DEVELOPMENTS IN COMMUNITY NURSING WITHIN PRIMARY HEALTH CARE TEAMS PART IV

Report on consultations held with representatives of professional bodies and other selected members of the nursing and medical professions, and discussion of the research priorities arising from the project

by John Bevan and Gail Baker

December 1983

H.S.P.U. Report No. 46 (Part IV)

HEALTH SERVICES RESEARCH UNIT
UNIVERSITY OF KENT AT CANTERBURY
CANTERBURY

ACKNOWLEDGEMENTS

We are most grateful to all those persons who gave generously of their time to provide the material on which this Report is mainly based. These are:-

Council for the Education and Training of Health Visitors
(Miss Margaret Thwaites and Miss Geraldine White)

General Medical Services Committee, British Medical Association
(Dr. Peter Enoch and Dr. Peter Kielty)

Health Visitors' Association
(Miss Susan Willis and Miss Dorcas Knowles)

Panel of Assessors for District Nurse Training
(Miss Barbara Robottom and Dr. Brian Salter)

Queen's Nursing Institute
(Dr. Charlotte Kratz)

Royal College of General Practitioners
(Dr. Keith Bolden)

Royal College of Nursing
(Mrs. Ainna Fawcett-Henesy)

Chelsea College -
Baroness Caroline Cox of Queensberry, Director of Nursing Education Research Unit
Dr. Jenifer Wilson-Barnett, Senior Lecturer, Department of Nursing Studies
Miss Alison While, Lecturer, Department of Nursing Studies

Mrs. June Clark, Health Visitor and Senior Nurse (Research), West Berkshire Health Authority (lately Research Fellow, Department of Nursing, Polytechnic of the South Bank)

Miss Audrey Grey - formerly Divisional Nursing Officer (Community) Canterbury and Thanet Health Authority

Dr. Lisbeth Hockey - formerly Director of the Nursing Research Unit, University of Edinburgh

Mrs. Marian Holloway, Director of Nursing Services (Community), Merton and Sutton District Health Authority with colleagues Jenny Triptree and Margaret White

Dr. Barrie Reedy, Senior Lecturer, Health Care Research Unit, University of Newcastle

Ms. Barbara Stilwell, Research Fellow, General Practice Teaching and Research Unit, University of Birmingham and Nurse Practitioner

Mrs. Joyce Wiseman, Regional Nurse, Mersey Regional Health Authority

Our thanks are as usual due to Linda McDonnell who typed and prepared this Report. She also carried the responsibility for organising the details of the programme of consultations and for making contact with those currently undertaking research to obtain information about work in progress.

Finally we thank the Department of Health and Social Security for the grant making this study possible.

CONTENTS

SUMMARY

This section of the report presents the results of Consultations with representatives of nursing and medical professional bodies and other selected professions on research priorities in the field of community nursing. The results from these Consultations were considered together with conclusions from the Literature Review[1] and the Survey of Chief Nursing Officers of District Health Authorities in England[2], and information available to us on studies in progress.

Two areas emerged as having clear research priority. These are:-

i) Management arrangements for community nurses within primary health care teams

ii) The broad area of roles in community nursing.

The way that research in these two priority areas might be tackled is briefly discussed.

---

1 Baker, G. and Bevan J. (1983) Developments in Community Nursing within Primary Health Care Teams. Part II A review of the literature 1974-1982 Health Services Research Unit Report No. 46 (Part II), University of Kent at Canterbury.

2 Baker, G. and Bevan, J. (1983) Developments in Community Nursing within Primary Health Care Teams. Part III Report of the Survey addressed to Chief Nursing Officers. Health Services Research Unit Report No. 46 (Part III), University of Kent at Canterbury.

INTRODUCTION

The material used in this part of the Report is the response made by representatives of selected organisations and other professionals to a short set of questions put to them in connection with the Interim Report on the Developments in Community Nursing* (based on a literature search) which detailed developments in community nursing found in the literature and areas appearing to require further research.

In particular two matters are dealt with in this Report -

1) Matters requiring research within our terms of reference
2) Significant issues not necessarily requiring further research

The type and numbers of organisations and persons approached are listed in Table 1. 'Nursing organisations' and 'nursing persons' include health visitor organisations and persons. The procedure was to approach the organisation asking them to identify a person or persons who would reply to our enquiries on their behalf. These and the other professionals who were approached (initially by telephone) were then sent a copy of the Interim Report with a letter referring to the issues to which we asked them to direct their attention (Appendix 1).

In the text of this Report representatives and individuals are referred to by the codes used in Table 1 with numbers as appropriate (e.g. 2N refers to two nurses).

The schedule in Appendix II formed the basis of the interviews although the actual order in which material was mentioned depended very much upon the respondents' treatment of the issues under discussion.

RESPONSE

All organisations and selected persons approached responded to our inquiry. (One nursing organisation, felt they had no particular contribution that the other nursing bodies could not make).

---

* Baker, G. and Bevan, J. (1982). An interim report. Developments in Community Nursing within primary health care teams: a review. Health Services Research Unit, University of Kent at Canterbury.

RESULTS

Central to the consultations was the list of areas identified in the Interim Report as appearing to merit research. These were -

1) The organisation of community nursing

2) Community evening and night nursing

3) Provision of primary care aides (i.e. 'home help' type people providing both domestic and personal help to patients)

4) The roles of health visitors and district nurses

5) Schemes to keep patients in the community

6) Nurses working in treatment rooms/surgery premises

7) Regular screening of the elderly

In the consultations, there was general agreement that these were indeed areas where research might be worth undertaking. However discussions centred to a greater or lesser extent on particular areas among these and on some areas not included in this list.

