National Education Commissioning Specification to Support
HEE District Nursing & General Practice Nursing Services Education & Career Framework 2015

1. Introduction

The majority of healthcare already takes place outside of the hospital setting and it is vital that nurses in community and primary care are equipped to deliver high quality care and the future service transformation required to deliver the Five Year Forward View[1]. In response to this, Health Education England (HEE) has developed a 'District Nursing and General Practice Nursing Education & Career Framework' The framework provides the structure for developing the primary and community nurse workforce in the context of rapidly changing services and the development of new models of care. Services will be further developed that enable more people to be cared for at home with a greater emphasis on public health, developing and supporting patients in self-care and behaviour change, alongside different interdependent service models with integrated health and social care provision.This document should be read and used in conjunction with the framework http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/10/Print-ready-PDF.pdf and the http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/10/Interactive-framework.pdf The levels in this document align to the competency levels depicted within the framework.

The purpose of a National Education Commissioning Specification (The Specification) is to support the implementation of the education and career framework through the consistent commissioning of high quality education and training across HEE, via Local Education and Training Boards (LETBs). The Specification seeks to ensure that education commissioned across HEE supports the need for the community and primary care nursing workforce to be adequately prepared for their pivotal role in the delivery of high quality care, equipped to meet the demands of future health care needs of patients and service transformation. In order to do this, the education commissioned for all nurses in community and primary care settings need to be consistent in quality and approach and meet the educational outcomes described in the framework. This Specification includes education and training for the non-registered workforce given the fundamental contribution to community healthcare delivery clinical support staff give.

[1] NHS England (2014) Five Year Forward View: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

This specification provides guidance to local offices of HEE on future commissioning of education for nurses working in primary and community services. It seeks to identify where education and training activity will enable specific competency requirements and support workforce transformation for new models of care where more generic, professional roles be needed. This specification will create assurance that education and development of staff is equitable and qualifications are transferable across England.

2. Background

The Five Year Forward View highlights that "we have yet to see a significant shift from acute to community sector based working – just a 0.6% increase in the numbers of nurses working in the community over the past ten years". The Queens Nursing Institute (QNI) have published a number of documents that evidence studies based on surveys and focus groups that chart the increasing complexity of patients cared for by district nursing teams, earlier discharges, and workload being managed with reducing staffing and skill mix levels[2][3][4]. The Vision and Values report[5] noted that most District Nurses had experienced major changes to the primary care organisations in which they worked. In 2013 the Department of Health and NHS Commissioning Board (now NHS England) published "Care in Local Communities"[6]. This was an important landmark document as it set out a vision for District Nursing with best practice guidance for both service commissioners and providers. The "Future of Primary Care: Creating teams for tomorrow"[7] review acknowledges how services wrapped around General Practice need to transform with the existing workforce ready to work in different ways and consider the development of new roles. This requires sufficient staff with the right competencies not only to deliver high quality care but to evaluate their practice and demonstrate leadership in service improvement.

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[2] QNI (2002) The Invisible Workforce
[3] QNI (2006) Vision and Values:
[4] QNI (2014) 2020 Vision: 5 years on. Reassessing the Future of District Nursing.
http://www.qni.org.uk/docs/2020_Vision_Five_Years_On_Web1.pdf
[5] QNI (2006) Vision and Values:
[6] Department of Health/NHS Commissioning Board (2013) Care in Local Communities – a vision and model for District Nursing.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213363/vision-district-nursing-04012013.pdf
[7] HEE (2015) Future of Primary Care: Creating teams for tomorrow: http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/07/The-future-of-primary-care.pdf

The Five Year Forward view highlights the importance of staff feeling confident and competent to support and enable behavioural change, making every contact count in supporting self-management. Service commissioners aim to shift hospital based care to primary and community care settings with changes to General Practice working arrangements. The divide between Primary and Community nurses is identified as unhelpful in the Future of Primary care review, giving greater gravitas to this Specification supporting services through identifying education and training that enables the nurse team to contribute effectively within a multi professional team where generic competencies can complement those that are more specialist. Services will require a community and primary care workforce that is consistently skilled and competent not only to support these changes but to lead on transformation and innovation of care delivered closer to home.

