Working paper for managers: 3

INTRODUCING NEIGHBOURHOOD NURSING: THE MANAGEMENT OF CHANGE

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The **Primary Health Care Group** is a multidisciplinary team based at the King's Fund Centre for Health Services Development. Its aims are to improve primary and community health services, particularly in inner London; to encourage experiments with new ways of working; to disseminate 'good practice'; and to contribute to debates about primary health care policy. The group provides information and advice about primary care developments; works with NHS managers to establish and evaluate demonstration projects; organises workshops and conferences; and publishes papers and reports.

The group's current interests include strengthening the management of primary care services; collaboration between district health authorities and family practitioner committees; decentralising community health services; and services for disadvantaged groups. The work is financed by the King's Fund and the Department of Health and Social Security.

This series of working papers is intended to make material from work in progress readily available to a wider audience. Each paper records the experience of testing a new idea and draws out the lessons learned.

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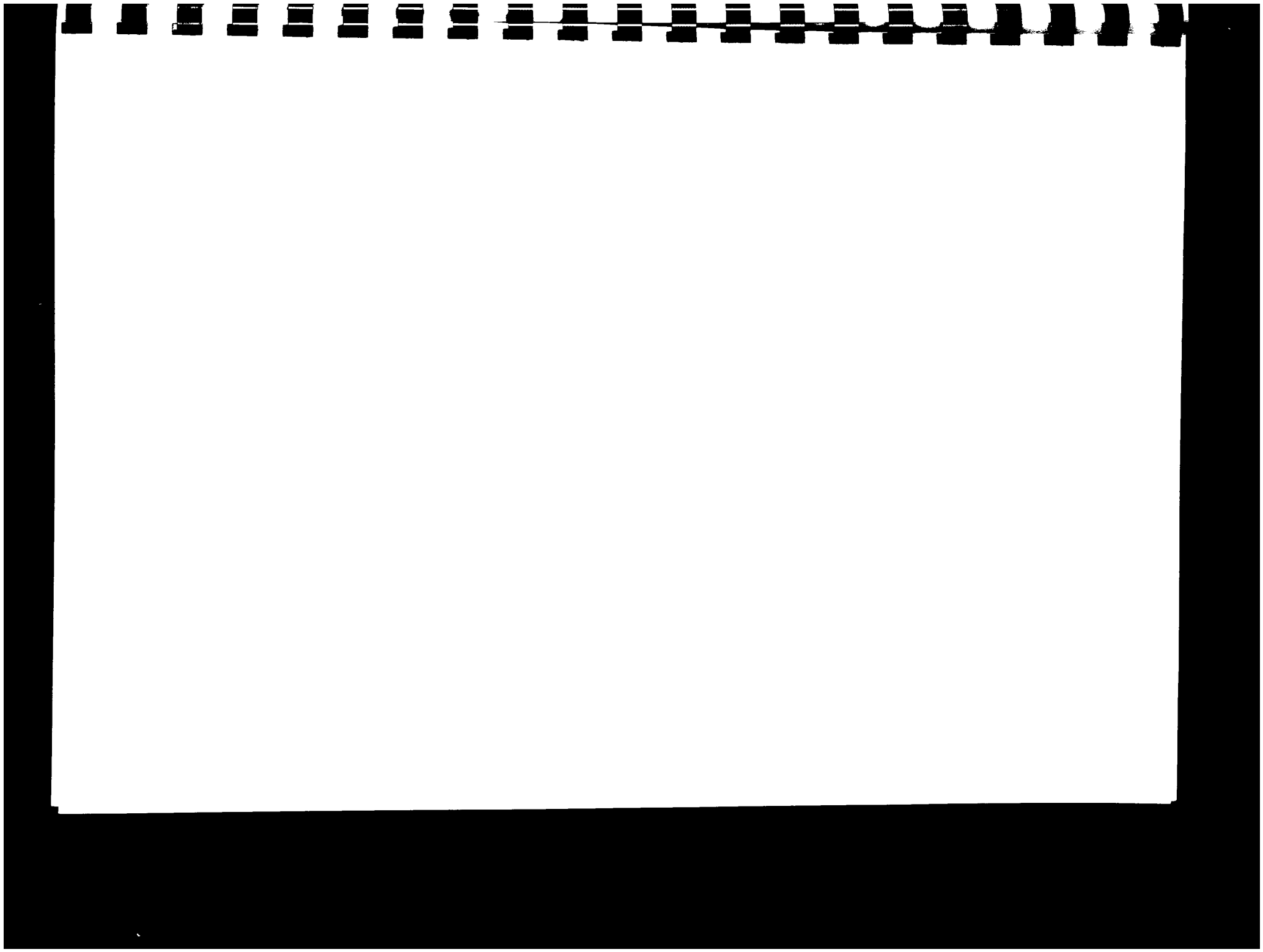