Table 2 lists the broad areas to which various respondents drew our attention explicitly or in some cases implicitly (e.g. by referring us to articles they had written) as particularly requiring research, or at least as being of particular significance though not necessarily requiring further research. The areas are presented in the following order -

1 - 7 The areas listed above

8 - 10 The areas identified in The Survey Addressed to Chief Nursing Officers of District Health Authorities* as requiring research (other than those in the list above)namely -

8) Caring for the increasing number of elderly people with particular reference to community nursing

9) Staffing levels of community nursing services

10) Records and information issues with particular reference to community nursing

---

* Baker, G. and Bevan, J. (1983) Developments in Community Nursing within Primary Health Care Teams. Part III Report of the survey addressed to Chief Nursing Officers. Health Services Research Unit Report No. 46 (Part III) University of Kent at Canterbury.

11 - 13 The suggestions on themes mentioned by survey respondents in The Survey addressed to Chief Nursing Officers, when they were setting out research priorities namely -

11) Cost effectiveness/effectiveness of services

12) Patients' views

13) Relations with Social Services

14 - 16 Other areas for research not included in any of the above

1. Organisation of community nursing

This topic covers two broad areas - the issue of attachment of district nurses and health visitors to general practice and the managerial arrangements for community nurses.

There was a broad consensus that attachment or some similar arrangement (e.g. general practitioners being attached to community nurses!) was a good thing but problems existed which needed to be sorted out - these included multidisciplinary training so that primary health care team members' understanding of one another's roles was improved, and problems associated with the lack of zoning of practices.

Representatives of the two general practitioner organisations consulted, both expressed strong support for research into the managerial arrangements for community nurses - in particular the hierarchical organisational structure. However this view was not confined to the medical respondents; several of the nurses interviewed felt that the question of appropriate level of autonomy of practising nurses merited attention. This topic therefore (see Table 2) together with that of the role of community nurses, was the one which attracted support of the largest number among those interviewed.

2. Evening and night nursing

This attracted very little attention. One respondent (N) expressed concern about the virtual separation of day and night (or evening) services in terms of continuity of care. A general practitioner representative was concerned about the existence of centralised health visitors' telephone advisory services operating out-of-hours because of their lack of knowledge of the client's circumstances which the general practitioner (or a member of the patient's primary health care team) might have.

3. Provision of primary care aides (i.e. 'home help' type people providing both domestic and personal help to patients)

Whilst the provision and employment (it was usually preferred that this was done by the National Health Service rather than the Social Services) of suitable supporting helpers for the primary health care team members, was a matter of concern to a number of those interviewed, it was the role of volunteers which was particularly raised by three respondents (see Table 2). Their value in primary health care was emphasized and their potential role was thought to be much greater.

4. The roles of health visitors and district nurses

This was the other area (together with The organisation of community nursing, see above) that commanded the most widespread support for future research among those interviewed. It was the role of the health visitor (coupled with that of the school nurse) that the largest number thought merited research in this area and wanted to see investigated.

There was a feeling that any follow up to the Jameson Report* should be properly research based including studies of the work of health visitors and school nurses and clients' attitudes and expectations. One respondent (N) thought however that the district nurses' role was more in need of research than that of the health visitor and she and others (see (6) below) also felt that the role of the practice nurse required investigation.

---

* Ministry of Health (1956). An inquiry into health visiting: report of a working party on the field of work, training and recruitment of health visitors (Chairman: Sir Wilson Jameson) London: Ministry of Health

The point was made that it is difficult to study the role of the health visitor, for example, in isolation from those of other colleagues such as district nurses. There was interest also in the inter-play between role development and training - the subject of research instigated by the Panel of Assessors for District Nurse Training.

5. Schemes to keep patients in the community

There was no particular call from those interviewed for research into this area - though the importance of adequate finance was stressed by some.

6. Nurses working in the treatment room/surgery premises

This was considered very important by the one respondent (GPR), who proposed research in this area - the role of such nurses could, it was thought, be developed possibly in the direction of the nurse practitioner, and he expressed an interest in being involved in any research that might be commissioned in this area. Another respondent (N) put forward the idea that the treatment room might be an appropriate venue for the older district nurse who possessed wide experience but perhaps was finding difficulty (e.g. through back problems) providing care in patients' homes, and that such staff might be jointly financed by the Family Practitioner Committee (via reimbursements to general practitioners,)the general practitioner and the Health Authority.

7. Regular screening of the elderly

One respondent (GPR) thought this should be the subject of research. He favoured the widest possible coverage in screening, favouring using low cost methods.

8. Providing care for an increasing number of elderly

This was an area particularly mentioned in the Chief Nursing Officer's Survey as needing research, but was not raised as an issue requiring research in this series of consultations.

9. Staffing levels for community nursing

Investigation of this matter was considered important by representatives of nursing and medical organisations and by respondents in the Survey of Chief Nursing Officers. This was associated with a feeling that staffing levels were too low generally and insufficiently related to needs within particular communities or practices or developments in roles of community nursing.

10. Records/Information

This was an issue that many in the Survey of Chief Nursing Officers thought important to investigate. However only one respondent (N) in the present series of consultations raised the issue as an area requiring research and in particular was interested in the role of computers. There was, on the part of several others (3 NR, 2 N) a feeling that records and information needed development both to facilitate care, particularly for such things as age/sex registers for attached staff and to help with planning and budgeting, which is related to the previous topic of staffing levels.

11. Cost effectiveness/effectiveness of services

Four respondents (3N, 1 NR) were interested in research in this area, including research into the general issue of how to evaluate services in the community. Although not a research issue, one respondent (N) mentioned regular audit as something requiring development.