3. Underlying principles and requirements for all commissioned education

3.1 Development - It is necessary that a portfolio of education:

3.1.1 Supports the community and primary care workforce to deliver integrated, personalised care to individuals and populations whilst ensuring that the service continues to be delivered safely with high quality

3.1.2 Enables the development of a future workforce that can work in this newly transformed health and social care context

3.1.3 Aligns to strategic workforce plans and considers existing and future service needs, thereby working in partnership with Service commissioners and providers as key stakeholders is crucial.

3.1.4 Is developed with systems in place to regularly review the education in partnership with key stakeholders. Education providers should have the flexibility to agree course content that meets the developmental needs of the General Practice and Community nurse workforce alongside local population needs as these evolve over time.

3.1.5 Enables accreditation through learning with an ability to AP(E)L

3.2 Policy drivers - There are a number of strategic documents that set out the factors which influence the future education and training for these health care professionals. They include:

3.2.1. Investing in People for Health and Healthcare – Workforce Plan for England. Health Education England, January 2014

3.2.2. Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values. (A mandate from the Government to Health Education England: April 2015 to March 2016).

3.2.3. Equity and Excellence: Liberating the NHS Department of Health, 2010

3.2.4. The NHS Constitution: The NHS belongs to us all. Department of Health, 2015

3.2.5. NHS Values Based Recruitment Framework. Health Education England, 2015

3.2.6. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Robert Francis QC, 2013

3.2.7. NHS Outcomes Framework 2014 to 2015. Department of Health, 2013

3.2.8. Healthy Lives, Healthy People: A Public Health Workforce Strategy. Department of Health 2013

3.2.9. The NHS belongs to the people: A call to action. NHS England 2013

3.2.10. Care in Local Communities: A new vision and model for district nursing. Department of Health and the Queens Nursing Institute 2013

3.2.11. Transforming Primary Care: Safe, proactive personalised care for those who need it most. Department of Health 2014

3.2.12. A framework for personalised care and population health for nurses, midwives, health visitors and allied health professionals. Department of Health and Public Health England 2014

3.2.13. The five year forward view. NHS England, 2014

3.2.14. The future of primary care: creating teams for tomorrow. Primary workforce commission review commissioned by Health Education England, 2015

3.2.15 Shape of Caring,: Raising the Bar: HEE 2015

3.2.16 District Nurse standards for education and practice: Queens Nursing Institute 2015

3.3 The following elements are central to this provision:

3.3.1. The portfolios of education must develop and evolve as strategic service commissioning intentions develop as part of Workforce Development strategies.

3.3.2. Educational programmes developed will recognise the need to address physical and mental health needs, in addition to the principles of making every contact count recognising the essential contribution of public health, health promotion and ill-health prevention.

3.3.3. Education is underpinned by the principles of personalised care planning, co-production and enabling individuals to be in control of their own care.

3.3.4 Patient safety and safeguarding children and vulnerable adults.

3.3.5 The integration of services across health and social care in meeting patients' needs.

3.3.6 Healthcare professionals as practitioners, partners and leaders.

3.3.7 The six areas of action defined in the Compassion in Practice Strategy.

3.3.8 Tackling inequality in healthcare.

3.3.9 Client and carer involvement.

3.3.10 Duty of candour, an understanding of the NHS Constitution and NHS values.

3.3.11 Ensure that students have opportunities and are encouraged to engage in inter professional learning across a broad spectrum of health and social care professions.

3.4 Location and delivery of learning:

3.4.1 Challenges of releasing staff to undertake episodes of structured learning and the requirement for education consolidation requires educational programmes to contain a high level of work based learning[8].

3.4.2 Delivery of and access to the various components of education may require some flexibility given those choosing primary care and community nursing may come with a plethora of varying experience and capability.

4. Programme specifications

Educational developments need to link to the *HEE District Nursing and General Practice Nursing Education and Career Framework.* Key elements that should be included in programme specifications can be found in Appendix One.

