How Commissioning Affects Community Nursing

(Cook et al, 2015)

The Problem:
Community nurses are often disengaged with commissioning, perceiving it as a top-down managerial activity that has little relevance to their day to day clinical role, yet they are the largest workforce in the community and have direct insight into how services are working for patients.

The Rationale:
To enable community nurses to have a better understanding of the broader picture in terms of commissioning priorities, by drawing on the findings of a Survey of Commissioning for Quality and Innovation (CQUIN) indicators for community nursing in England 2014-15. The indicators are used to incentivise quality in community nursing.

The Survey:
159 clinical commissioning groups (75% of all CCG’s in England) submitted CQUIN indicators to researchers. 889 indicators (74% of all indicators submitted) were judged to apply to community nursing. These were then separated into national and local CQUIN indicators (see website: www.quicn.uk).

Local CQUIN indicators: 484 (54%)
These are agreed by CCGs based on local service development needs. The local indicators were categorised into 13 care themes, including organisational issues, end of life care (see below), patient/carer experience and long-term conditions.

National CQUIN indicators: 405 (46%)
These are set by the Dept of Health and were mandatory for healthcare providers in 2014-15. They are standardised and enable comparisons of care between different areas. Examples: Friends and Family Test and the Safety Thermometer.

Breakdown of Local CQUIN indicators into sub-themes (33% of all local indicators)

- Community Care Model
- Risk stratification enabling identification of complex patients; Attendance at multi-disciplinary team meetings; Care-planning

- Integration
- Technology to improve communication

- Francis-inspired CQUINS
- Use of the Cultural Barometer
- Reviews of complaints and lessons learnt by independent panels

- Seven Day Working
- Supporting Discharge
- Miscellaneous Local Issues

- Proactive Health Management
- Productivity

Breakdown of Local End of Life CQUIN indicators into sub-themes (7% of all local indicators)

- Care-planning
- Increasing the number of care plans
- Improved quality of care plans to include preferred place of care and DNA CPR’s

- Identification
- Increase in number of patients identified as nearing the end of their lives
- Increase in numbers of patients identified with non-cancer diagnoses

- Integration
- Shared Databases to improve communication

- Training
- Bereavement Care

Key points:
Many of the CQUIN indicators will be instantly recognisable to community nurses.
Local CQUIN indicators cannot be used to compare quality in different areas. This can allow for regional variation in quality standards.
Many of the local CQUIN indicators were influenced by top-down initiatives; for example the Francis Report or Keogh’s seven day working.
Organisational issues were key local commissioning concerns in 2014-15; end of life care was less of a priority within the CQUIN indicators.
There are questions about whether the community infrastructure and workforce has the resilience to make initiatives, like integrated community-based care, a reality, given a recent survey highlighting unpredictable caseloads, inadequate staffing levels and variations in skill-mix (Ball et al, 2014).
Many community nurses find it difficult to become actively involved in commissioning and much is left to individual persistence, facilitative line managers and provider attitudes to transparency.

Conclusion: Community nurses need to become a strong voice in determining quality benchmarks for their service and in describing the practical reality of what is feasible for extending and developing community provision. Mechanisms should be in place to ensure community nurses have opportunities to engage with commissioners. Such engagement should be systematic, rather than relying on individuals.

Contact details: Dr Susan Horrocks; Susan.horrocks@uwe.ac.uk; Website: www.quicn.uk

This project was funded by the National Institute for Health Research HS&DR Programme (project number HS&DR 12/209/02). The views and opinions expressed here are those of the authors and do not necessarily reflect those of the NIHR, NHS or the Dept of Health.