12. Patients' views

Four respondents, including health visitor organisations, (2 NR, 2 N) drew attention to the need to obtain information on these in respect of various studies of roles and effectiveness. The issue of the need to study the view of the consumer was also raised in the revised version of the Literature Review.

13. Relations with Social Services

This was a recurrent pre-occupation in the Survey of Chief Nursing Officers but did not receive particular mention in the consultations we are discussing, although there was a general feeling of a need for improvement in this area. One respondent expressed the opinion that to some extent a wedge had been driven between nursing and social service personnel because the former were thought to be adopting a medical model in the provision of care rather than something holistic and more distinctively nursing in character.

14. Specialisation

The development of specialist nurses providing services within the community was a source of some concern to a number of respondents and in some cases thought to be an issue requiring research. A number of those speaking for nursing organisations, felt that the 'outside' specialist nurse treating patients directly, rather than only training community nurses in her specialist area, might add to the number of staff attending any one patient during a given episode of illness and diminish the job content and satisfaction of district nurses and health visitors. Concern about the increasing numbers of specialised nurses, who were accountable to hospital staff and not part of the primary care team, was expressed by one general practitioner organisation. On the other hand the development of specialist interests by practising district nurses and health visitors, who would then serve as a resource for their local colleagues, was thought to be a good thing by nursing respondents. The issue was raised in particular in connection with specialisation in terminal care nursing and included in the case of one respondent (NR), the issue of hospice care as a whole as a subject of research.

15. Education and training

A number of respondents thought that education and training was needed to improve the mutual understanding of one another's role on the part of the primary health care team members. This was particularly a concern of nursing organisations, who thought that the medical profession (and some thought also that the Social Services staff) did not fully understand the roles and aspirations of district nurses and health visitors as they were now developing. (The spokesman for one medical organisation also felt education to improve team care was needed). Some thought this should be the subject of research and evaluation.

The other issue in this area raised, was that of the inter-relationship between education and development - a two-way process wherein developments had implications for training, and education might influence for good or ill the spirit or direction of innovation. One respondent (NR) favoured research on the question of how does one set about innovating most effectively in the context of community nursing.

16. Other suggestions

Individual respondents put forward suggestions for research in various areas, in particular -

a) The role of the Cottage (or similar) Hospital in the provision of community nursing. (N)

b) The impact of (the generally inadequate) changing and washing facilities at base for district nurses on their performance and productivity - the point being that district nursing was for a variety of reasons a 'dirty' job, but district nurses often had most primitive arrangements for changing and washing at their work bases and that might be both a factor in terms of morale and straightforward efficiency in carrying out their duties. (N). The importance of suitable office accommodation was also emphasised by (NR).

c) Evaluation of work with ethnic minorities (NR)

d) The community midwife approach - this was linked in the mind of the respondent with a consideration of the role of health visitors and school nurses. (NR)

e) District handicap teams set up following the Court Report*, which it was recommended should include community nurses. (N)

f) The role of unions and professional organisations at field level in relation to nursing staff's acceptance of any extension to their roles.(N)

* D.H.S.S., D.E.S., and Welsh Office (1976) Fit for the future: The Report of the Committee on Child Health Services. Cmnd. 6684 (The Court Report) London: H.M.S.O.

DISCUSSION

The literature review, the Survey addressed to Chief Nursing Officers of District Health Authorities and the Consultations with which this Report has been mainly concerned have each provided a set of priority areas for research within our terms of reference. (Table 3 displays these priority areas and Table 4 lists research in progress or recently initiated in these priority areas). Broad consensus is obviously desirable in trying to establish matters to which the Department ought to give high priority in its plans for research in community nursing, but there is also the risk that what emerges is in some sense the lowest common denominator (i.e. even though everyone accepts that the area requires research, no-one feels it is their particular highest priority). There is also the matter of practical consequences of research to consider, since some developments, whether implemented or suggested have much more significance for the health services than others. We have also suggested that one area is of importance for research purposes although there is not much support for such research in professional circles.

Research priorities

Two areas stand out as being widely accepted as areas of research priority namely -

1) The organisation of community nursing

The management arrangements for community nursing and in particular the hierarchical organisational structure within nursing was particularly singled out under this heading. (Attachment, the other issue arising under this context did not emerge as a major priority for research among those approached in the Survey of Chief Nursing Officers or in the Consultations). We were unable to identify any current research in this area.

2) Roles of community nurses

There was particular interest in the role of health visitors but since this was often in connection with the health visitor's role vis-a-vis that of the district nurse, inevitably this involved consideration of the latter's role too. The nature of the role of the practice nurse and the specialist nurse in the community were also thought to be in need of examination.

There are a number of studies concerning the role of community nurses presently ongoing or being written up. Most of these are concerned with the role of the health visitor, and most of them appear to be looking at her role in relative isolation from other community nurses.

One area we include was not identified by professional respondents as a research priority. This was -

3) Evening and night nursing services

Evening and night nursing services were identified in the literature review as an area where there were unanswered questions about the most appropriate way of providing care of this kind in the community and about the cost effectiveness of such services in relation to overall policies as to where various kinds of patients should be cared for (i.e. whether in hospital or some other form of institution or in the community). From the Consultations and the Survey of Chief Nursing Officers of Districts, it appears that there was some divergence of views about these issues so that even though it did not emerge explicitly as a research priority, this area should be included in the research priority topics, as nursing respondents tended in particular to favour extension of evening and night nursing services as a high priority, whereas some medical respondents put a lower priority on such extensions.