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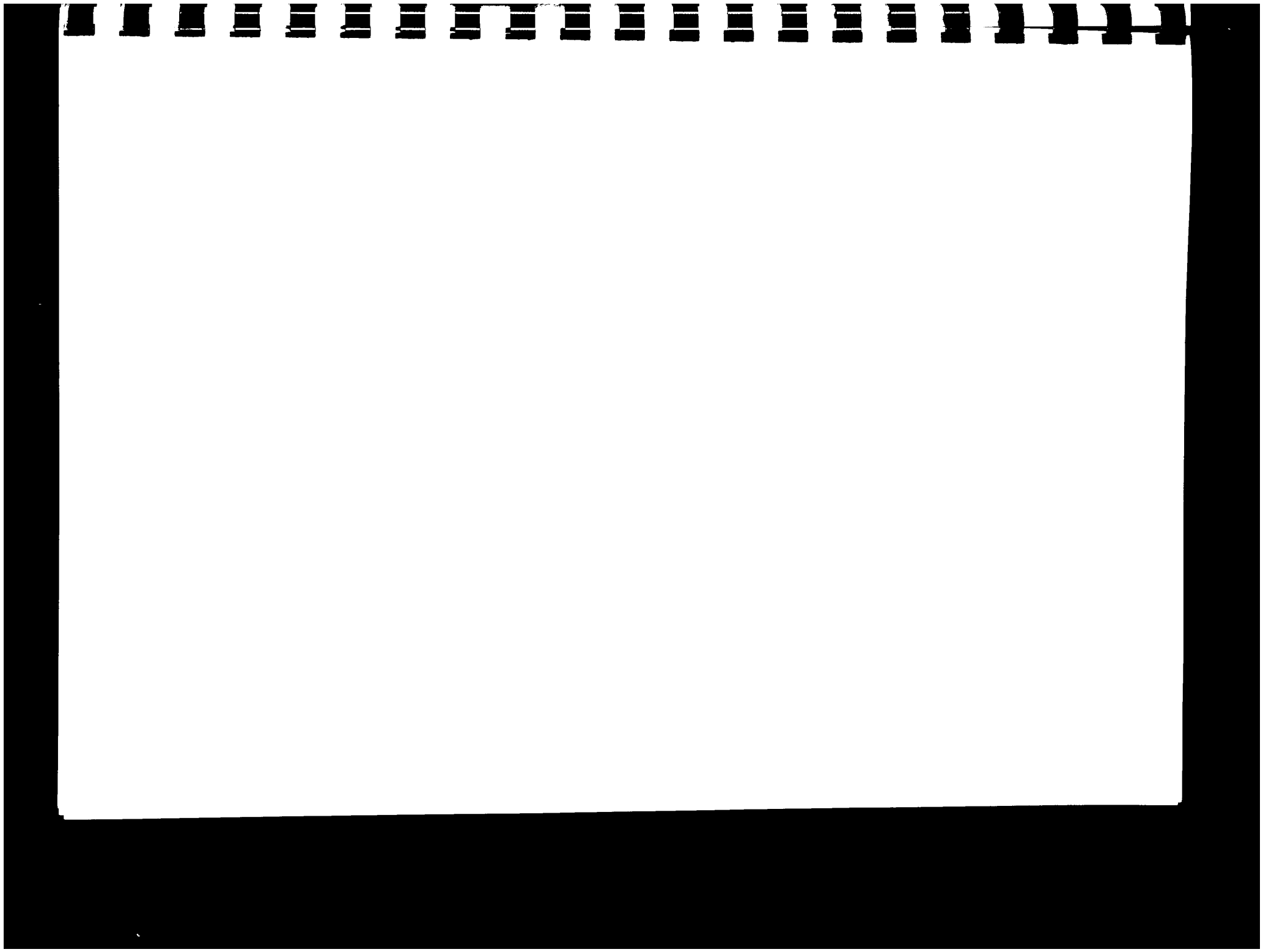

