ahead.

Strengths	Challenges
Personal continuity of care, strong ties to local communities and a population focus for promoting health	Services that could be more connected, with more involvement for individuals in their health and care
Professional ethos and high levels of patient trust	An ageing population and increasing prevalence of lifestyle diseases
Recent improvements in quality of care, supported by QOF, particularly for those with long-term conditions	Unwarranted variations in quality of care, with scope for more focus on health and treatment outcomes
Progress with partnership working, across primary, community, secondary and social care	Increased investment needed in the skills of frontline community clinicians, liberating them to provide higher-quality care

# Our vision for primary and community care

Primary care services should be shaped by and around individuals and listening and responding to their needs. The system should feel connected and work for them. They should have convenient access to a growing range of health services in GP surgeries, in a range of other community settings and in their own homes. They should be able to make more choices, including more choice of community care and GP practice. People should have greater control over how they manage their care, particularly those with long-term conditions.

Primary and community care services play a central role in helping people live healthy lives. Health promotion should be embedded in the millions of daily contacts between clinical staff working in the community and patients. We can do more to promote health at all stages of life and more systematically identify and support those individuals most at risk of ill-health. There should be increasing access to services that help people maintain and improve their health and wellbeing. Primary and community clinicians can enhance their role in promoting equality of opportunity and equality of health outcomes.

“The strategy sets out our vision for a continuously improving service, where essential services are guaranteed and excellence is rewarded”.

*David Colin-Thomé, National Clinical Director for Primary Care*

We haven't created a national blueprint for how this is done. Around the country, there are countless examples of excellent, high-quality services and innovative practice making a huge difference to the lives of patients, delivered with compassion and respect by dedicated staff. The challenge for all of us is to make these examples the norm.

We see greater clinical freedom and stronger commissioning as two sides of the same coin. The best commissioners will be those who create an environment in which clinical leadership and innovation flourish, in which all health professionals can work more collaboratively across traditional boundaries to provide more integrated care, and in which patients and the public are empowered to make their own choices about their health and health care.

## More detail on the key areas

### **The central importance of community services and staff** (paragraph 7.3 onwards)\*

Community nurses, health visitors, allied health professionals and other staff working in our community health services are central to our vision for the future of primary and community care. The staff who work in these services speak with passion about the potential for using their professional skills to transform services.

A dual focus on personal health care and community health lies at the heart of community services and underlines their key position in delivering high quality services and improving health outcomes.

Community services have a crucial role to play in providing personal care, particularly for children and families, older people, those with complex care needs and those at the end of life. They are also central to our drive for promoting health and wellbeing and reducing health inequalities.

Delivering more care outside of hospitals in a safe and integrated fashion crucially depends on developing high-quality community services *and* making sure the care they provide is more integrated with primary and secondary care, as well as social services. We will shortly publish a guide to best practice in shifting care closer to home.

"The RCN is delighted that the PCCS recognises both the current and future contributions of nurses in ensuring that patients receive excellent care as near to home as possible. We are particularly pleased that a wide range of nursing skills and knowledge will be utilised to improve people's health."

*Dr Peter Carter, Chief Executive & General Secretary of the Royal College of Nursing (RCN)*

### **Increased influence in service transformation** (from paragraph 8.9)\*

A commitment to multidisciplinary clinical participation in practice based commissioning and new integrated care models.

Practice based commissioning is designed to provide the clinical leadership that should be at the heart of world class commissioning. There will be incentives for a broader range of clinicians to engage in practice based commissioning, so that it brings family doctors together with other community clinicians and with specialists working in hospitals to develop more integrated care for patients.

We will pilot ways of enabling clinicians to work on a more collaborative basis across primary, community and secondary care – and with local authorities and other community partners. These pilots will test how to achieve more personal, responsive care and better health outcomes for a local population (based on the registered patient lists for groups of GP practices).

\* References in brackets are to the main document

## **A key role in helping people take control of their health** (paragraph 5.22 onwards)\*

Nurses will play a key role in care planning, where patients and professionals are true 'experts and partners in care', and as care coordinators where people need to access multiple services. This includes offering care plans for all people with long-term conditions, developing a Patients' Prospectus to support self-care and piloting individual budgets for health and social care.

## **Improving health and reducing health inequalities** (paragraph 6.2 onwards)\*

This is already the core role for specialist community public health nurses. Other nurses and AHPs can have a significant impact on individuals and families by using their clinical contacts to promote health.

**Birth and Antenatal:** Midwives, health visitors, family doctors and the wider primary care team continue to play a key role in promoting health from these earliest stages of life.

**Health of Children and Families:** Health visitors have a pivotal role in leading the new Child Health Promotion Programme for their local population and delivering preventive services to the most vulnerable children and families. Speech and language therapists provide early intervention to improve communication, enabling increased participation within the family and at school.