The report of a national study* undertaken at Durham University has recently been submitted to the D.H.S.S. The study included surveys of Chief Nursing Officers, district nurses and general practitioners. It presents a comprehensive picture of current practice and professional views upon out-of-hours nursing services in England and Wales. The authors however suggest that further research is required in two areas:-

a) A survey of patients receiving out-of-hours services, including the views and experience they and their relatives had of the service.

b) An in-depth investigation in a limited number of districts of different types to provide data for assessing optimum staffing patterns (i.e. the mix of staff with various levels of training in different types of districts.)

---

* Harrisson, S.P., McCarthy, P., Ruddick-Bracken, H. and Ayton, M. (1983) District Nursing outside normal working hours in England and Wales. Health Care Research Unit, Department of Sociology and Social Policy, University of Durham.

Tackling the priority research areas

Below we discuss possible ways of tackling research into the first two priorities above. Concerning the third priority we draw attention to the report referred to.

1) Management arrangements within community nursing

It appeared from the literature review* that the central problem here was that defined in the Discussion section of the report as follows (page 88):-

'A further organisational issue tied up with attachment is that of the nursing officer's relationship with subordinate community nurses and the general practitioners to whom they are attached. It is clear that problems have arisen when the nursing officer acting for the health authority, exercises a line-management role in the way her staff are deployed and controlled without due regard to the interests of the general practitioner and possibly of her subordinates as primary health care team members. It may indeed be that the nursing officer's role in relation to attached community nurses is not appropriately that of a line-manager. Arguably the act of attachment to general practice implies that of detachment of the nurses in question from the health authority, and the nursing officer for the duration of the attachment exercises only the residual role of adviser and arbitrator on request, and constitutes a channel of information on D.H.S.S. and health authority policy and developments. This it may be that one would be thinking of an 'attachment agreement' as between the health authority on the one hand and practice(s) making up a group of family doctors on the other for a defined period of years in which each party, as it were nursing and general medical, agrees to operate within broad guidelines essentially set down by the respective professions rather than the health authority. This approach might be a means of assimilating suitably qualified practice nurses into the team - as a nursing 'partner' in the group practice of nurses.

---

* Baker, G. and Bevan, J. (1983) Developments in Community Nursing within Primary Health Care Teams. Part II A review of the literature 1974-1982 Health Services Research Unit Report No. 46 (Part II), University of Kent at Canterbury.

Also particularly if we are thinking of teams of the larger kind described above - 'group practices' of nurses attached to group practices of doctors - there may be a need for a nurse equivalent to the senior partner for the team of nurses. Such a senior nursing partner would be more suitably 'first-among-equals'* than a line-manager if her role was to parallel that of the senior general practitioner partner, given the variety of specialized disciplines to be found within the group of nurses in question. At all events the role of the nursing officer in relation to primary health care team nurses seems worth exploring.'

The Consultations with representatives of professional organisations and others have confirmed that there is an a priori case for examining the way in which community nurses are managed with a view to finding improvements if possible. The first stage is arguably to establish whether the problems identified are wide spread and if so over what kind of issues and in what kind of circumstances do the problems particularly manifest themselves. This implies undertaking suitable surveys of interested parties. These comprise attached community nurses, general practitioners, to whom community nurses are attached, and nursing officers with line responsibilities for attached community nurses. The surveys would take into account various factors such as type of area - whether urban or rural - the way in which community services relate to the unit structure of the district, type of general practice in the area, the qualifications of the nursing officers in relation to the staff they manage and so on. Respondents might also be asked to comment on alternative arrangements for organising community nurses within primary health care teams such as have been sketched above.

The next stage, supposing that the first stage did indeed indicate that there were problems needing attention, would be to formulate plausible alternative arrangements and to try them out on an experimental basis in a suitable variety of circumstances. The service costs (that is the costs apart from those of undertaking research itself in such experimentation) need be minimal. It is possible that some models for the relationship between nursing officer and attached community nursing staff, could, by freeing the nursing

---

* A nurse with a role with some similarity to this was the nurse/co-ordinator referred to in Gilmore, M., Bruce, N. and Hunt, M. (1974). The work of the nursing team in general practice. London: Council for the Education and Training of Health Visitors.

officer from some of her managerial responsibilities, leave time for her to develop her role as a channel of communication on departmental and district policy and as an educator of her field staff - making fuller and more creative use of her nursing experience than would be possible as a straight-forward line-manager.

2) Roles in community nursing

Roles in community nursing is about who should do what (when and where). This was specifically raised by professional groups concerned with health visiting, in connection with the role of health visiting; for example, should they concentrate on one age group such as children, taking on a curative as well as their current role in respect of that age group; should they participate in the care of the elderly; should they take over some of the functions of social workers or vice-versa. Given that there was some pressure for an enquiry to succeed the Jameson Committee (Ministry of Health, 1956) into the role of health visiting, there was a strong feeling on the part of professional groups most closely associated with health visiting, that any such enquiry should be properly research based, including research into the character and magnitude currently of health visitors' work in various situations, and into clients' experiences, expectations and attitudes in respect of health visiting. We were struck by the number of contrasting ideas about the role of the health visitor put to us, and also by the fact that representatives of the professional organisations concerned with health visiting were not dogmatic about aspects of the role of this member of the primary health care team and wanted information of a kind which could be provided by research, to assist them in forming policies about a number of matters concerning the role of health visitors. Moreover some of both of the nursing and medical respondents recommended examination of dual and triple duty nurses where they were already practising.