Education commissioners should use the Education and Career Framework for District Nursing and General Practice Nursing to identify the breadth of requirements at each level as the elements identified in Appendix One are broad and fairly generic to allow for some local flexibility. Specific elements of learning and competency, identified by General Practice and Community colleagues fundamental to practice, are collated in Appendix Two.

[8] There is no universally agreed definition of work or practice based learning but in this context it is deemed to be an integral component of educational programmes that prepare practitioners for safe and effective practice. It is integrally linked with academic development and students need to have structured learning activities, normally with protected time, in the workplace that are formatively and summatively assessed by mentors. The skills developed during work based learning are essential for all practitioners to maintain an enquiring approach to their practice.

5. Key performance indicators

5.1 Employers releasing staff must sign the application form of the learner to demonstrate their readiness to support the learner and ensure the identification of a mentor where required, the provision of a quality learning environment and agreed time to study.

5.2 Employers supporting staff to undertake work based learning programmes will ensure they have sufficient mentor capacity and protected time in the workplace to support the learner.

5.3 Education providers delivering programmes that require access to specific learning environments will work with partners to ensure sufficient mentor and placement capacity of high quality learning environments.

5.4 Education providers can demonstrate the underlying principles and requirements as set out in Section 3 are embedded within the education provision.

5.5 Value and quality of the provision can be demonstrated through the contract performance process ie, evaluation, student testimony, employer feedback, stakeholder engagement, attrition, recruitment to programmes etc.

5.6 Education provision meets NMC requirements as appropriate.

6. Commissioning numbers -

The commissioning numbers will be reviewed and confirmed annually in response to workforce plans, service need and investment planning.

APPENDIX ONE

Programme Specifications

Apprenticeship level – Clinical apprenticeships should be considered to create another route to becoming a Health Care Assistant (HCA) in the primary care and community setting in support of widening participation and developing a career framework.

Health Care Assistants - HCAs working in primary care and/or the community usually undertake their role without the direct supervision of a registered practitioner. The nature of the workload means that they will be working alone for most of the time. Health Education England highly recommends that all new HCAs and social care support workers should complete the Cavendish Care Certificate within the first 12 weeks of their employment and have aspects of this tailored to their specific role within the workplace.

Person profile	Programme	Key components to be included in curricula
HCA **Skills for health level 1**	National programme being developed -Talent for Care	Introduction to working in the community and/or primary care
HCA **Skills for health level 2**	Cavendish Care Certificate Working towards a level 2 qualification or equivalent	• Introduction to working in the community and/or primary care and how the standards of the Care Certificate are applied in these settings. Additionally staff may need specific skills and support to undertake: • Phlebotomy • Identifying the deteriorating patient • Communication, record keeping and other documentation

		• Introduction to the principles of making every contact count
HCA **Skills for health level 3**	Cavendish Care Certificate Working towards a level 3 qualification or equivalent	• Underpinning knowledge of key interventions and common conditions seen in primary and community care eg management of patients with diabetes, basic wound management, eye care etc. • Recognition of accountability and delegation in relation to their role • Introduction to reflective practice • Principles of team working in uni or multi-disciplinary teams • Recognising risk in relation to patient or self and its management in these settings • Level 2 brief intervention behaviour change training to support self management for patients • Knowledge and use of resources and other agencies to support patients • Participation in learning and support of other staff and students • Quality care assurance and processes in these settings.
Assistant practitioner **Skills for health level 4**	Certificated or modular structured learning at academic level 4 (certificate) and if required at academic level 5 (diploma) to achieve a foundation degree Clarification should be given regarding progression to pre-registration programmes	Modular foundation degrees will build on the competencies achieve at Skills for Health level 3 (Health Care Assistant) but education programmes should include: • Underpinning knowledge of basic anatomy and physiology and key conditions cared for in these settings • A range of skills to support patients in these settings. This may include wound management, teaching and supporting patients to learn new skills, lifestyle advice, observations, administration of insulin for patients with stable diabetes etc. • Recognition of factors impacting on health and immediate assessment of patient or carer learning needs and ability to

		offer tailored health advice and support strategies. • Brief intervention training for behaviour change • Use of reflective techniques to improve patient care, self awareness and personal resilience. • Principles of risk assessment and management strategies in these settings. • Organisation and planning of delegated workload • Supporting the learning of others • Team and multi agency working and collaboration • Introduction to audits and quality assurance procedures • Effective written and verbal communication skills