**Young People:** Adolescence is a critical development stage for health behaviours –

nurses in schools, youth work, sexual health and CAMHS will have key inputs.

**Older People:** Primary and community care needs to play a central role in helping older people stay healthy and independent. Physiotherapists, occupational therapists and podiatrists play significant roles in this 'enablement' approach.

**Action to Reduce Obesity:** This is a major public health challenge and the specialist expertise of dieticians will be key.

**Promoting equality:** Nurses can address inequality through providing services that are accessible to disadvantaged and excluded groups, in particular people with a learning disability, homeless people, people with mental health needs, and in areas such as tackling tuberculosis or blood borne viruses. Nurses can design services to be accessible and acceptable to groups who report lower satisfaction such as people from some BME communities.

## **Continuously improving quality, through investment in evidence, tools and resources** (paragraph 7.3 onwards)\*

There will be a wide ranging programme to support the development of vibrant, successful community health services. The success of these programmes will rely ultimately on the local leadership of community clinicians and of PCTs as service commissioners. We recognise, however, that transformation of community health services also requires leadership at national level.

\* References in brackets are to the main document

### **High quality, productive and evidence based services**

With the NHS Institute, we will roll out the 'productive community hospitals programme' and develop a 'productive community services' programme. These multidisciplinary programmes support clinicians to deliver evidence based services in ways which help free up more time for direct patient care, and improve quality and patient outcomes (initially focusing on wound care, continence services and stroke services).

We will work with the professions to embed the new evidence-based child health promotion programme.

We will support staff in providing the highest quality care by pulling together the best clinical research evidence in accessible formats and by showcasing innovation.

### **Education and training**

In line with the conclusions of the Next Stage Review on workforce planning, education and training, we will work with the NHS and the professions to ensure that training programmes keep pace with demand, promote more multi-professional training, and help embed training and education within the everyday work of primary and community clinicians.

### **Transforming Community Services Programme (paragraph 7.12)\***

We have established a national board that includes leading community nurses and allied health professionals and staff organisations to drive the overall programme of work and ensure that we continue to engage staff in developing and implementing the vision. There is much that

is excellent in community services, but there are significant variations in care and health outcomes and historic problems that need to be addressed. The Programme has two major streams:

The **Clinical and Service Development** stream will look at five service areas: Children Families and Public Health; Long Term Conditions; Acute Care in the Community and Specific Interventions; Rehabilitation; End of Life Care. Across these areas and across professions, we will develop new approaches to evidence based care, education and development, measurement of quality and outcomes, and clinical leadership. This will help the NHS provide more high-quality services at or nearer people's home, and make best use of professional skills.

The **Business Improvement** stream will: Develop and pilot from next year a set of metrics and currencies to measure quality, clinical productive and patient experience to make the best use of professional skills and resources.

Assess the improvements needed in information management and technology systems to improve data sharing, speed up access to appointments, support evidence-based practice and underpin strategic commissioning.

Draw together and publish advice on a range of organisational options so that clinicians and PCTs can work together to identify the arrangements that best empower clinicians to improve patient care.

Support the NHS in applying the principles of the world class commissioning programme to community health services.

\* References in brackets are to the main document

## The 'right to request' to become a social enterprise and the pensions implications (paragraph 7.11)\*

The strategy contains a commitment to give staff the 'right to request' to become a social enterprise and pension portability where social enterprise is agreed locally as the organisational model.

### Successful pilots of self-referral to physiotherapy

Introduction of self-referral to physiotherapy musculoskeletal services in Somerset has resulted in fewer healthcare interventions, less time off work, improved autonomy and improved satisfaction for service users.

### An example of innovative, integrated community services

Patients referred to the A&E Department in Hull with suspected Deep Vein Thrombosis, were having to wait up to sixteen hours for diagnosis and treatment. From November 2007, a Community Nurse-led service was set up from a Health Centre, offering a specialist DVT service 7 days a week, with assessment and diagnostics on site. The service is able to initiate treatment immediately, and has forged closer links with general practice to facilitate sharing of information and management

*A final word from Viv Bennett Deputy Chief Nursing Officer, Department of Health and Karen Middleton Chief Health Professions Office, Department of Health*

"Delivering the vision will be challenging. We are delighted that this strategy underlines the importance of patient centered services supported by multi disciplinary teams and maximises the potential of nurses and AHPs in improving health outcomes. By being involved as entrepreneurial professionals in practice and in leadership. we can achieve the best for and with our patients, families and communities. Primary and community care has served the country well but we can do even better. We think and trust you will find this strategy very helpful."

## Next steps

To read the full version of the primary and community care strategy, visit [www.dh.gov.uk](http://www.dh.gov.uk)

PCTs and SHAs will now work together with NHS staff, patient groups, local government and other local partners to develop local strategies for primary and community care that secure improved health and enhanced healthcare. For more information on this local work and how to get involved, please contact your local PCT.

\* References in brackets are to the main document



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[www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)