However it is clear that any modification to the role of the health visitor has implications for other members of the primary health care team, including in particular the district nurse, but also the community midwife, the community psychiatric nurse and perhaps the practice nurse and of course outside of community nursing also the social worker. Any changes to the roles of these community care workers in turn has implications possibly for the

---

* Ministry of Health (1956). An inquiry into health visiting: report of a working party on the field of work, training and recruitment of health visitors. (Chairman: Sir Wilson Jameson). London: Ministry of Health

health visitor. The mandatory training requirement for district nurses, it was put to us, would in time affect the capabilities and outlook of district nurses, for example through a greater emphasis on their teaching role when caring for patients. In a sense then, in time, the district nurse would become more like (though of course by no means indistinguishable from) the health visitor.

The role of the specialist nurse, particularly where based outside the primary health care team setting was a matter of concern, particularly to the nursing professional organisations and some other nursing respondents. There was, for example, a feeling that it was best for the 'outsider' specialist nurses to train community nurses rather than supplant them in providing specialist care for patients directly. In the Consultations there was widespread support for the idea that community nurses should develop specialist interests and skills and receive suitable training for this purpose, whilst remaining within their community setting and that the local groups of colleagues with whom they were associated would then be able to look to them as a resource for specialist information and advice, even though they continue to practice as generic health visitors or district nurses for at least part of the time themselves.

Again, the role of the practice nurse was a source of considerable interest to the nursing professions (and the medical profession) because of the numbers of practice nurses in being and the kind of work they were, should, or might be doing and its impact on district nursing in particular. This was not so much seen as a researchable issue in itself as a matter of professional regulation, but it is another ingredient in the whole issue of roles within community nursing.

If the question of role commands the widest interest among the people and organisations studied, it must also in terms of time have a claim to being among the first topics studied. It could be argued that until the question of roles is settled, there is little point, except as a stop gap measure in committing resources to studying staffing levels of existing types of staff. The argument here rests on the expectation , not so much that research on roles is likely to produce new and radically different types of nurse in the community, but that the allocation of border-line and new tasks as between existing and/or possibly new types of community nursing staff,

is likely to have a substantial effect on staffing levels required for the various types of nursing staff in question. This of course is only one way of looking at the problem which could be turned on its head. For example given the existing and projected staff levels in health visiting, district nursing and other categories of community nurse, the research question asked might be what functions should they be given (or is it reasonable to expect them to carry out) and what extra tasks could be allocated to each staff type, given successive increments of say 5 per cent in staffing levels? (The Health Visitors' Association in 'Health Visitors in the 70s' and 'in the 80s' implicitly adopted this approach.)

So there is a real Pandora's box of inter-related and often quite controversial issues associated with the study of the roles of community nurses. Now it is the classical approach of research to identify a well defined area of manageable size which can be adequately studied in its own right, in relative isolation from other contiguous areas. Clearly the very inter-connectedness of a number of issues in the sphere of the role of community nurses present problems in identifying manageable one-off research projects or programmes for individual research groups which are sufficiently comprehensive in their terms of reference.

Hockey (1979)[1] in discussing research into district nursing, stated that 'the development and progression of a long term research programme has advantages over disparate studies.' Hicks (1976)[2] observed 'that one of my disappointments as a layman coming fresh to this and the related fields, is to find so many papers of a 'one-off' character and an absence, in the nursing field particularly, of a continuing effort to develop the methodology and the research techniques, to probe in a sustained fashion over a period of time to a better understanding of the nursing activity in the community and to formulate and to test hypotheses by systematic observation.'

Hicks and Hockey argue for a systematic and sustained attack on researchable problems in nursing as against a series of one-off, isolated studies. Such an attack can be achieved using one or both of two approaches.

---

[1] Hockey, L. (1979) A study of district nursing: the development and progression of a long-term research programme. PhD Thesis. City University.

[2] Hicks, D. (1976) Primary Health Care. London: H.M.S.O.

The first of these is to establish a long-term coherent research programme based within the same research organisation. The second approach consists of a co-ordinated programme of research divided between several research groups working concurrently and adopting common research methods. The latter approach has the advantage of being likely to produce answers more quickly, but it is correspondingly more difficult to organize and co-ordinate. This approach however, seems especially appropriate in the study of roles in community nursing given that policy decisions on these roles have implications for so many other facets of health service planning.

One relatively manageable sort of division of effort at the first stage in the development of such a multi-group research programme might be for each group to examine the role of a pair of community nurse types (or indeed a community nurse and a relevant type of social services staff with overlapping committees) over the whole range of duties which were or might be carried out by one or both. For example one group might take on the district nurse and health visitor and another the district nurse and practice nurse and the third the health visitor and the community midwife, another the health visitor and the community psychiatric nurse and possibly yet another the health visitor and the social worker. The idea would be that each group would use as far as possible common agreed methods of enquiry.

The end product of the first stage would be a series of reports on current and potential roles of community nursing staff (or social services staff) - each group reporting on the two types of staff with which it was concerned and including in particular consideration of the inter-relationship between that pair of staff types.

The input of the results of such studies to policy making bodies of the professions and the departments might then in turn lead to a short-list, as it were, of sets of models for the roles of the various types of community nurse (and relevant social services staff). These might then be tested under experimental conditions in various environments ranging from inner city to relatively rural.

An alternative approach at stage one would be to organise the studies around care groups, for example one group might examine the roles of the whole range of community nurses (and overlapping social services staff) in the case of the over 75s and so on. Then the second stage would be as above exploring models for allocation of the totality of tasks between the various types of staff considered, on an experimental basis. However the work is divided, the crucial ingredient in such networks of inter-related studies incorporating several groups of workers, would be the active coordination of methods and progress.