INTRODUCING NEIGHBOURHOOD NURSING: THE MANAGEMENT OF CHANGE

Preface

This report describes one way of helping health authority staff adjust not only to the prospect of major organisational change but also to significant changes in traditional ways of practice. It reports on a 2 day workshop held for the community nursing staff and their managers of one District Health Authority which was planning to introduce some of the sorts of changes advocated by the Community Nursing Review (The Cumberlege Report) when it was published in 1986.

The background

Since the introduction of general management at Unit level and the publication of the Cumberlege report, fundamental changes have been taking place in community units across the country. General management has provided a new focus for the structure and organisation of the community health services; neighbourhood nursing, as advocated by Cumberlege, offers an innovative and effective way of delivering community nursing services which responds to the needs of local populations.

As a result, many district health authorities have decided to decentralise their community health services and to introduce neighbourhood nursing. There are wide variations in how this has been done. Most common are units which have been divided into localities, each headed up by a single locality manager, responsible ultimately to the unit general manager. Localities have then been divided into neighbourhoods, with a team of community nurses being responsible for the delivery of district nursing, health visiting and other nursing services to the local population. Again, there are variations in the composition and management of neighbourhood nursing teams. The Cumberlege report recommended a mixed team, led by a 'generic manager': that is, a team composed of members of all the community nursing disciplines (district nursing, health visiting, school nursing and so on) and a manager coming from any of the community nursing backgrounds, who would manage all team members regardless of disciplinary background.

Community nurses in general have welcomed the philosophy underlying Cumberlege: that the nursing team should look at the nursing needs of the neighbourhood population as a whole, that there should be greater cooperation and 'team spirit'

amongst members of all the community nursing disciplines, and that consumer involvement in the planning of services should be greatly encouraged.

But, as with the introduction of any major change, there has been a mixed response to some of the changes proposed in the structure and management of community nursing which Cumberlege envisages. Many nurses are wary of the mixed team and the 'generic manager' proposal. On the first point, while they welcome the idea of greater contact and collaboration with their 'sister' disciplines, they fear that they may be expected to take on each other's roles and tasks within the common team — that they might be expected to become an all-purpose 'generic' nurse. And second, many do not welcome the idea of being managed by a community nurse from a discipline different from their own. Advocates of the Cumberlege approach would argue that the fear of being made to become 'generic' nurses is unfounded. The neighbourhood nursing team would be clearly founded on the principle of separate disciplines pooling their skills and knowledge for the benefit of the local population but retaining their own professional identities in doing so. On the management issue, Cumberlege clearly recognises the central importance of the need for professional advice and support, but argues that this is a function distinct from line management. It suggests that the two can be separated — as long as both are protected and ensured. No community unit should introduce the 'generic' or 'mixed' manager concept without fully ensuring strong and reliable structures of professional advice, support and accountability at all levels — both within the neighbourhood nursing team and above, at unit level. Nevertheless anxieties abound while such major changes are being introduced. Many community units have been troubled by the expression of the fears and apprehension of their community nurses. Managers have recognised the need for consultation and the sharing of information at all levels within their unit. But the introduction of change is always likely to provoke anxiety and resistance even where attempts are made to accomplish it with sensitivity and understanding.

