Contextualising and developing community nursing in whole systems of health and social care

Vari M Drennan MBE
Professor of Health Care & Policy Research
Centre for Health & Social Care Research
Kingston University & St. George’s University of London, Grosvenor Wing, St. George’s Campus, Cranmer Terrace, London SW17 0RE
My first role as discussant ......
As discussant, I will draw on the presentation of Juan Carlos Contel to take the discussion forward:

• Remind us briefly of the contextual issues facing all health care systems

• Offer two insights for the audience to consider:
  – The variety of models and stages of development of health and social care systems and the place of community nursing within that
  – The nature of whole system workforce development, offering one example from England

• Invite you to join the debate
Context: Canterbury - UK — countries of the world

Canterbury, Kent
Influences on health
(Whitehead and Dahlgren 1993)
Figure 2. Average annual growth in health spending (in real terms) across OECD countries, 2000-2010

Note: Growth rates for 2009/10 are not available for Australia, Israel, Japan, Luxembourg and Turkey.

Source: OECD Health Data 2012 OECD Health Working Paper No. 60
HEALTH SPENDING GROWTH AT ZERO: WHICH COUNTRIES, WHICH SECTORS ARE MOST AFFECTED? David Morgan and Roberto Astolfi
<table>
<thead>
<tr>
<th>Main source of basic health care coverage</th>
<th>List of countries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tax-funded health system</strong> National health system</td>
<td>Australia, Canada, Denmark, Finland, Iceland, Ireland, Italy, New Zealand, Norway, Portugal, Spain, Sweden, United Kingdom</td>
</tr>
<tr>
<td><strong>Health insurance system</strong> Single payer</td>
<td>Greece(a), Hungary, Korea, Luxembourg, Poland, Slovenia, Turkey</td>
</tr>
<tr>
<td>Multiple insurers, with automatic affiliation</td>
<td>Austria, Belgium, France, Japan</td>
</tr>
<tr>
<td>Multiple insurers, with choice of insurer</td>
<td>Chile, Czech Republic, Germany, Israel, Mexico, the Netherlands, Slovak Republic, Switzerland, United States</td>
</tr>
</tbody>
</table>

# User charges for outpatient medical services

<table>
<thead>
<tr>
<th>Cost-sharing on outpatient medical care</th>
<th>Primary care</th>
<th>Specialised care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free of charge for all</td>
<td>Canada, Denmark, Hungary, Italy, Poland, Spain, United Kingdom</td>
<td>Canada, Denmark, Hungary, New Zealand, Poland, Spain, United Kingdom</td>
</tr>
<tr>
<td>Free of charge for some</td>
<td>Australia (≈80% of GP services)</td>
<td>Australia, Germany (SHI)</td>
</tr>
<tr>
<td></td>
<td>Chile (public-public)</td>
<td>Greece (public providers), Ireland (public-public)</td>
</tr>
<tr>
<td></td>
<td>Germany (SHI-85% pop)</td>
<td>Mexico (public-public)</td>
</tr>
<tr>
<td></td>
<td>Greece (public provider)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ireland (40% of pop),</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Israel (3 out of 4 HIFs)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mexico (public-public)</td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td>Austria (specific)</td>
<td>Austria, Israel (specific)</td>
</tr>
<tr>
<td></td>
<td>Netherlands (general)</td>
<td>Netherlands (general)</td>
</tr>
<tr>
<td>Copayment</td>
<td>Czech Republic, Finland, Iceland, Norway, Portugal, Sweden</td>
<td>Czech Republic, Finland, Italy, Iceland, Norway, Portugal, Sweden</td>
</tr>
<tr>
<td>Co-insurance</td>
<td>Chile (provider choice)</td>
<td>Chile, Japan, Korea, Luxembourg, Japan, Korea, Luxembourg, New Zealand, Slovenia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Slovenia</td>
</tr>
<tr>
<td>Copayment+co-insurance</td>
<td>Belgium, France</td>
<td>Belgium, France, Iceland</td>
</tr>
<tr>
<td>Deductible + co-insurance</td>
<td>Switzerland</td>
<td>Switzerland</td>
</tr>
<tr>
<td>Full price</td>
<td>Ireland (60% of pop)</td>
<td></td>
</tr>
</tbody>
</table>

HEALTH BENEFIT PLANS IN OECD COUNTRIES Valérie Paris (OECD)  
### Proportion of Elderly Population