TABLE 1

Types and numbers of organisations and persons responding

Organisation/Person	Number	Code used in tables and text
Nursing Organisations represented	5	NR
General practitioner organisations represented	2	GPR
Other nurses interviewed	11	N
Other G.P. interviewed	1	GP

TABLE 2

Matters requiring research and matters said to be important, though not necessarily requiring research (responses by various Organisations/Persons approached see Table 1)

Topic	Types (and numbers) of Organisations/Persons suggesting that the topic requires research	Type (and numbers) of Organisations/Persons suggesting that the topic is an important development/issue though not necessarily requiring further research
Organisation of community nursing (attachment, zoning of practices, nature of nurse management etc.)	NR (2), N (4), GPR (2), GP (1)	NR (1)
Evening and night nursing service, including 24-hour health visitor advice service.	N (1)	NR (1), N (1), GPR (2), GP (1)
Provision of primary care workers* etc. (including volunteers) *i.e. persons providing both domestic and personal help to patients	NR (1)	NR (1), N (3), GPR (1), GP (1)
Role of health visitors, district nurses and other community nurses, including developments in roles	NR (3), GPR (2), N (2), GP (1)	NR (2), N (2)
Schemes to keep patients in the community	-	NR (1), N (2)
Nurses working in treatment room/surgery premises	N (1), GPR (1)	-
Regular screening of the elderly	GPR (1)	NR (1), N (1)
Provision of care for the elderly	-	GPR (1)
Staffing levels (including funding issues)	NR (2), GPR (1)	NR (1), N (1), GPR (1)

Table 2 (Cont)

Topic	Types (and numbers) of Organisations/Persons suggesting that the topic requires research	Type (and numbers) of Organisations/Persons suggesting that the topic is an important development/issue though not necessarily requiring further research
Records/Information	N (1)	NR (3), N (2)
Patients' views	NR (2), N (2)	GPR (1)
Effectiveness of Services/Cost Effectiveness and Evaluation methods	N (3), NR (1)	--
Relations with Social Services	NR (1)	NR (2), N (1)
Specialisation in Nursing	NR (1), N (1)	NR (3), N (2), GPR (1)
Hospice Care	NR (1)	--
Education and Training	NR (2)	NR (2), N (2), GPR (1)
The Role of the Cottage Hospital in the provision of community nursing	N (1)	--
How does one innovate within community nursing?	NR (1)	--
Better changing facilities for district nurses at their bases	N (1)	--
Evaluation of work with ethnic minorities	NR (1)	--
Study of the community midwife approach	--	NR (1)
Office accommodation for community nurses	--	NR (1)
District handicap teams for children	N (1)	--
Industrial relations in community services	N (1)	--

TABLE 3

Table of Areas of Research Priority as identified by at least one of the indicated sources of information with comments in relation to the other sources, where that area was not identified as a research priority, or if it was given some particular emphasis

Area identified as a Research priority	Review of the literature	Survey of Chief Nursing Officers of districts	Consultation with representatives of professional organisations and other selected persons.
The Roles of Health Visitors and District Nurses	✓	✓ Note: Also the role of specialist nurses was mentioned by some respondents	✓ Seen as part of a wider review of roles within community nursing, including practice nurses by some respondents and specialist nurses by a number of respondents
Community Evening and Night Nursing	✓	Such services were seen more as something to be implemented on a wider scale rather than as a subject for research.	Did not emerge as a subject for research on a wide scale but some divergence of opinion between respondents as to priorities to be attached to the extension of such schemes
Provision of Primary Care Workers (i.e. home help type persons providing domestic and personal help to patients)	✓	Did not emerge as a research priority but a source of concern to some respondents, particularly in the context of relationships between community nurses and social service.	Did not emerge as a research priority though some respondents emphasised the importance of support, including voluntary support for Primary Health Care Teams.
Organisation of Community Nursing	✓ This is including the issue of attachment versus geographical deployment and also that of the hierarchical management structure in community nursing	Some interest in the cost effectiveness of attachment versus geographical deployment of community nurses. The hierarchical management structure issue was not raised.	✓ The hierarchical management structure was an important research issue for a number of medical and nursing respondents
Schemes to keep patients in the community as much as possible	✓	Mentioned by many respondents as requiring research but not as an area of high priority	Little evidence of respondents seeing this as a priority research issue - the importance of adequate finance for community care was however stressed.
Nurses working in the treatment room/surgery premises	✓	Not mentioned by many as a research issue. Some interest in the role of the district nurse in relation to the practice nurse	Strong interest by one (medical) respondent
Regular screening of the elderly	✓	Not a major research issue, at least in isolation (see next topic below)	-

TABLE 3 (Cont.)

Area identified as a Research priority	Review of the literature	Survey of Chief Nursing Officers of districts	Consultation with representatives of professional organisations and other selected persons
Providing care for the increased number of elderly	-	✓	-
Staffing levels for Community Nurses	-	✓	✓
Records/Information	-	✓	Development of records/information systems thought important by several respondents but not generally as a research issue
Cost effectiveness/ effectiveness of services	-	✓ A recurring theme in relation to a number of areas of concern	✓ Some respondents interested in research into this topic in the context of community nursing.
Patients' Views	✓	✓	✓ Some support for including the study of patients' views and experiences in any evaluation
Relations with social services	-	✓ The importance of the overlap of health services and social services in providing care was apparent in many suggestions for research. This arose particularly in considering the care of the elderly, and chronic sick but also in connection with night nursing care, primary care team membership, roles of community nursing staff and preventive services.	-
Education and Training	-	-	✓ Research needed some thought into the mutual awareness of the roles of the Primary Health Care Team members.