The report describes one way of trying to cope with the difficulties of transition. It is a report of a workshop which staff from the King's Fund Centre for Health Services Development ran for the community nurses of one District Health Authority which was in the process of introducing neighbourhood nursing. It is a DHA which has already decentralised its services into localities, and at the time of the workshop was working on plans for neighbourhood nursing. It was at this point that a number of nurses began making representations to management about their fears for what this would mean in practice. The workshop was organised not as a 'one-off' exercise — it was impossible to involve more than a small proportion (eighteen in all) of the total community nursing staff in such an event. It was envisaged that it would be the first of a series of such workshops. The outside involvement of the King's Fund offered a means of getting the process underway; the District's training department then planned to continue the process so that in the longer term all nursing staff would have the opportunity to be involved.

The workshop aimed to:

— allow staff to air their views and express anxieties;

— offer an opportunity to look at the philosophy and aims of the neighbourhood nursing approach;

— work through some of the practical problems anticipated by staff;

— provide a chance to discuss issues with management;

— attempt to forge a way forward which would facilitate the introduction of neighbourhood nursing and at the same time allay the fears of many of the community nurses.

THE WORKSHOP

Introduction

The workshop was held in response to the increasing number of concerns being expressed by community nurses about the proposed introduction of neighbourhood nursing into the District's Community Unit. Although health visitors had been most vocal, it was known that nurses from all disciplines were worried; and so Pearl Brown and Gillian Dalley from the King's Fund suggested the idea of a workshop which would give representatives from all nursing disciplines an opportunity to air their views and have a look at what neighbourhood nursing might mean in practice. Letters were sent to the professional groups in each of the localities, asking for a representative from each discipline to participate in a planning meeting two weeks before the proposed event.

The planning group decided on the agenda and members undertook to take the information back to their groups and to secure agreement that four members from each discipline (school nurses, nurse advisers to the elderly, district nurses, health visitors), together with two coordinators (nursing officers), would attend the workshop. The plan was to involve all these for the whole of the two days and to bring senior managers (the unit general manager, the two assistant general managers and the locality managers) into the final session on the afternoon of the second day.

SETTING THE AGENDA

It was felt important that participants have a full opportunity to voice their concerns about the future before going on to look at some of the positive outcomes which neighbourhood nursing might achieve. Most of the first day was planned accordingly — time was to be spent discussing in small single discipline groups and then coming back to the whole group to compare concerns. Then there was to be a session on looking at the benefits which might come from a new way of working.

The morning of the second day would start with a review of events on the first day, before going on to test out — through role play — some of the issues which had emerged as crucial. This, it was hoped, would relieve some of the tension which inevitably develops when people have many concerns to voice, and would provide an opportunity to begin to feel what mixed teams (as envisaged in neighbourhood nursing) would be like. Following the role play, it was planned to present some 'scenarios' or case studies of how to tackle real issues which might confront neighbourhood nurses — again to give some sort of insight and feel for the way things might develop under the new way of working.

The final session, in the afternoon of the second day, was planned to try to draw some conclusions, to present these to the managers, and to try to work out a way forward which was acceptable to all parties. [See Appendix I for workshop programme].

WHAT HAPPENED

DAY I

After an initial warm-up where participants introduced themselves to each other, the day opened with some scene setting. Gillian Dalley described what was happening in community units across the country, how many units were deciding to decentralise their services, what that meant in practice — and how it linked with the ideas about the neighbourhood approach which were central to the Cumberlege report. Pearl Brown (who was a nurse adviser to the Cumberlege Review Team) then described how the Review Team had gone about its work and explained its recommendations: the emphasis was on responding to local needs, on being flexible and on developing positive approaches to health.

