The role of community matrons in supporting patients with long-term conditions


Summary
The new emphasis on patients with long-term conditions offers a vision of a primary health care service that will reduce the need for hospital admission. This article debates the implications of introducing the new advanced nursing role of community matron for patients with long-term conditions and the opportunities this may offer nursing.

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SEVENTEEN AND a half million people in the United Kingdom (UK) have a long-term health condition such as chronic obstructive pulmonary disease, diabetes and arthritis that previously would have been known as a chronic illness (Department of Health (DH) 2005a). It is estimated that up to 5 per cent of these individuals account for 42 per cent of annual hospital bed use (DH 2005a). A gap in healthcare services has been identified with these patients missing the opportunity to maintain or improve their health and avoid the need for frequent or lengthy hospital admissions (DH 2005a).

Supporting People with Long-term Conditions: An NHS and Social Care Model to Support Local Innovation and Integration (DH 2005a) refers to the need to achieve a 5 per cent reduction in emergency bed days by 2008. This is also an opportunity to improve the quality of life for people who have long-term health problems (DH 2005a, 2005b). The government’s current focus on long-term conditions and health services offers opportunities for advancing an individual nurse’s practice, and for nursing as a profession to take the lead in establishing a primary care-based health service for people with long-term conditions.

Community matrons
The government has called for 3,000 community matrons to be employed across England and Wales by 2007 (DH 2005a). Their role is to (DH 2005b):

- Act as a case manager for a maximum of 50 patients with long-term conditions.
- Provide active care on a regular basis: at least monthly.
- Prevent hospital admissions by providing intensive home support.

This role stems from the Evercare programme introduced from the United States (US) as nine pilot projects across primary care trusts (PCTs) in England (Evercare 2004). In the US, nurse practitioners employed by Evercare are providing patient support. This has led to a reduction in both hospital admissions and healthcare costs (Kane et al 2003). In the UK, Evercare has been introduced as an advanced nursing role aimed at supporting people with long-term conditions at home (Evercare 2004). An interim report on the UK project suggests that it is proving to be popular with the healthcare providers involved (Evercare 2004).

Evidence base for practice
Much of the government literature focuses on the reduction of hospitalisation and the associated cost savings (DH 2005a). The results of a US study by Kane et al (2003) are not directly transferable to the UK because the two healthcare systems are quite different. However, an independent interim report commissioned by
the DH questioned whether the perceived benefits of offering proactive care in the form of community matrons would make the savings in admissions and costs forecast by the government (Boaden et al 2005). The report’s authors suggest that a wider perspective may have to be taken if the true positive outcomes of this approach are to be realised (Boaden et al 2005).

From a wider perspective, it could be suggested that the community matron role offers an opportunity for experienced nurses to gain new skills and autonomy in their practice. However, the policy on long-term conditions is currently underpinned by a weak evidence base that appears to be incongruent with an increasing need to base modern healthcare practice on the best available evidence (Boaden et al 2005). It is vital to continue to increase the amount and strength of evidence in this area if we are to be able to offer a rationale for our actions in daily practice. This is particularly relevant as the community matron for long-term conditions is an advanced nursing role with nurses using diagnostic and advanced health assessment skills (DH 2005c).

**Advanced practice roles**

Advanced nursing practice is a controversial issue (Reveley 1999). There are those who argue that advanced nursing practice involves taking on medical tasks and working outside traditional nursing roles. Others believe that advanced nursing practice involves expert nurses extending the boundaries of nursing practice (American Nurses Association 1995, Manley 1997). These practitioners are striving to provide effective patient care while developing clinical practice and healthcare services (Manley 1997).

There are other issues in advanced nursing practice that have yet to be resolved. These will also have implications for the new community matron’s role. Two of the main issues are the variability of training and education for such roles and the legality of advanced nursing roles (Thompson and Watson 2003).

A competency framework of nine domains (Box 1) for the community matron role has been developed by the NHS Modernisation Agency (DH 2005c). This framework will guide nursing practice and the development of the community matron role nationally (DH 2005c). Community matrons will identify their individual needs and commission appropriate training and education (DH 2005c). Thompson and Watson (2003) suggest that advanced nursing practice is ‘essentially about fitness for purpose’. This involves community matrons having the competences, skills and knowledge on which to base practice. The competency framework offers a method of standardisation for the community matron role as well as a structure on which to base practice (DH 2005c).

**Discussion**

One of the main arguments against advanced nursing practice is that it moves away from nursing and largely involves taking on tasks previously undertaken by medical colleagues (Reveley 1999). Those who work in advanced roles may well argue against this and claim that it is their unique expertise as a nurse which makes their role successful (Webster 1999).

Webster (1999) discussed her role as a community clinical case manager in the US (Box 2). As a qualified nurse practitioner, Webster’s role involved caring for older people with long-term health conditions and included prescribing medication and co-ordinating the care needed at home to avoid hospital admission. As such, this role is comparable to the UK’s community matron for long-term conditions.