Note:

A ✓ in a column denotes that the area appeared as a research priority from the indicated sources of information (i.e. see Parts II, III and IV respectively of H.S.R.U. Report No. 46, Developments in Community Nursing within Primary Health Care Teams)

A - in a column means that the area did not emerge as a priority issue nor was there any particular other comment about its importance made or inferred.

Table 4 (Cont.)

Subject of research	Dates	Institution	Persons responsible	Funding Body	Initial source of information
Roles of Community nurses (Cont)					
Evaluation of the role of the nurse practitioner in a practice team, looking at relations with other staff, work with patients, patterns of care and economics	1983-1986	University of Birmingham, General Practice Teaching and Research Unit	Barbara Stilwell	West Midlands RHA	Jo
An analysis of the role and responsibilities of the midwife and the development of the curriculum for midwifery training	1978-1982	University of London, Chelsea College	C. A. Cox S. C. Robinson J. Golden S. Bradley	DHSS	R. & D. RBUPC
Development of the role of the health visitor	1978-1982	Manchester Polytechnic Dept. of Social Science Faculty of Community Studies	Dr. P. A. Banister	-	RBUPC
The work of the health visitor; health visitor/client interaction during home visits	1978-1981	Polytechnic of the South Bank, Department of Nursing and Community Health Studies	J. L. Clark	DHSS	RBUPC
Professional collaboration in primary care: national survey to develop and apply measure of collaboration between doctors, nurses and health visitors	1980-1984	University of Newcastle upon Tyne, Health Care Research Unit	Dr. B.L.E.C. Reedy	DHSS	RBUPC
The roles of G.Ps., nurses, health visitors and social workers in health centre practices	-1982	London University Bedford College	Prof. M. Jefferys	DHSS	R. & D.

Table 4 (Cont.)

Subject of research	Dates	Institution	Persons responsible	Funding Body	Initial source of information
MANAGEMENT ARRANGEMENTS FOR COMMUNITY NURSING					
--	--	--	--	--	--
COMMUNITY EVENING AND NIGHT NURSING					
The need for night nursing		Borders Health Board, Melrose	M. Hillier	-	C_O
PATIENTS' VIEWS AND EXPERIENCES IN ASSESSING DEVELOPMENTS					
--	--	--	--	--	--
COST EFFECTIVENESS/EFFECTIVENESS OF SERVICES					
An evaluation of health visiting screening practice	1982-	Dept. of Nursing, Welsh National School of Medicine, Cardiff	J. Edwards C.S. Farrow	-	CETHV

Table 4 (Cont.)

Subject of research	Dates	Institution	Persons responsible	Funding Body	Initial source of information
Cost effectiveness/effectiveness of services (Cont.)					
A randomised controlled trial of the use of health visitors in general practice for the maintenance of physical abilities	1981	Department of Medicine Welsh National School of Medicine, Cardiff	Dr. N.J. Vetter	DHSS	R. & D.
An intervention study: a randomised controlled trial of health visitor intervention	1979-1981	War Memorial Hospital, Dept. of Community Health, Melton Mowbray and University of Leicester	S. Clarke	-	CETHV
Multi-facted developmental intervention with parents of children 0-4, using health visitors; service-oriented; control groups, detailed evaluation; sample over 1,000	1980-1983	University of Bristol, Department of Child Health Research Unit.	W. Barker	Bernard van Leer Foundation	RBUPC

Abbreviations used in column 'Initial source of information'

Co = Consultations with professional institutions
CETHV = Council for the Education and Training of Health Visitors Research Index
Jo = Journal or newspaper
RBUPC = Research in British Universities, Polytechnics and Colleges (British Library)
R. & D. = D.H.S.S. Handbooks of Research and Development

APPENDIX I

Copy of typical letter sent to representatives of selected organisations and other professionals.

UNIVERSITY OF KENT AT CANTERBURY
HEALTH SERVICES RESEARCH UNIT

GEORGE ALLEN WING
CORNWALLIS BUILDING
THE UNIVERSITY
CANTERBURY
KENT CT2 7NF
TELEPHONE (0227) 66822

DIRECTOR

PROFESSOR MICHAEL D. WARREN
JMB/GB/LM

November 198

Dear

Re: Research on developments in community nursing within primary health care teams: a review

Thank you for agreeing to talk to us in connection with our research project into developments in the field of community nursing. In order to give you full information about the project, I enclose a copy of our Interim Report, and I have set out below details of the background and aims of our work, and what aspects we would particularly like to discuss with you.

Background

The project was commissioned by the D.H.S.S. and began in 1981. Mr. J. M. Bevan, Assistant Director of the Health Services Research Unit, and myself are the research workers on this study. The aims of the project, as agreed with the D.H.S.S., are reproduced below:-

'The purpose of the proposed project is to identify, describe, and assess, schemes involving developments in community nursing services, including in particular new approaches to co-operation between general practitioners and nurses in the provision of primary health care. The emphasis would be on schemes arising since 1974 or not already covered in existing reviews such as 'Primary Health Care: a review' by Donald Hicks (1976) and would aim to cover all schemes within the above terms of reference, not only published work or those which were (or are) the subject of some research investigation.

The primary objective of the study would be to provide information to the D.H.S.S. which would be of assistance in formulating a long term strategy for research and development in primary health care. It would of course also have obvious applications in disseminating information about developments in aspects of primary health care covered, within the N.H.S. and to research organisations.

The project would be generally confined to the United Kingdom, and mainly to schemes and studies in England.'