Small groups (1)

Participants dispersed into small single discipline groups to discuss their views and concerns. After forty minutes they returned to the full group to compare notes.

There was clearly a great deal of concern and worry common to all disciplines about what the future would bring. Feelings were strong and there was much tension, both felt and expressed, at this stage of the workshop. Some of this related to feelings about neighbourhood nursing, but it also reflected the current state of morale within the unit, suspicion about King's Fund involvement in setting up the workshop, and a lack of understanding and sympathy between the different professional groups represented at the workshop. [Editors' comment: Although the precise nature of the anxieties expressed were particular to the District in question, many similar concerns are being expressed in Districts across the country].

Most concerns, however, did relate to the proposed introduction of neighbourhood nursing. There were worries that it would erode existing professional roles, or overwhelm them with new responsibilities so as to change them irrevocably. There were fears about lack of professional leadership if generic nurse management became a reality, along with fears about standards being whittled away. Some could not see why they should be expected to be involved at all; others felt that their whole future was under threat. [These concerns are summarised on pp 3-5].

Once all fears had been aired (by pinning up flip chart pages filled with lists of worries compiled in the small groups on the wall of the main meeting and discussing them in turn), participants reconvened in their small single discipline groups for a second time.

Small groups (2)

This time they were asked to look at possible advantages which might come out of neighbourhood nursing. The lists of benefits which emerged from this stage by comparison with the lists of worries were considerably shorter. The health visitors' group, for example, produced twelve pages of worries and one page of benefits. Positive suggestions mostly dwelt on the possible advantages of multidisciplinary team working, of being responsive to the consumer, and being able to share ideas through meeting regularly. Some thought it might bring about a greater equality in status between the different groups and that for some it would mean feeling "part of a team" for the first time.

But although some of the benefits listed were similar, each group on the whole saw advantages which tended to be specific to their interests; very little of common value seemed to emerge at this stage. For example, district nurses and nurse advisers to the elderly envisaged the possibility of working together more closely (although their links are already relatively close); whilst health visitors were much more concerned with the possibility of developing their own health promotion activities.

The first day finished after the lists of benefits had been compared. Participants went home probably feeling sceptical about the value of the proceedings, but perhaps also invigorated by having had the opportunity to air their views.

DAY II

Review

The day began with a review and summary of what had happened the day before. Pearl Brown and Gillian Dalley presented the following list of management, professional, and service concerns. It was agreed by all participants that these represented a fair summary of points that had been made.

Management concerns

1. Can general managers manage professionals?
2. How to integrate all team members and value them equally.
3. Relationship between neighbourhoods — localities — unit; how to integrate.
4. Adequate training for management ('newness' of the posts).
5. Prevent localities becoming insular.
6. Scope of team membership — CPNs, midwives.
7. Teambuilding, team identity — how?

8. What is a viable size and skill mix of a team?
9. Links between team and other agencies.
10. Neighbourhood team leader — what qualifications, background, training.
11. Ensuring provision of professional and service development.
12. Clear mechanisms for receiving professional advice.
13. What is relationship between locality managers and neighbourhood team leaders?
14. Need for management SENSITIVITY and COMMUNICATION.
15. Management must look at what is being done to existing service.

Professional concerns

1. Fear of being turned into generic nurses.
2. Future of individual professions.
3. How will training and development needs be satisfied?
4. Who will foster professional development?
5. What about appraisal?
6. Need for standard setting.
7. Solving interprofessional differences.
8. Professional advice — field level and unit level.
9. Preservation of specialist knowledge and skills.
10. Erosion of particular services.
11. Clinical role of the Neighbourhood team leader.
12. Clear definition of professional roles.
13. Procedures for ensuring full range of professional advice at senior level.

Service concerns

1. Problem of boundaries, changing responsibilities and caseloads for school nurses.
2. Future of the nurse advisers.
3. Extra demands being made on district nurses.
4. Fear of erosion of the health visiting function.

