

Support matters:

Use of assistant staff in the delivery of community nursing services in England

Research Team:

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Background

Primary and community care services are the first point of contact with the National Health Service (NHS) for most service users. Public demand for these services is growing due to demographic changes, increasing public expectations for quality and choice, the changing nature of disease and disease management, continuing advances in technology and treatments and the shifting focus from hospital to community-based services. The NHS Review advocated primary and community care services that promote health, provide timely access for people experiencing ill health, are based on pathways of care, reflect the needs of service users and focus on promoting quality and safety. To meet these demands and the modernisation agenda, the skills of the entire healthcare team (both professionals and assistant staff) need to be supported, developed, and, crucially, deployed in the most efficient way.

The workforce planning and development that must accompany these changes has received minimal attention in primary and community care. There is a lack of international evidence to support policies on healthcare staffing. Research efforts have tended to focus on the roles of healthcare professionals rather than the organisational, skill mix and workforce issues associated with the provision of primary and community care by a healthcare team in its broadest sense. Research on assistant staff in primary and community care is scant, comprising small scale, descriptive localised projects which focus on assistant roles in GP practices rather than community nursing services.

Changes to the roles of health care professionals, through role expansion and redesign, have created specific opportunities for reviewing developments in assistant roles. The number of assistants in community nursing teams is reported to have increased by 118% over a 10-year period (1996-2006)¹. 'Community nursing' refers, in its broadest sense, to any nursing care delivered *outside* the hospital setting, such as patients' homes, or residential care or health centres. A wide variety of services and teams comes under this banner, for example district nursing, intermediate care, falls prevention, tissue viability, or community based respiratory teams. We will seek to describe numbers, types and roles of assistant roles in these settings and their potential contribution to service delivery, and service-user experience and choice.

Research objectives

The research objectives are to:

1. Describe numbers, types and roles of assistant staff (at levels 2, 3 and 4) delivering services and care in community nursing services in England.
2. Explore how assistant roles impact on the organisation of nursing work in these teams, particularly where new integrated organisational models and ways of delivering services exist and innovative assistant roles are identified.

¹ Queen's Nursing Institute. Nursing people in their own homes – key issues for future care. QNI Position Statement – March 2010 <http://www.qni.org.uk/userfiles/file/Position%20Statement%20March%202010.pdf>

3. Explore how use of assistants in community nursing teams impacts on (or has the potential to impact on) health care professional workload, service user experience and choice.
4. Report key findings and recommendations from the scoping study for policy makers, service users, commissioners, providers, practitioners, managers and researchers.

Methods

We will carry out a scoping study to establish numbers, types and roles of assistant staff in community nursing teams. The scoping study will establish numbers, types and roles of assistant staff working at levels 2 to 4 and delivering services and care in community nursing teams. Numbers of assistants will be placed in the context of overall team structures so that we can better understand assistant roles and where there are teams with no assistant staff. As well as describing numbers and use of assistants we will explore whether there are any innovative models of service provision using assistant staff. There are 152 PCTs in England and our aim is to understand configuration and use of assistant staff in community nursing teams within each of these PCTs, with more detailed description of the roles from a random sample (10%) of identified community nursing teams. We will (most likely) adopt a 2-stage approach to the scoping study:

- Stage 1 - approaching PCTs (the Director of Nursing, Clinical Director or Human Resource Manager) to determine community nursing services commissioned and use of assistant staff in the delivery of these services; and
- Stage 2 - contacting Service Managers/ Team Leads of a random sample of these identified nursing services to gather more in-depth data about the nursing team and use of assistants.

Using this 2 stage approach, we aim to present a national picture of assistant roles in the community at levels 2, 3 and 4 and reflect any regional variations in use of the role at these levels and the type of work they undertake and their contribution to any innovative models of service delivery.

The process of carrying out this scoping study will not be straightforward due to varied models of service provision across England and the location of these community nursing teams, particularly given the split of provider services from PCTs. Therefore, we will need to carry out some *preliminary work* to refine both our approach to the scoping study and focused items for the questionnaire to capture this diversity.

Outputs

Findings from the scoping study will:

1. contribute to the evidence-base on assistant roles (levels 2 to 4) in the community setting;
2. provide examples of innovative use of assistant roles; and
3. offer recommendations of interest to policy makers, commissioners, provider organisations and practitioners.

We anticipate that the scoping study will:

- lead to the development of a toolkit' on the introduction and development of assistant roles in community nursing teams that will be useful to practitioners (assistants and professionals), commissioners and employers.
- provide the foundations for the development of focused clinical and policy questions for future studies

For further information about the study please visit:

<http://www.york.ac.uk/healthsciences/research-information/support-matters/>

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