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Registered practitioner new to Primary and/or Community care Level 5– Registered nurses entering the primary and community care setting may come with a plethora of prior knowledge and skills. Some may come straight from qualifying whereas others may come from hospitals and other settings with varying experience and competencies in many fields of practice, potentially bringing highly transferable skills to the new setting. Whilst it is acknowledged that nursing in primary and community care requires skills not required in the hospital, given those entering this role will be at different levels of knowledge and competence, it is important to create a flexible pathway of learning to enable those new to primary and community care to focus on areas of need within the first year. Those entering the workplace that are newly qualified can create with their employer and the education provider a structured pathway of learning.

Programme	**Length of study**	**Core components**	**Delivery and assessment**
Introductory foundation programme This is likely to be a programme that builds on the standards for competence achieved on registration and introduces nurses to the key differences in working in primary and	Flexible. To be determined by the needs of the practitioner and	This should include: • Organisational structures and funding for primary and community care services. • Accountability and responsibility in the context	<u>Work based learning</u> • Emphasis on work based learning • Workbooks / electronic portfolios maybe

community settings and how their prior knowledge can be transferred and adapted to this new setting. This should comprise of a number of elements of learning that can be approached flexibly – possibly through a collection of study days. The following resource is very useful to staff new to community nursing. There is an equivalent resource for nurses new to General Practice being published later in 2015. Resource: Transition to Community Nursing Practice (http://www.qni.org.uk/for_nurses/transition_to_community	their employer – depending on their previous experience and level of competency against these elements <u>Accreditation</u> The learning may achieve accreditation if required at level 6 / degree level, with support of the HEI and should be completed within one year.	of lone working and decision-making. • Electronic record keeping and IT applications used in these settings. • Developing partnership with patients and families and negotiation skills and supporting self care • Recognising and managing risk in these settings, • Transferring skills to these settings • Interprofessional and interagency collaboration • Principles of managing long term conditions. • Holistic assessment in patient's homes and surgery settings using a range of assessment tools • Recognition of multiple pathology, depression, anxiety and frailty and referral systems. • Principles of anticipatory care and identification and management of deteriorating patients. • Immunisation	considered to demonstrate progressive learning and reflective practice <u>Mentorship</u> – Assigned mentor / assessor in practice required. The mentor will be required to work with the learner to teach and assess their competence. <u>Assessment of competency</u> – This will be decided locally but most practical aspects will be assessed in practice.

In addition nurses working in General Practice are likely to need the following skills:

- Cervical sampling
- Information on the Quality Outcomes Framework
- Basic contraception and sexual health advice
- Childhood immunisation programme & travel health

Registered Nurse having completed introductory foundation programme– Skills for health level 5

Programme	Length of study	Key components that may be included in curricula
Likely to be modular and may be at academic level 6 or 7.	Flexible	• Level 3 extended brief interventions • Mentorship (if appropriate) • Community Practitioner Nurse Prescribing (V150) • Leadership and management (see framework for detail) • Enhanced clinical skills eg management of leg ulcers, annual reviews for patients with long term conditions, • Resource management • Application of evidence based practice. • Advanced assessment module or equivalent (see footnote for suggested content)[9]

Practice Nurses may need further skills identified in Appendix Two.

[9] Advanced assessment modules should prepare health professionals to undertake a competent and comprehensive health assessment of a patient. This includes development of the ability to take an in-depth history, conduct an appropriate physical examination and use clinical reasoning skills to formulate appropriate differential diagnoses. This should include comprehensive history taking, clinical problem solving (theory and practice), physical examination of the ENT, eye, lymphatic, respiratory, peripheral vascular, cardiac, abdominal, musculoskeletal and neurological systems with an emphasis on clinical indications that warrant further assessment and/or appropriate onward referral. The module should also include mental health assessment in recognition of the importance of a holistic approach. Assessment strategy should include Objective Structured Clinical Examination and ideally practice based learning activities with a mentor qualified at this level.