The need to build TRUST:

— between management and staff;

— between each professional group.

Role play

Time spent on the role play proved to be very valuable. There were seven parts to be played (Appendix II). Participants were divided into seven groups, each in their own discipline so that two health visitors were, for example, in one group, preparing for one health visitor role; two coordinators (nursing officers) in another group, preparing for the coordinator role; and three nurse advisers to the elderly preparing for the nurse adviser to the elderly role; and so on. The context was to be the first meeting of a common team of seven members of various disciplines, some of whom were keen and others hostile. Each group was given twenty minutes to prepare a particular part. In the role play itself, only one member of each group performed; the others were observers.

Those playing the roles found themselves having to argue cases which they did not necessarily believe in in their real life capacity. Those observing were able to see the strengths and the fallacies in the actors' arguments. Even where an actor was playing a role to which s/he was sympathetic, it was necessary to be much more extreme than in real life, and this highlighted the advantages of being more sensitive and realistic than had been apparent before the role play began.

The atmosphere in which the exercise was conducted was significantly relaxed, friendly and humorous, especially as it proceeded. When it came to an end, the actors talked about how they had felt in their roles and observers added their comments. The general feeling that emerged was that it had given everyone a greater insight into each others' positions; that hostile and extreme attitudes towards neighbourhood nursing were unjustified; and that it was possible to find a way of working together in a common team that would be beneficial to all concerned.

The case studies/scenarios

A series of scenarios (Appendix III) was presented to the whole group in which the possible tension between what was a general management issue or a professional leadership matter was to be explored. Given the concerns voiced on the first day about the impossibility of making a workable distinction between the two, it was expected that participants might find difficulty in tackling some of the problems presented. They were given a hypothetical locality structure (Appendix IV) with a locality manager responsible for two neighbourhood nurse managers and their teams as the context in which the case studies took place.

In spite of expectation to the contrary, participants had no difficulty in resolving the difficulties presented. The general management/professional leadership issue seemed to have been clarified during the course of the two days. Participants made extremely varied and positive suggestions for ways through the problems. Some of the fears that people had expressed about being managed by somebody from a different background and professionally advised by a non-manager seemed to have been allayed.

The final afternoon: suggestions for the future

The final afternoon was concerned with looking to the future. Participants were divided into two groups, each going off to discuss how Islington ought now to be preparing for the introduction of neighbourhood nursing — preparation was to include and involve field, locality and unit-wide levels.

During the afternoon session, senior management became involved in the workshop for the first time. They were first briefed by Pearl Brown and Gillian Dalley as to what had happened up until that point. The summaries of main concerns were outlined and that morning's activities described. Management (the unit general manager, the two assistant general managers and the locality managers) were then asked to prepare the same exercise as the main group, that is, to begin to think about preparing the way forward for the introduction of neighbourhood nursing.

Suggestions for the future

The whole group reconvened after tea to pool their thoughts. Suggestions reflected the discussions which had ranged over the two days and were overwhelmingly positive. They are summarised as follows:

1. There should be more meetings and workshops to share views — all staff should have the opportunity to participate in a workshop such as this one.

2. There should be continued dialogue with the UGM; fewer memos and more face-to-face contact between staff and management; a protocol for access to management. Contact should be followed up by feedback.

3. There is a need for training at all levels — locality managers, neighbourhood nurse managers (neighbourhood team leaders), field staff —comprising refresher courses, induction, coordination with specialist services.

4. There is a need for more resources:

— in-service training;

— for the implementation of neighbourhood nursing;

— for community health services in general to be able to respond to local needs;

— for maintaining staffing levels.

The unit must fight for more resources at district level.

5. There should be more interprofessional dialogue and greater appreciation of each others' skills; and more dialogue with professional organisations.

6. Professional issues:

— There is a need for professional advice at field level for nurse advisers and school nurses (for example, a named person at field level with a smaller caseload); for health visitors and district nurses (for example, a FWT and PWT to be responsible for professional advice as well).

