

RCN survey reveals 'relentless pressures' on district nurse services

Shocking survey shows pressure on nurses goes even beyond the challenges of the COVID-19 pandemic



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District and community nurses play a pivotal role in the nation's health.

From multifaceted clinical management, prescribing and end of life care to liaison and advocacy with care providers, complex funding assessments and so much more, the district and community nursing role is complex.

Yet it is a role under unprecedented pressure, even

beyond the challenges brought by the COVID-19 pandemic.

The RCN district and community nursing (DCN) forum, of which I am chair, has been hearing anecdotal reports of rising patient acuity.

That is why we commissioned a survey to gauge the current pressures on nurses working in the community.

Our shocking findings reveal a DCN service at breaking point. Only 1% of district and

community nurses left work on time at the end of their shifts, according to responses from 492 nurses.

Worryingly, half the nurses said they would not be paid for their extra work, while a similar number did not feel they worked in a culture where staff well-being was valued. Around two thirds had no time for a daily lunch break.

One of the problems nurses are contending with is the way

What must be done: priorities for commissioners and managers

The RCN district and community nursing (DCN) forum has made a number of recommendations for community commissioners and managers, including:

- » Daily minimum nurse staffing with sufficient staff on duty and optimal recruitment with vacancies filled promptly
- » Accurate patient acuity and caseload review tools
- » Define appropriate DCN activity, for example defining the remit of the role of the DCN service
- » Put electronic rostering systems in place where missing
- » Appropriate technology
- » Enhance services for mental health, drug and alcohol abuse, and homelessness to ease pressure on DCN teams
- » Investment in social care
- » Provide better access to specialist practitioner qualification programmes for nurses who lead caseloads
- » Having meal breaks and leaving work on time should be the norm rather than the exception
- » A culture of prioritising staff well-being

» DCN teams often pick up the slack from other services.

While hospitals have limits to their capacity and bed numbers, in the community there are no apparent limiting factors and DCN caseloads can grow exponentially.

However, there is a limit to what DCN teams can deliver

without adequate investment. Already our nurses are working beyond their timetabled shifts, lunch breaks are being subsumed into clinical care and opportunities to deliver the best quality care reduced.

Safety net

Multiple patient visits, alongside high daily mileage, are now the norm for nurses, and opportunities for additional training and development appear to be increasingly limited.

Our feedback indicates that the DCN team is always the team that supports other services, it is the safety net and continues to carry this responsibility to provide care when all others are unable to do so.

Time is being donated to the service from nurses on a daily basis, visits are hurried and many routine tasks are being required of DCN teams that could arguably be carried out by others.

Vacancies are unfilled and teams are short-staffed, making



DCN staffing one of the most pressing issues to solve, with 86% of nurses reporting vacancies in their team.

Nurses tell us they regularly need to move planned care to

'There's always a clock ticking in your head'



Team manager Gail Goddard (pictured) says district nursing has always been hard work but the findings of the RCN survey highlight how much harder things have become in the service.

'Now the word I would use to describe it is "relentless". Each visit you try to give off a vibe to the patient that you are

there for them and have got all the time in the world, but you have always got a clock ticking in your head.'

Ms Goddard, who is a Queen's Nurse and a member of the RCN District and Community Nursing steering group, says she has not left work on time in the past 15 years and is unsurprised to hear 99% of those surveyed were similarly unable to do so.

'It was an issue before COVID-19, but it is even more of one now. It is not so much the number of patients we are seeing, but more the complexity of care required.'

Ms Goddard says community nurses are seeing many more older people, often with frailty, who require complex care.

On a typical day, care nurses' caseloads include palliative and end of life care, disconnecting chemotherapy pumps, supporting insulin-dependent diabetic patients, dealing with

falls, long-term condition support, pressure areas or wound care, plus catheter care and IV antibiotics.

'There's no other service like it,' Ms Goddard says.

Other patients have been too afraid of contracting the coronavirus to engage with healthcare services, and after a period of trying to manage on their own their health has deteriorated, leading to hospital admissions.

Pressures on time have filtered into rotas

'The complexity of care has increased,' she says. 'Our patients often need to be visited every day rather than a couple of times a week.' The pressures on time have filtered into rotas.

When Ms Goddard first started as a district nurse 30 years ago she worked Monday to Friday from 8.30am to 4.30pm and one weekend a month. Now her team covers a 7am to 7pm shift rota, and until recently she was working every other weekend.

A recent typical day began for her at 7.30am, included ten patient visits, and ended at 10pm once she had finished a raft of documentation. Some of these visits can be emotionally draining, especially in the context of COVID-19.

'I often sit in my car and cry, but that is part of the job we do,' she says.



Neil O'Connor

Offload some services to ease pressure

The district and community nursing (DCN) service is key to realising the ambitions of the NHS Long Term Plan, but the service is under severe pressure.

Nearly all of the nurses responding to the survey (96%) said patient acuity continued to significantly increase in the community setting. However:

- » High numbers (83%) of nurses reported a lack of suitable technology to support better management of this acuity
- » Nearly two thirds (61%) of nurses do not formally measure patient acuity

» Three quarters (75%) said that when acuity was reported it had not resulted in any action or additional support. Against the backdrop of this increasing patient acuity, survey respondents say there are many activities that do not require their expertise and which could be carried out by others with the right education and training.

This would help reduce pressure on the DCN service. Suggestions for substitutes include the patient, their family or in some cases practice nurses, social care staff or a GP.

Suggestions of activities that could be transferred to more appropriate services include eye drops, venepuncture, catheter care, continence assessments, simple dressings and medication prompts.

another day due to capacity and that they in turn are required to support other DCN teams when their demand exceeds capacity.

Despite this, only half of nurses have a mechanism to establish the daily capacity of their teams.

Many call for better progress on self-care, more specific referral criteria – such as housebound-only patients – improved technology, enhanced collaboration with GPs and practice nurses, and strong leadership.




This is an abridged version of an online article at rcni.com/RCN-DN-nurse-survey


Around 90% of the country's care is delivered outside of hospital – in people's homes, care homes, daycare centres and ambulatory clinics – to an increasingly ageing population, often with multiple long-term conditions.

We must ensure that funding for community services reflects this.

In numbers: the pressures on district nurses' work

Only **4%** of nurses were 'always able' to deliver their very best care

1/2 of nurses had no time to include any advice on health promotion or disease prevention in consultations 

Some nurses make **20** or more patient visits each day 




32 role titles across district and community nursing services – confusing for patients and colleagues

Over half reported having a minimum daily staffing requirement, but **6%** said this was met on every shift

79% of nurses say time allocated for patient visits not enough 

12% of district and community nurses were under the age of 35

1/3 of nurses have no ongoing mental health and well-being support from their employers 

4/10 nurses would value further training on the acuity of patients

Call to action

The pressures are increasing. Add to this the impact of post-COVID recovery, as well as long-COVID patients, and this vital service simply will not be able to cope.

Our DCN forum survey feedback must now serve as a call to action for community service providers.

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Source: RCN District and Community Nursing Forum from 492 nurses surveyed between Nov-Dec 2020