Registered Nurse District Nurse or General Practice Nurse– Skills for health level 6

Programme	Length of study	Key components that may be included in curricula
NMC Specialist Practitioner Qualification - District Nurse, degree or post graduate diploma award. Equivalent for General Practice Nursing Students require a minimum of a sign off mentor to meet NMC requirements but preferably a Practice Teacher	Normally one year full time. 2-4 years part time.	DN SPQ courses should meet the QNI standards found in appendix 3 in addition to NMC approval. Nurses at this level will be expected to have an excellent body of clinical expertise so the focus of courses will be on: • Advanced assessment and complex decision making • Advanced communication skills • Extended brief interventions level 3. • Adaptability in unpredictable environments • Utilising technology to support patient care • Partnership working with patients with complex and palliative and terminal conditions. • Developing positive learning environments • Enhanced leadership and management skills (see framework fro requirements) • Participation in public health strategies • Service development and improvement • Participation in research related activity – audit, data gathering, patient feedback. • Leading on quality assurance activities If required locally: Independent/Supplementary Nurse Prescribing V300 Practice Teachers award or sign off mentor

NB. V300 prescribing programme http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Standards-proficiency-nurse-and-midwife-prescribers.pdf Provider services have to ensure that students are supported by Designated Medical Practitioners (DMP) and that the 78 hours in clinical practice with the DMP is supported. All students enrolling on a V300 Independent prescribing programme will need to have completed an advanced assessment course or its equivalent.

Registered Nurse Senior District Nurse or Senior General Practice Nurse– Skills for health level 7

Programme	Length of study	Key components that may be included in curricula
All programmes should be at academic level 7 leading to a Master's award		Staff at this level will be highly experienced clinicians therefore it is unlikely that a generic programme will meet their needs. Key components are likely to be: • Clinical supervision • Coaching • Level 4 high intensity interventions for behaviour change • Independent/Supplementary Nurse Prescribing V300 (if not already attained) • Post Graduate practice educator qualification • Advanced leadership and management • Undertaking investigations and report writing.

Advanced nurse practitioner – Skills for health level 8

All programmes commissioned should be at Master's level and meet the ANP requirements identified in "Advanced Level nursing – a position statement" [10]. Those nurses who have achieved ANP status may work toward doctorate qualifications. These are likely to be in the following areas:

- Professional Doctorate – Clinical practice topic
- PhD – Research
- Educational Doctorate – Education

Where the Local office of HEE is funding the education a formal agreement between the LETB, employer, HEI and/or student is useful in identifying how the research or practice development will inform services with agreement of expected outcomes to support service transformation and improve patient outcomes.

[10] DoH (2010) Advanced Level Nursing – a position statement: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215935/dh_121738.pdf

APPENDIX TWO

The elements below were identified by General Practice and Community Colleagues as fundamental to clinical practice

Foundation year

- Application of health policy, law and ethics in the community – to include Care Quality Commission (CQC) regulations and outcomes
- Enhanced Communication
- Care planning, working in partnership with patients and their families
- Principles of managing long term conditions and co-morbidities
- Assessing patients in home care settings and Interagency working
- Recognising and managing the deteriorating patient
- Dementia care
- Health promotion and MECC 'Making Every Contact Count' - principles of motivational Interviewing
- Introduction to caring for patients in the community with long term conditions and co-morbidities, such as – COPD, cardiovascular disease, Mental Health illness, Diabetes, hypertension
- Caring for patients in the community at the end of their life ie, palliative care and /or with a terminal illness
- Introduction to Minor Illness
- Introduction to Minor Injury
- Spirometry
- Ear care
- Smoking Cessation
- Tissue viability and wound care in the community
- Assessment and treatment of leg ulcers
- Travel health and vaccination
- ECG and interpretation

- An Introduction to Oral Anticoagulation Management
- Community profiling
- Cervical cytology and sexual health
- Cervical sampling with competency assessment
- Contraception and sexual health
- Immunisation and vaccination
- Lone working
- Nursing patients and managing risk in patients homes
- Autonomous decision making

Post foundation year .