— There should be a senior nurse with a community nursing background who has time and responsibility to develop the service and coordinate research and training.

7. Some existing roles and their content should be examined:

— the district nurse job description;

— school nurses' boundary problems and loss of schools;

— sensitive reappraisal of the skills in the team, e.g. the clinic nurses;

— CMOs should retain their preventive role;

— look at workloads not caseloads;

— professional experience and knowledge should be built into locality profiles which should not simply be statistical profiles.

8. Neighbourhood nurse team leaders (neighbourhood nurse managers) should have:

— a community background, and clear management ability. They need not necessarily have a community nurse training, and this would allow the school nurses and nurse advisers to the elderly to apply for these posts;

— a clear job description, especially in clarifying differences beween the neighbourhood team leader and the locality manager;

— contact with other districts where neighbourhood nursing has been introduced.

9. Practical issues — there is a need for:

— more and better clerical and administrative support;

— streamlined and useful record-keeping.

10. General — there should be a breakdown of the suspicion and distrust which has developed and a building of TRUST.

The managers' response

Managers had not had the advantage of being present at the whole of the workshop and so did not know in detail what had emerged so far — especially in respect of the sorts of ideas, attitudes and suggestions which were beginning to take shape. They did, however, recognise the strength of feeling which staff were expressing.

After they had had a chance to discuss next steps forward, the main point that the managers made was that they wanted to listen to the views of staff and incorporate them as far as possible. They acknowledged the strength of the concerns which had been expressed by staff and agreed the need to improve communication within the unit.

In particular, they recognised the importance of ensuring that sound professional leadership was available at local level and that the need for training — both for management and professional leadership — must be met. They realised that radical new arrangements such as those being proposed needed thorough and appropriate preparation.

The way to achieve this, they said, was to start by creating the right environment. This could only be done by listening to staff, and discussing with them, on an interdisciplinary basis, how to proceed. Exercises such as the present workshop were a fruitful way to start. It was also necessary to review existing services and current ways of doing things, so that as well as identifying improvements, current good practice could be safeguarded.

CONCLUSION

The workshop was generally agreed to have been successful. It provided an opportunity for field staff to have a chance to work through issues in a way which had not been possible before. That process proved to be enlightening and it meant that many worries were put to rest and that greater knowledge made the prospect of neighbourhood nursing more acceptable. But it was felt that the success of the workshop had to be taken forward: managers would have to build on the contact that had been established between them and field staff; the recommendations would have to be looked at seriously; and additional workshops should be arranged so that more staff could have the chance to participate in the same process. The next few months would be crucial in terms of making progress towards introducing neighbourhood nursing, in developing staff morale and in building community unit identity.

Appendix I

Workshop for Health Visitors, District Nurses, School Nurses, Clinic Nurses and Nurse Advisers to the Elderly
5/6 October 1987 at the King's Fund Centre

PROGRAMME

DAY I

9.30 am	COFFEE and registration
10.00 am	Getting to know each other
10.05 am	Scene setting:- The development of decentralisation — Gillian Dalley Issues in Cumberlege — Pearl Brown
11.30 am	Discussion: What are the concerns? (meeting together in own disciplines)
12.30 pm	LUNCH
2.00 pm	Feedback (meeting all together)
3.15 pm	TEA
3.30 pm	Discussion: Looking at the benefits (meeting together in own disciplines)
4.15-5.00 pm	Feedback (meeting all together)

DAY II

10.00 am	COFFEE
10.30 am	Review of DAY I — Pearl Brown and Gillian Dalley
11.00 am	Role play: The common team Professional leadership
12.30 pm	LUNCH
2.00 pm	4 multidisciplinary groups: Issue solving
	Managers' group: Issue solving
3.15 pm	TEA
3.30-4.30 pm	Looking to the future (meeting all together)

Appendix II

DAY II ROLE PLAY

(1) Nurse Manager

You are a manager leading a meeting of district nurses, health visitors, school nurses and nurse advisers for the elderly on the issue of care of adult and elderly sick people at home. You are attempting to encourage the health visitors, nurse advisers for the elderly and school nurses to involve themselves in such a discussion, not just the district nurses (in the spirit of neighbourhood nursing and sharing skills and expertise).