Table 1. Elderly population - 65 and over as % of total population

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>12.7</td>
<td>12.8</td>
<td>12.9</td>
<td>13.0</td>
<td>13.1</td>
<td>13.2</td>
<td>13.3</td>
<td>13.6</td>
<td>13.8</td>
<td>14.2</td>
<td>14.4</td>
</tr>
<tr>
<td>The mainland of China</td>
<td>7.5</td>
<td>7.6</td>
<td>7.7</td>
<td>7.9</td>
<td>8.0</td>
<td>8.2</td>
<td>8.5</td>
<td>8.9</td>
<td>9.1</td>
<td>9.4</td>
<td>9.7</td>
</tr>
<tr>
<td>Hong Kong SAR</td>
<td>11.8</td>
<td>12.1</td>
<td>12.3</td>
<td>12.4</td>
<td>12.6</td>
<td>12.7</td>
<td>12.9</td>
<td>13.1</td>
<td>13.3</td>
<td>13.7</td>
<td>14.2</td>
</tr>
<tr>
<td>Japan</td>
<td>19.0</td>
<td>19.5</td>
<td>20.2</td>
<td>20.8</td>
<td>21.5</td>
<td>22.1</td>
<td>22.7</td>
<td>23.0</td>
<td>23.3</td>
<td>24.1</td>
<td>25.1</td>
</tr>
<tr>
<td>New Zealand</td>
<td>11.8</td>
<td>11.9</td>
<td>12.0</td>
<td>12.2</td>
<td>12.5</td>
<td>12.6</td>
<td>12.8</td>
<td>13.0</td>
<td>13.3</td>
<td>13.8</td>
<td>14.2</td>
</tr>
<tr>
<td>Singapore(1)</td>
<td>7.4</td>
<td>7.8</td>
<td>8.1</td>
<td>8.4</td>
<td>8.5</td>
<td>8.7</td>
<td>8.8</td>
<td>9.0</td>
<td>9.3</td>
<td>9.9</td>
<td>10.5</td>
</tr>
<tr>
<td>South Korea</td>
<td>8.3</td>
<td>8.7</td>
<td>9.1</td>
<td>9.5</td>
<td>9.9</td>
<td>10.3</td>
<td>10.7</td>
<td>11.0</td>
<td>11.4</td>
<td>11.8</td>
<td>12.2</td>
</tr>
<tr>
<td>Taiwan</td>
<td>9.2</td>
<td>9.5</td>
<td>9.7</td>
<td>10.0</td>
<td>10.2</td>
<td>10.4</td>
<td>10.6</td>
<td>10.7</td>
<td>10.9</td>
<td>11.2</td>
<td>11.5</td>
</tr>
<tr>
<td>Denmark</td>
<td>14.9</td>
<td>15.0</td>
<td>15.1</td>
<td>15.2</td>
<td>15.5</td>
<td>15.7</td>
<td>16.1</td>
<td>16.6</td>
<td>17.1</td>
<td>17.6</td>
<td></td>
</tr>
<tr>
<td>Finland</td>
<td>15.5</td>
<td>15.7</td>
<td>15.9</td>
<td>16.3</td>
<td>16.5</td>
<td>16.6</td>
<td>16.9</td>
<td>17.3</td>
<td>17.8</td>
<td>18.5</td>
<td>19.1</td>
</tr>
<tr>
<td>France</td>
<td>16.4</td>
<td>16.5</td>
<td>16.5</td>
<td>16.5</td>
<td>16.5</td>
<td>16.6</td>
<td>16.7</td>
<td>16.9</td>
<td>17.1</td>
<td>17.5</td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>18.6</td>
<td>19.3</td>
<td>19.2</td>
<td>19.7</td>
<td>20.2</td>
<td>20.5</td>
<td>20.8</td>
<td>21.0</td>
<td>20.9</td>
<td>21.1</td>
<td>21.3</td>
</tr>
<tr>
<td>Italy</td>
<td>19.2</td>
<td>19.6</td>
<td>19.8</td>
<td>20.0</td>
<td>20.2</td>
<td>20.3</td>
<td>20.3</td>
<td>20.4</td>
<td>20.4</td>
<td>20.7</td>
<td>20.8</td>
</tr>
<tr>
<td>Netherlands</td>
<td>13.8</td>
<td>13.9</td>
<td>14.2</td>
<td>14.4</td>
<td>14.6</td>
<td>14.9</td>
<td>15.2</td>
<td>15.4</td>
<td>15.9</td>
<td>16.5</td>
<td></td>
</tr>
<tr>
<td>Norway</td>
<td>14.8</td>
<td>14.7</td>
<td>14.7</td>
<td>14.7</td>
<td>14.8</td>
<td>14.8</td>
<td>15.0</td>
<td>15.2</td>
<td>15.5</td>
<td>15.8</td>
<td></td>
</tr>
<tr>
<td>Spain</td>
<td>16.9</td>
<td>16.7</td>
<td>16.6</td>
<td>16.6</td>
<td>16.5</td>
<td>16.5</td>
<td>17.0</td>
<td>17.2</td>
<td>17.5</td>
<td>17.9</td>
<td></td>
</tr>
<tr>
<td>Sweden</td>
<td>17.2</td>
<td>17.2</td>
<td>17.3</td>
<td>17.3</td>
<td>17.4</td>
<td>17.4</td>
<td>17.9</td>
<td>18.3</td>
<td>18.6</td>
<td>19.0</td>
<td></td>
</tr>
<tr>
<td>Switzerland</td>
<td>15.7</td>
<td>15.8</td>
<td>15.9</td>
<td>16.1</td>
<td>16.3</td>
<td>16.5</td>
<td>16.7</td>
<td>16.9</td>
<td>17.0</td>
<td>17.3</td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>16.0</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.6</td>
<td>15.8</td>
<td>16.0</td>
<td>16.5</td>
<td>17.0</td>
<td>17.0</td>
</tr>
<tr>
<td>Canada</td>
<td>12.8</td>
<td>13.0</td>
<td>13.1</td>
<td>13.3</td>
<td>13.5</td>
<td>13.7</td>
<td>13.9</td>
<td>14.2</td>
<td>14.5</td>
<td>14.9</td>
<td>15.3</td>
</tr>
<tr>
<td>United States</td>
<td>12.4</td>
<td>12.4</td>
<td>12.4</td>
<td>12.5</td>
<td>12.6</td>
<td>12.8</td>
<td>12.9</td>
<td>13.1</td>
<td>13.3</td>
<td>13.7</td>
<td>14.1</td>
</tr>
</tbody>
</table>