- Quality Outcomes Framework (QOF) and service redesign
- Mentor preparation
- Appraisal of others
- Pharmacology and Medicines management
- Audit, review, research
- Leadership and management
- V150 Prescribing from the community nurse prescribers formulary
- Palliative care and symptom control

APPENDIX THREE

The QNI/QNIS Voluntary Standards for District Nurse Education and Practice (2015)

Domains
Domain One - Clinical Care
Domain Two - Leadership and Operational Management
Domain Three - Facilitation of Learning
Domain Four - Evidence, Research and Development

Domain	**Practice Standards**
Domain One: **Clinical Care**	1.1 Demonstrate a broad range of specialist district nursing clinical expertise that supports high quality person-centred care for the caseload population in a variety of community settings[11].
	1.2 Use appropriate physical and clinical examination skills to undertake the assessment of individuals with complex health care needs or those presenting with more acute illnesses, using a range of evidence based assessment tools and consultation models to enable accurate diagnostic decision making and recognition of other potential differential diagnoses.

[11] This includes people living in supported living, residential care as well as their own homes and any other appropriate setting where district nursing services are provided,

	1.3 Assess the health related needs of families and other informal carers, developing therapeutic relationships and using creative problem solving that enables shared decision making for the development of care plans, anticipatory care and delivery of care packages.
	1.4 Supervise the delivery of person centred care plans by the district nursing team ensuring regular evaluation of care and develop systems to support staff interventions and care quality. 1.4.1 Support all staff to use tools to identify changes in health status and maximise the skills of the District Nurse to support complex assessment where the patient is showing signs of deteriorating health or new symptoms.
	1.5 Assess when additional expertise is necessary and make objective and appropriate referrals, whilst maintaining overall responsibility for management and co-ordination of care. 1.5.1 Ensure clear lines of accountability with respect to delegation, supervision and mechanisms for the assurance of clinical and care governance including antimicrobial stewardship.
	1.6 Source and utilise eHealth technology and technology assisted learning systems to support self-care and improve efficiency and effectiveness of the district nursing service. 1.6.1 Work collaboratively with others to identify individuals who would benefit from technology, with ongoing support and management.
	1.7 Promote the mental health and well-being of people and carers in conjunction with mental health professionals and GPs, identifying needs and mental capacity, using recognised assessment and referral pathways and best interest decision making and providing appropriate emotional support.
	1.8 Apply the principles of risk stratification and case management to enable identification of those at most risk of poor health outcomes. 1.8.1 Where appropriate, undertake the case management of people with complex needs, with the support of the multidisciplinary team, to improve anticipatory care, self-management, facilitate timely discharges and reduce avoidable hospital admissions to enable care to be delivered closer to, or at home.
	1.9 Assess and evaluate risk using a variety of tools across a broad spectrum of often unpredictable situations, including staff, and people within their home environments.

	1.9.1 Develop and implement risk management strategies that take account of people's views and responsibilities, whilst promoting patient and staff safety and preventing avoidable harm to individuals, carers and staff.
	1.10 Work in partnership with individuals, formal and informal carers and other services to promote the concept of self-care and patient-led care where possible, providing appropriate education and support to maximise the individual's independence and understanding of their condition(s) in achieving their health outcomes.
	1.11 Analyse and use appropriate approaches to support the individual's health and well-being and promote self-care in addressing their short or long term health conditions. 1.11.1 Support the team to facilitate behaviour change interventions for individuals.
	1.12 Explore and apply the principles of effective collaboration within a multi-agency, multi-professional context facilitating integration of health and social care and services, ensuring person-centred care is co-ordinated and anticipated across the whole of the person's journey.
	1.13 Demonstrate advanced communication skills engaging and involving people and their carers that foster therapeutic relationships and enable confident management of complex interpersonal issues and conflicts between individuals, carers and members of the caring team.
	1.14 Prescribe from the appropriate formulary relevant to the type of prescribing being undertaken, following assessment of patient need and according to legislative frameworks and local policy.
Domain two: **Leadership and Management**	2.1 Contribute to public health initiatives and surveillance, working from an assets based approach[12] that enables and supports people to maximise their health and well-being at home, increasing their self-efficacy and contributing to community developments.
	2.2 Lead, support, clinically supervise, manage and appraise a mixed skill/discipline team to provide community nursing interventions in a range of settings to meet known and anticipatory needs, appraising those staff reporting directly to the District Nurse whilst retaining accountability for the caseload and work of the team. 2.2.1 Enable other team members to appraise, support and develop others in the team and develop strategies for addressing poor

