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Benson, Lawrence and Thurgood, Graham

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From Lady Nursing Superintendent to current day Nurse Social Entrepreneur

Monday, January 10th, 2011

The political push for social enterprises running community/home care nursing services could create service fragmentation similar to pre-National Health Service provision. Lawrence Benson and Graham Thurgood examine what this could mean for the future of health services.

Pre-NHS District Nursing provision

Prior to the NHS there is evidence that the plurality of community nursing services created a fragmentation that was not solved until the 1960s. District Nursing Associations (DNAs) were voluntary organisations which existed across the country until the late 1960s. During the 20th Century the majority of DNAs became affiliated to the Queens Nursing Institute (QNI), which provided professional regulation including training and practice inspections. According to Elaine Denny, a Professor of Health Sociology at Birmingham University, DNAs originated “*mainly in large and medium sized towns during the 1860s and 1870*”, and were often small local organisations employing only “*one or two nurses, [and] a lady superintendent*” and managed by a committee which raised funds.

The Lady Superintendents were usually not qualified nurses but local philanthropists similar in one sense to some latter day social entrepreneurs. DNAs regularly competed against themselves and other providers like religious and charity organisations and private district nursing providers as well as GPs, as they were sometimes perceived as a threat. This competitive element was seen as the origin of service fragmentation with a resultant lack of cohesion for both community nurses and patients. Looking back at the fragmentation between hospitals, local authorities and general practitioner services in the 1940s, health experts like Professor Robert Dingwell have noted that this was *further ‘compounded in district nursing by the proliferation of local associations and the jealousy with which they struggled to preserve their autonomy’*.

The nurse and historian, Monica Baly, observed that before the NHS the DNAs and other voluntary organisations providing district nursing services were slowly taken over by the statutory local authorities. Even after the implementation of the NHS in 1948 DNAs were used to provide ‘free’ community / home care nursing. Baly also notes that the obligation of local authorities to provide district nursing was met in various ways. The Queens Nursing Institute recently noted that these arrangements continued until 1973 when the *‘NHS Reorganisation Act saw district nursing come into the health service, under the remit of area health authorities.’*

Pre-NHS District Nurses

Nurses working in the DNAs were often employed directly by the organisation and subject to local terms and conditions of employment including pay, which varied

considerably. During this time of relative full employment for nurses they were able to resign and find another job relatively easily often moving to different parts of the country. This was possible because many District Nurses were single unmarried women with no family ties.

Social Enterprises and District Nursing provision

The recent and current health policy of the Blair / Brown and then the Cameron / Clegg governments is one of creating social enterprises in community / home care nursing services in England. This has comparisons with international healthcare systems elsewhere such as the USA, India and the Netherlands. One concern relating to this policy initiative is that the competitive nature of SEs will create fragmentation of community nursing services either from the point of view of patient care or nurse employment. Rosemary Cook, director of the Queen's Nursing Institute, is not alone in suggesting;

“That the growth of social enterprises would fragment the provision of services, splitting what is currently provided by primary care trusts and GP practices into separate services provided by a range of different organisations”.

Janet McCray from the University of Chichester and Cally Ward from the Department of Health recently identified two nagging issues that hamper social enterprises in the difficulty they may have in providing an adequate standard of care and service provision, and the creation of a bureaucracy in relation to commissioning these with a variety of stakeholders. Rosemary Cook argues that since the NHS was formed there has always been diversity of provision of the wider community services and that “The key to ensuring that diversity does not become fragmentation lies in strong, well-informed commissioning of services”.

“If nurses view the creation of social enterprises as a form of alien private provision this may also make them envisage a fragmentation of services.”

However Francine Cheater of Glasgow Caledonian University issues a warning over the future of district nursing services. *“Exactly how a range of different models of service provision in primary and community care will succeed alongside each other is uncertain”.*

Social Enterprises and District nurses

In relation to nursing Janet McCray and Cally Ward identify the organisational cultural changes that nurses may have to cope with when working in social enterprises and the new skills they may need. These include managerial and financial skills as well as leadership, innovation and change management. This, they suggest, could cause problems;

“For many UK nurses, the shift in organisational culture and any perceived dismantling of familiar NHS structures may prove problematic to a professional group embedded strongly in a public sector ethos”.

If nurses view the creation of social enterprises as a form of alien private provision this may also make them envisage a fragmentation of services. With this in mind nurses might also find the risk of changing employer in a time of recession and high unemployment too high as illustrated by Professor Cheater:

“...while growth in social enterprise is being encouraged, there are few nurse-led social enterprise ‘health’ schemes.”

This risk is further emphasised by an article by Clare Lomas in Nursing Times where she highlights a warning from one of the big trade unions (Unison) that *“Nurse entrepreneurs risk shouldering the blame for services that fail in tough financial condition”*.

Fragmentation is not always seen as negative as Scott McAusland states in the popular nursing press. *“Diversity in the provision of public services,” he argues, “is seen as a key component of public sector reform and the concept of contestability – the widening of the market to create more suppliers of services – is seen as the key means of achieving this.”*

Discussion

Clear parallels exist between how and who ran home care nursing services in England before the NHS, and now in 2011, and the encouragement by coalition UK government for NHS providers and others to enter the healthcare market as social enterprises.

In both the pre-NHS and modern eras there was regulation of individual home care nurses and their organisations. In 2011 the regulatory framework has become far more complex than in the 1930s and there is now more attention given to the healthcare organisation. This is arguably an advance, although major systems failures continue to occur such as at the Mid Staffs Hospital, which raises other issues about the over-regulation of healthcare.

The DNAs were dependent on voluntary funding, which is a major contrast with current healthcare providers competing for NHS funding. However, current policy further encourages a mixed economy of care in home care nursing and this will ensure that providers from the voluntary sector will compete for this part of the market – for example, hospices and other charities. This could be very positive in terms of raising the quality of patient services. The concern here, though, is about raising unnecessarily transaction costs for little measurable increase in the quality of service. At a time of hugely tightening expenditure on public services in England this may not be a wise thing to do.

The pre-1948 NHS looked from a distance like a patchwork quilt of service provision for home care nursing. However, there were problems in terms of competition against other providers. This appeared not to serve the patient particularly well as there were issues of service continuity. This service fragmentation has reappeared as a major concern from 2006 onwards and escalated recently with the reality of more social enterprises being established. This includes a growing number of former big NHS providers who culturally have to move fairly swiftly from operating as a successful

'big bureaucratic' organisation to a large social enterprise which needs to engage its staff more in changing organisational culture. This should ensure a cultural shift from public sector thinking to social enterprise thinking in respect of picking up new behaviours and believing attitudes to risk.

There is a considerable body of evidence demonstrating similarities between pre-NHS district nursing service provision via DNAs and the current SE provision. However, the potential for a fragmentation of patient care and the deterioration of public service ethos raises questions over whether these bold reforms will actually provide better value for the NHS.

Graham Thurgood is a senior lecturer in nursing at the University of Huddersfield and Lawrence Benson is a senior fellow in healthcare and public sector management at Manchester Business School.