Source: Food and Health Bureau, The Government of the Hong Kong Special Administrative Region
Deaths from non-communicable diseases per 100 000 pop. 
Source WHO
Example from Japan

Outline of the Long-Term Care Insurance System implemented in 2000

Alongside the simultaneous implementation of “project youthful elderly”

Source
http://www.mhlw.go.jp/english/topics/elderly/care/2.html
The flow of finance for the publicly funded National Health Service and Social Care Services in England

Taxes
National Insurance

Parliament

£

Dept of Health

Treasury

£

Dept of Communities and Local Government

£

Clinical commissioning groups

£

Local Authorities
Commission Social Care

£ + Local taxes

Hospital & Community Services

Public and private or third sector - for profit and not for profit organisations

District Nurses
Specialist Teams, physiotherapists, Equipment for home nursing

Social Workers, occupational therapists, home care, Meals on Wheels etc, aids to independent living
Ambulatory, self caring patients: nurses provide CD review and monitoring, self care promotion and secondary prevention advice to stable, ambulatory patients.

More disabled but stable CD patients: nurses provide CD review and monitoring, treatment for specific symptoms, self care promotion and secondary prevention to patients with mobility problems and unable to attend ambulatory centres.

CD patients with acute exacerbations or critical events: Nurses provide increased care, care management and rehabilitation for patients at home to prevent hospital admission or support early discharge to patients with chronic conditions (i.e. patients very dependent on increased care and treatment but not medically complex/unstable).

CD patients at risk of unplanned hospital attendance: Nurses with specialist skills and advanced training provide CD monitoring and review, case management and disease management specific patient education.

CD patients with multiple CD's and frailty: nurses provide case management, continuing and palliative care, treatment for specific symptoms, tertiary prevention.

Trajectory of chronic diseases and potential input of community nurses with different populations.
Types of ‘organisation and delivery’ of community nursing across the globe

- Solo self-employed nurse
- Organisation which only provides community nursing
- Organisations which provide different types of health services only in community settings including nursing
- Organizations which provide health & social care including nursing
- General practice / family medicine / family physicians
- Outreach from hospital specialities
Methods of delivery

In the person's home

By phone, or internet link

In a care home

In a community facility / health clinic / family physicians' service (general practice)
District nursing for the poor training school Liverpool, England service established 1864

District Nursing Association in Christchurch, New Zealand established 1898

The Visiting Nurse Service of New York, USA established 1893

Nurses and nursing provided in peoples homes - context of development
With thanks to the community health workers and nurses in Khayelitsha and Phillipi, Cape Town, South Africa 2000
New types of community health services in China

With thanks to the community doctors and nurses in Zhengzhou, Henan
Other types of integration - alongside the traditional and cultural practices of health & well being

With thanks to the community doctors and nurses in Zhengzhou, Henan
As discussant, I will draw on the presentation of Juan Carlos Contel to take the discussion forward:

- Remind us briefly of the contextual issues facing all health care systems
- Offer two insights for the audience to consider:
  - The variety of models and stages of development of health and social care systems and the place of community nursing within that
  - The nature of whole system workforce development, offering one example from England.
- Invite you to join the debate
Community Education Provider Networks

• ”using education to support service transformation in primary and community care”

• Supported and funded by NHS Health Education England Local Education & Training Boards
Our Vision

To design, develop and deliver a workforce that will lead to sustainable improvements in the health and well-being of the population of South London
What are Community Education Provider Networks?