[12] http://www.gcph.co.uk/assets/0000/2627/GCPH_Briefing_Paper_CS9web.pdf

	practice.
	2.3 Manage the district nursing team within regulatory, professional, legal, ethical and policy frameworks ensuring staff feel valued and developed.
	2.4 Facilitate an analytical approach to the safe and effective distribution of workload through delegation, empowerment and education which recognises skills, regulatory parameters and the changing nature of district nursing whilst establishing and maintaining the continuity of caring relationships.
	2.5 Lead, manage, monitor and analyse clinical caseloads, workload and team capacity to assure safe staffing levels in care delivery, using effective resource and budgetary management
	2.6 Manage and co-ordinate programmes of care, for individuals with acute and long term conditions, ensuring their patient journey is seamless between mental and physical health care, hospital and community services and between primary and community care.
	2.7 Collaborate with other agencies to evaluate public health principles, priorities and practice and implement these policies in the context of the district nursing service and the needs of the local community.
	2.8 Participate in the collation of a community profile, nurturing networks that support the delivery of locally relevant resources for health improvement and analysing and adapting practice in response to this.
	2.9 Articulate the role and unique contribution of the district nursing service in meeting health care needs of the population in the community and the evidence that supports this in local areas.
	2.10 Ensure all staff are able to recognise vulnerability of adults and children and understand their responsibilities and those of other organisations in terms of safeguarding legislation, policies and procedures.
	2.11 Use knowledge and awareness of social, political and economic policies and drivers to analyse how these may impact on district nursing services and the wider health care community. Where appropriate participate in organisational responses and use this knowledge when advocating for people or resources.
Domain three: **Facilitation of Learning**	3.1 Promote and model effective team working within the district nursing team and the wider multi-disciplinary team and primary care. 3.1.1 Use creative problem-solving to develop a positive teaching/learning environment and workplace for supporting disciplines and

	professions learning about caring for people in the community and the interdependency of integrated service provision.
	3.2 Demonstrate the values of high quality, compassionate nursing and support the ongoing development of these values in others, whilst demonstrating resilience and autonomy in the context of increasing demand, managing change to meet the evolving
	shape of services through flexibility, innovation and strategic leadership.
	3.3 Lead and foster a culture of openness and recognition of duty of candour in which each team member is valued, supported and developed, inspiring a shared purpose to support the delivery of high quality effective care.
	3.4 Contribute to the development, collation, monitoring and evaluation of data relating to service improvement and development, quality assurance, quality improvement and governance, reporting incidents and developments related to district nursing ensuring that learning from these, where appropriate, is disseminated to a wider audience to improve patient care.
Domain four: **Evidence, Research and Development**	4.1 Ensure care is based on all available evidence/research or best practice. 4.1.1 Demonstrate high level skills in discerning between different forms of evidence and managing uncertainty in clinical practice.
	4.2 Identify trends in the characteristics and demands on the district nursing service and use this, where appropriate, to inform workload and workforce planning and strategic decision making. 4.2.1 Produce operational plans, supported objectively by data that identify key risks and future management strategies.
	4.3 Use a range of change management, practice development, service and quality improvement methodologies, evaluating the underpinning evidence of successful approaches that support the implementation of service developments to improve patient care.
	4.3 Participate in the development and implementation of organisational systems to enable individuals, family and carers to share their experiences of care confidentially. Develop processes for systematically improving services in response to feedback.
	4.4 Apply the principles of project management to enable local projects to be planned, implemented and evaluated.