While not involving the health visitors and school nurses and nurse adviser for the elderly in direct care of the sick, you would like them to contribute to ideas that might enhance the quality of service offered.

(2) Health Visitor

You are a health visitor at a meeting of health visitors, district nurses, school nurses and nurse advisers for the elderly managed by your neighbourhood nursing manager. The subject is the care of adult and elderly sick people at home.

You resent the idea of the combined nursing teams, can't see any value in joining such a discussion and feel the district nurse should be left to get on with it.

(3) Health Visitor

You are a health visitor at a meeting of health visitors, district nurses, school nurses and nurse advisers for the elderly managed by your neighbourhood nursing manager. The subject is the care of adult and elderly sick people at home.

You agree with the idea of the combined nursing teams and would like to contribute to the debate on this subject and share ideas with the district nurses on how best to improve this service for all.

(4) District Nurse

You are a district nurse at a meeting of district nurses, health visitors, school nurses and nurse adviser for the elderly on the issue of care of adult and elderly sick people at home (in the spirit of neighbourhood nursing and sharing of skills and expertise).

You disagree with the idea of the combined teams and can see no point in such a discussion and feel you should be left to get on with your work.

(5) District Nurse

You are a district nurse at a meeting of district nurses, health visitors, school nurses and nurse adviser for the elderly on the issue of care of adult and elderly sick people at home (in the spirit of neighbourhood nursing and sharing of skills and expertise).

You agree with the idea of combined teams and would like to hear ideas from the other staff in the team about how to progress the service offered to these care groups.

(6) Nurse Adviser to the Elderly

You are a nurse adviser to the elderly at a meeting of nurse advisers, health visitors, district nurses and school nurses managed by your neighbourhood nursing manager. The subject is the care of adult and elderly sick people at home.

You agree with the idea of combined nursing teams, are unsure how they would work but are willing to give it a try.

(7) School Nurse

You are a school nurse at a meeting of district nurses, health visitors, school nurses and nurse adviser for the elderly on the issue of care of adult and elderly sick people at home (in the spirit of neighbourhood nursing and sharing of skills and expertise).

You are unsure about why you are in such a meeting but have always had an interest in what the other staff do and you have some ideas about the care of sick people at home which you would like to share. You are unsure though how the district nurses will take to your involvement in such a discussion.

Appendix III

The case studies/scenarios

1. You are a neighbourhood nursing manager and you have had a complaint from a health centre administrator that a member of your nursing team has been seen taking money from someone else's bag in the staff room. After talking to the member of staff involved you feel the matter needs investigating.

To whom would you report the incident?

2. You are a neighbourhood nursing manager and a member of staff is concerned that they lack confidence in a certain area of their professional work and consequently they are offering below standard care. After initial investigation by yourself you agree with this.

Where do you go to for advice on this matter?

3. You are a neighbourhood nursing manager (district nursing background). A health visitor in your team is working with a complex child abuse situation in a particular family and you feel she is becoming over involved in the situation and taking more responsibility than she should. Because you are not of her discipline you are hesitant about saying this.

How would you judge whether this is so or not?

4. You are a neighbourhood nursing manager (health visiting background). There are indications that a district nurse is not performing up to standard. She argues that she is under stress because of the complex nature of her large caseload.

How would you judge whether the fieldworker's claims are justified?
If they are justified what would you do?
If they are not justified what would you do?

5. You are a neighbourhood nursing manager and a school nurse and nurse adviser to the elderly both claim they have too much work to do and you suspect they are right.

How would you assess their individual situations and from whom would you seek advice?

Appendix IV

A hypothetical locality structure