CEPNs are networked arrangements of providers within a specified geography. Their purpose is to understand and develop the community-based workforce, in order to meet the health needs of their local population. They are designed to improve the quality and localisation of education for health professionals. They aim to empower community organisations to work with higher educational institutions to assess workforce training needs, expand capacity for training in the community, innovate in the field of training and deliver multi-professional training.

- Defined geography
- Workforce development around population need
- Networked arrangement of education and service providers

https://southlondon.hee.nhs.uk/strategy/community-education-provider-networks/
What does success look like?

- **Patient care and population health**
- **Primary Care workforce transformation**

CEPN functions to drive the process:
- Workforce planning
- Education Quality
- Faculty development
- Responding to local workforce needs
- Workforce development
- Education programme co-ordination
- CCG and LA engagement

- **Workforce Planning**: Developing robust local workforce planning data to inform decisions over how education and training funding should best be invested.
- **Education Quality**: Supporting improvements in the quality of education programmes delivered in primary and community care, e.g. through peer review.
- **Faculty Development**: Developing local educational capacity and capability (e.g. an ability to accommodate greater numbers of nursing placements or the development of multi-professional educators in community settings).
- **Responding to Local Workforce Needs**: Collaborating to meet local workforce requirements (such as specific skills shortages), including the development of new bespoke programmes to meet specific local needs.
- **Workforce Development**: Developing, commissioning and delivering continuing professional development for all staff groups.
- **Education Programme Coordination**: Local co-ordination of education programmes to ensure improved economy of scale, reduced administration costs and improved educational governance.
- **CCG engagement**: Ensuring effective spend of CCPD funding for primary care.
CEPNs: implementing innovation at two levels of complex systems

• Regional level - HEESL developing and testing a transformative model across a complex health and social care system to focus on primary care workforce

• Local level - CEPNs developing a network organisation to deliver a transformative change in the ‘local’ development of the primary care workforce
WELCOME

Welcome to the Bromley CEPN website.

We hope to be able to use this website to provide regular updates about what the CEPN is up to and about how we can help you.

A lot of what we do is related to Continuing Professional Development so you should be able to find details of all local and regional courses [here](http://bromleycepn.org/) as well as updates on issues such as Nurse Revalidation, and the Care Certificate for HCAs.

We're always looking for ways to improve training and development locally so if you have any ideas, would like to get involved, or would like to know more then please do not hesitate to get in touch.
Perinatal Mental Health Education

This CEPN is addressing the poor perinatal mental health in London, addressing the educational deficit by providing a package for women and community and hospital based healthcare professionals, facilitated by healthcare experts and service users of maternity and mental health services.

www.nwl.hee.nhs.uk
<table>
<thead>
<tr>
<th>Medical students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundations</td>
</tr>
<tr>
<td>GP Training</td>
</tr>
<tr>
<td>Nursing Students</td>
</tr>
<tr>
<td>Apprenticeships</td>
</tr>
<tr>
<td>Physician associates</td>
</tr>
</tbody>
</table>

http://bexleycepn.org.uk/training-and-placements/
The Yorkshire and Humber LETB region have been promoting student nurse placement in general practice since 2009 and currently have a network of over 60 practices which accommodate approximately 200 students a year.

Source HEWM Development of Practice Nurse Placements for Pre-registration Nursing Students
http://wm.hee.nhs.uk/files/2014/05/DEVELOPMENT-pre-reg-places-FAQ-to-GPs-FINAL.pdf


800 GP Practices Yorkshire & Humber LETB
• Implementation of service change and development across networks
• Demonstrating impact and change - process outcomes and outcomes
In my presentation I have:

- Offered two insights for the audience to consider:
  - The variety of models and stages of development of health and social care systems and the place of community nursing within that.
  - The nature of whole system workforce development, offering one example from England.

I hope you will join in the discussion with observations, examples and new learning.

Thank you

v.drennan@sgul.kingston.ac.uk

http://www.healthcare.ac.uk/staff/professor-vari-drennan/