The decline in district nurse numbers is well known. A 48% drop between 2000 and 2014 has seen numbers fall to fewer than 6,000 full-time roles in England.

The wider community nursing workforce has also been hit, after a period of growth. Since 2009, numbers have fallen by 8% to just over 36,600.

The trend has been highlighted by a King’s Fund (2016) report. Based on interviews with staff, managers and patients, it reveals what goes on ‘behind closed doors’.

The report makes grim reading, describing the workforce as ‘broken’, ‘exhausted’ and ‘on their knees’.

Older patients told researchers district nursing services often lack the ‘personal touch’ now. It’s jim, jam, thank you ma’am, see you.’

The report notes that the service is now responsible for providing treatments that were once the preserve of hospitals, for example managing chemotherapy, wound drains and tracheostomies.

Older patients told researchers district nursing services often lack the ‘personal touch’

What is the solution?

Increased investment is the obvious answer – as the King’s Fund points out, district nursing gets just 2% of the NHS budget.

But the think tank also said NHS bosses must do more to acknowledge the ‘strategic importance’ of district nursing, reverse declining staff numbers and develop a robust way of measuring resources, activity and workforce.

It highlighted how little is known about the care being provided in district nursing, compared with what happens in the hospital sector.

The report also sets out a number of priorities for good care:

» Caring for the whole person.
» Continuity of care.
» Personal manner of staff.
» Predictability and reliability of visit times.
» Ability to contact services between appointment times.

Much of this depends on workload. The typical district nursing team covers a population of 5,000 and includes two district nurses, five registered nurses, one community matron, two support workers, and one clerical/administrative staff member.
However, 16% of teams have no district nurses, 38% no clerical support and 43% no community matron. This lack of consistency makes planning workloads tricky, says the QNI.

Caseload complexities

Its report stopped short of suggesting an ideal caseload, as complexity of cases is just as significant as patient numbers.

The QNI says careful consideration needs to be given to patient profile, the skill mix of the nursing team, geography of the area and duration of cover expected, which is dependent on GP out-of-hours services. The impact of other services is important too, it says, including the number of residential homes and nursing homes in the area.

NHS England deputy chief nursing officer Hilary Garratt says efforts are already under way to help attract nurses back to the sector and train more, citing the 5,022 district nurse training places made available last year, a 16.5% rise on the previous year.

“We recognise the hard work of district and community nurses and the pressures many are feeling. It is why the NHS continues to work with others, including Health Education England,” she says.