Current state of the project

We have completed a literature search on developments in community nursing from 1974 to May 1982, which is reported on in the Interim Report enclosed. The Report also includes a Discussion on some of the issues raised in the literature. It will be updated to about the end of 1982 and will also be expanded to include more studies.

We are currently undertaking a postal survey of Chief Nursing Officers in the new District Health Authorities, to find out what developments have taken place, and what developments the officers would like to see in future - I enclose a copy of this questionnaire for information.

We have now reached the stage of the project where we are contacting professional organisations and other interested persons and institutions for any further information, and in particular for their views on developments in community nursing.

Areas we would like to discuss

1. Comments on the literature search reported on in the Interim Report.
   We would be interested to know if we have omitted any schemes in the literature, or topics, which you think are relevant or important. We would also like to know your views on the issues we have identified - and whether there are any other issues which you feel should be looked at.

2. Other developments or schemes not published.
   Are there any schemes or developments (whether or not they have been the subject of research) which you feel we should know about?

3. Your views on developments in community nursing.
   We are interested in particular in your views on the following -

   Developments in community nursing which might be put into practice (at least on a trial basis).

   Developments which have taken place in the last ten years or so, which need to be evaluated by research.

   Which developments need to be given the highest priority for a research investigation.

I hope this letter and the enclosures provide the background information needed as a basis for further discussion. Please contact us if you would like to know any more about the project.

Yours sincerely,

Gail Baker,
Research Fellow

APPENDIX II

Copy of schedule which formed the basis of the interviews

Developments in Community Nursing within Primary Care Teams

Schedule for interviews with representatives of professional bodies (who will have previously been sent a copy of the Interim Report on the project)

Definition of developments in community nursing

By community nursing developments (including clinical, education, and organisational) we mean schemes involving Health Authority community nursing staff such as:- District Nurses, Health Visitors, Domiciliary Midwives, and those assisting them. We include also Practice Nurses, treatment room nurses, and other nurses such as those with specialist responsibilities working within the primary health care setting, and those functioning as nurse practitioners or physicians' assistants, and research nurses working in a primary health care setting in the implementation of developments (i.e. not merely doing research as an observer of the developments)

PART A - Information on schemes additional to those included in the Interim Report

1. Are there any schemes described in the literature and falling within our terms of reference not mentioned in the Interim Report, which you with to draw to our attention?

   For each scheme obtain as much as possible of the following information:-

   Publication details
   Description of scheme
   When and where implemented
   Evaluation or research on
   Successful or not
   Continuing or discontinued
   Persons who should be contacted about

2. Are there any schemes not described in the literature which you feel we should know about, including any that are being planned?

   For each scheme obtain as much as possible of the following information:-

   Description of scheme
   When and where implemented
   Evaluation or research on
   Successful or not
   Continuing or discontinued
   Persons who should be contacted about

PART B - Views (unprompted) on developments worth trying out and on research priorities

Please give us your views on the following:-

1. Developments in community nursing which might be put into practice (at least on a trial basis)

2. Developments which have taken place in the last ten years or so, which need to be evaluated by research.

3. Which developments need to be given the highest priority for research investigation.

PART C - Comments on areas identified in the Interim Report as appearing to need further research

In the Interim Report, we identified several areas where developments do not appear so far to have been fully evaluated if at all. These areas are outlined below. Do you have any comments by way of agreement, disagreement or elaboration etc.

1. Organisation of community nursing

Is attachment necessarily always the best way of organising community nurses - is it economic, does it provide the best service for patients, is it an efficient way of using trained staff?

Do the advantages of being attached and thus belonging to a primary health care team outweigh the disadvantages?

What modifications to organisational and management arrangements could be made to reduce problems of attachment?

2. Community evening and night nursing services

What is the optimum way of organising these services, e.g. night sitters, with qualified nurses on call or visiting, night nurses, 'tucking down' service from nurses?

What sort of service would patients and relatives prefer?

3. Provision of primary care workers (i.e. persons providing both domestic and personal help to patients, and given a variety of names, e.g. care assistants, care attendants, home aides, home care workers)

Who should direct primary care workers - problem of health and social services both being concerned?

How far can their role be extended?

How should they be trained?

4. The roles of health visitors and district nurses

Should the roles of health visitors and district nurses be modified, e.g. could a nurse particularly concerned with the elderly take on some other functions such as 'health visitor' education and preventive work, and physiotherapy.

Should the role of the health visitor and district nurse be combined? (This suggestion is so bound up with professional aspirations that it would probably be difficult to obtain the full co-operation needed)

5. Schemes to keep patients in the community as much as possible (e.g. early discharge from hospital, day surgery, intensive community nursing for chronic or acute sick, care of the dying at home)

Do these schemes cost less than institutional care when all costs - not necessarily just those to the N.H.S. - are taken account of?

Do they in the longer term reduce patient time in institutional care?

Are sufficiently high standards of care maintained?

How do community nursing staff regard the extra work and responsibilities these schemes entail?

Are patients happy with these schemes?

Are relatives able to cope with the patients at home in these schemes?

6. Nurses working in the treatment room/surgery premises

How best should the work of the district nurse be deployed, between work on surgery premises and work in the patient's home?

How best should work of district nurses and practice nurses be arranged in relation to each other?

Does open access to the nurse in surgery premises ultimately provide a better outcome for the patient?

7. Regular screening of the elderly by community nursing staff

Does screening detect ill-health and other problems which would not otherwise be known?

What age group should be screened?

How regularly should elderly be screened?

Who should undertake screening, e.g. health visitors, district nurses or trained lay people?

What list of the population is sufficiently comprehensive and up-to-date for providing a basis for screening the elderly, e.g. G.P. age-sex register, electoral registers?