**Individual practice**

The new community matron role offers individual nurses a unique opportunity to develop their own practice and take the lead in developing a new area of primary health care. The DH (2005b) suggests that nurses going into the role can come from different backgrounds including the hospital sector. Even the document Supporting People with Long-term Conditions: Liberating the Talents of Nurses who Care for Chronic Illness (DH 2005c) identifies advanced nursing roles and the competences required of a community matron for long-term conditions by domain.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Competence</th>
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<tbody>
<tr>
<td>A</td>
<td>Advanced clinical nursing practice</td>
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<tr>
<td>B</td>
<td>Leading complex care co-ordination</td>
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<tr>
<td>C</td>
<td>Proactively manage complex long-term conditions</td>
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<tr>
<td>D</td>
<td>Managing cognitive impairment and mental wellbeing</td>
</tr>
<tr>
<td>E</td>
<td>Supporting self-care, self-management and enabling independence</td>
</tr>
<tr>
<td>F</td>
<td>Professional practice and leadership</td>
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<tr>
<td>G</td>
<td>Identifying high-risk patients, promoting health and preventing ill health</td>
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<td>H</td>
<td>Managing care at the end of life</td>
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<td>I</td>
<td>Interagency and partnership working</td>
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(DH 2005c)
People with Long-term Conditions (DH 2005b) hails the new community matron’s role as an opportunity for nurses to gain new skills and autonomy in their practice. The community matron role requires nurses to have expert clinical skills and the drive and ability to develop new advanced health assessment skills. With the Evercare projects hospital-based staff nurses were recruited to the advanced primary nurse roles that preceded the community matrons (Evercare 2004). There is an opportunity for experienced staff nurses to undertake this new role.

The development of the community matron role has resource implications such as the cost of training and the provision of support staff. PCTs already involved in implementing such services have experienced these implications (Boaden et al 2005). It is possible that there will be another round of renaming and re-badging of current employees to fulfil the requirements as there was during the implementation of the modern matron role in hospital (Read et al 2005).

Many of those recruited so far have been district nursing team leaders (Boaden et al 2005). How many appropriately qualified nurses, with independent and supplementary prescribing skills as well as advanced health assessment skills, are available is unknown but the number is likely to be small. This new role provides an opportunity for any experienced nurse to advance his or her role. In the author’s opinion, it would seem rather short-sighted of a PCT to require prospective recruits to have qualifications in prescribing and advanced health assessment.

Developing nursing practice

Advanced nursing practice offers an opportunity for the nursing profession to develop in new areas and provide more effective patient care. Presently, many patients with long-term health conditions enter a cycle of frequent hospital admission and discharge. The Evercare Evaluation Interim Report indicated that a significant number of patients enrolled on the UK Evercare project were unknown to existing services including district nurses and social services (Boaden et al 2005). For some patients this ‘invisibility’ may contribute to the cycle of frequent hospital admissions.

The community matron role is an opportunity for the nursing profession to participate in developing a new area of primary health care, but also an opportunity to take the lead in the development of this new service. This is not an area of practice left vacant by medical colleagues that nurses are inheriting. It is an area of health care identified as in need of development. Nursing is best placed to take on this challenge as it offers the unique ability to develop new advanced skills while retaining the...
art of nursing which is so valuable in providing effective health care (Rose and Parker 1994, Benner 2001).

Case management

The new community matron role involves a case management aspect. Nursing is seen as a holistic practice which aims to work with the patient to identify and meet their individual needs (Kolcaba 1997, Benner 2001). The role of the case manager has been defined as a way “to ensure that people with persistent health conditions receive needed services in a timely fashion” (Vladeck 2001).

The DH (2005a) views the community matron’s role as that of a case manager, which extends beyond the management of disease to encompass the patient’s social and personal needs. This is a holistic approach to practice that should fit naturally with a profession that has for some time claimed to be providing care and support from a holistic perspective (Kolcaba 1997, Benner 2001). This is an opportunity for nursing as a profession to show how effective it is at providing holistic care and how that holistic approach can provide high-quality and successful patient care.

Conclusion

The issues surrounding advanced nursing practice include the variability in the education and training of such nurses (Thompson and Watson 2003). This new role in primary care is an opportunity to address some of these concerns as the role has been largely defined and a framework of competencies has been developed (DH 2005b, 2005c).

Advanced nursing roles have been perceived by some as being firmly based in the medical model (Manley 1997). The author believes that similar roles have been able to provide the holistic aspects of care and rely on the expertise of the nurse (Webster 1999). The role of community matron is a unique opportunity for nurses who wish to advance practice and take on the responsibility for developing the future health care of those with long-term conditions. Nurses can lead in healthcare development and have shown that they are willing to do so, without losing their unique nursing skills (Manley 1997).

For the community matron role to be effective and improve patient care, it is vital that nurses have appropriate knowledge on which to base practice. The community matron’s role embraces a new area of advanced nursing and needs a solid foundation of evidence on which to base practice. There is a need for further research and understanding in this area of practice.

References


