

## Community Nursing – Fact Sheet

The following has been designed to provide you with a bit more information about what community nursing is in the UK and what key factors we will explore with you at your interview. Please take time to review this as it is important to us that you work in a field you enjoy and understand.

### Overview of Community Nursing

Community nursing is defined as the area of nursing for services that provide nursing care in the community setting.

Instead of nursing in hospitals, community nurses provide care to patients in their community settings, whether that means home, work or elsewhere.

The goal is to provide care that allows patients to stay living in their community and make sure that they don't have to go into hospital unnecessarily.

### Areas of Community Nursing

Community Trusts within CapitalNurse cover different areas of community nursing. If you are successful in the interview and are offered a job, you may be allocated in one of the areas of community nursing below. Majority of our community nurses are assigned in District Nursing teams.

- District Nursing
- Bedded Rehabilitation
- Health Visiting
- School Nursing

### District Nursing

District nursing care is mainly provided in patients' homes and sometimes clinics or in general practitioner surgeries. District nursing services are generally for people aged 18 years and over. The size of the teams varies according to demographic area, caseload size and patient dependency. As a team member you will have an allocated list of patients to visit daily, the workload often changes during your shift according to the need to respond to urgent new referrals or the changing acuity of current patients and so you will need to be flexible and adaptable to these changes.

The district nursing team does not work in isolation but contributes to the wider multidisciplinary team that supports patients with care needs living in the community.

As a community nurse you can refer to the patient's general practitioner (GP) who can refer the patient on for more specific medical care needs. As a community nurse, you can refer directly to local authority social service for support with social care needs (personal care), physiotherapist, occupational therapist, podiatry, and other specialist nursing teams.

As a community nurse you may find that some Trusts do not use uniforms, often at the inner-city Trusts. However, there will be a clear policy on dress code that will advise you on what to wear.

Skills: Team working, communication and interpersonal skills, patient advocacy, able to network, able to be flexible, and able to adapt quickly to changing needs and demands.

### Home Visiting

The responsibilities of community nurses include conducting **daily home visits** to patients. You will visit patients in their own home, and you are a "guest in the patient's home".

You will see different levels of deprivations and wealth in the areas you work in and be exposed to the different ways your patients choose to live their lives. Patients' homes are not set up for delivering nursing care and the challenge is to be able to adapt and provide this care safely and effectively both for you and your patient. You will adhere to the same levels of cleanliness as in a hospital environment. Hand washing and the use of protective equipment still applies.

You may experience some differences and will need an appreciation of others' health beliefs and their compliance with medical or nursing advice. Some patients may have pets such as cats and dogs and patients are requested to shut away pets when you are visiting. Some patients will have family members providing a lot of the care whilst other patients may only have minimal input from their families and others will be alone and reliant on local authority care provision.

The way in which medications are administered and managed is different in the community setting. The same rules apply in terms of the safe administering and monitoring medicines; however, within the community environment more emphasis is placed upon other factors such as risk, storage, and disposal of drugs. This is because you will most often be administering medication on your own within the patient's home.

Skills: Non-judgemental approach, to treat people equally regardless of gender, religion, race, social/financial position, enjoy self-directed working. Good communication and interpersonal skills, good listening skills, good time management skills, critical thinking and problem-solving skills, flexibility in managing safe nursing care e.g., provision of universal precautions, aseptic non touch technique in the home setting.

## Physical Requirements

You will need to be comfortable with traveling to visit your patients, it may be possible to use public transport, walk, or bicycle for inner city areas. You may need to walk a considerable distance to get from one patient's home to another. The use of a car is more relevant for community nurses working in the outer London areas as public transport is a little less frequent and greater distances between locations of patients to be visited. Provision of cars is available in some Trusts or car leasing schemes. You need to be able to cope with being out in a range of weather rain and wind and sun.

Some patients' homes are located in multi-storey buildings, and you may need to climb flights of stairs in case of lack of elevators. In addition, you need to be aware that you will have to carry your equipment that you need to treat your patients. Provision of appropriate back packs or wheelie bags is available.

Skills: To have the ability to walk/travel alone, use different means of traveling-driving license helpful. Car driver where applicable; ability to adapt to the physical demands of certain tasks

## Lone Working

As a community nurse you will be working on your own without direct supervision. You generally will be working alone in a patient's home; however, each Trust will have a lone worker policy which will outline the practices and procedures that you and your manager need to follow to stay safe and the legal requirements that your employer needs to have in place to ensure your safety. Though you are working alone, you will have contact numbers for advice and support throughout your shift with the nurse in charge and other team members by a Trust provided mobile phone and the daily handover. The provision of personal safety alarms and other personal safety systems are used.

Skills: Ability to work unsupervised, able to evaluate personal safety, evaluation of the deteriorating patient and escalation of concerns, and good handover communication skills either written or verbal.

## Patient Group

The majority of the patients you will see will have long term conditions that may include diabetes, cardiovascular disease, respiratory diseases such as COPD, cancer, neurologic diseases such as Parkinson disease, multiple sclerosis, dementia care needs, renal/urological conditions and muscular skeletal conditions. Some patients, in addition to their physical health needs, may also have a learning disability or a chronic mental health problem. Another major area of care is the provision and support "end of life care" at home.

Skills: Some understanding of the major long-term conditions and how they present and common management interventions.

## District Nursing Shifts

Shift patterns may vary between trusts. Some examples are listed below:

- Early: 08:00-16:00, 08:30-16:30, 08:30-17:00, 09:00-17:00
- Late/ Twilight: 12:30-20:30, 13:00-21:00. 14:00-22:00
- Long day: 08:00-20:30

## Bedded Rehabilitation

Bedded rehabilitation units are community-based wards that aim to help patients maximise their independence following illness or injury, and get them back on the road to recovery after a short period of care and therapy.

Patients will have therapy input in the rehabilitation units to help them become as independent as possible. Basic nursing care is provided on the units and we aim to support patients to manage their own health conditions and look after themselves.

Before most patients are discharged, they receive a home assessment and the therapy team work with social services to ensure a safe package of care on discharge.

## Responsibilities

The rehabilitation nurse's day-to-day role varies from area to area, but clinical duties will include:

- Assisting patients to achieve and maintain maximum function and independence
- Assisting patients to adapt to a new or changed lifestyle
- Providing a therapeutic environment for patients, their families, and caregivers
- Educating patients, families, and caregivers about their disease and treatment plan
- Recording patients' medical information and vital signs
- Preparing and updating nursing care plans
- Changing wound and/or surgical dressings
- Continually assessing the patient's level of independence, injury, or disability
- Administering medications as ordered
- Undertaking nutritional assessments and advice and support patients with their nutritional needs, for example PEG feeds
- Coordinating care with other healthcare professionals
- Lifting and transferring patients
- Determining if a patient is able to perform ADLs independently or with assistance

## Working Relationships

Our rehabilitation team consists of a mix of professionals and support staff, including:

- Nursing staff are available 24 hours. Each patient is allocated a named nurse who is responsible for ensuring their nursing and care needs are met. Nursing staff also provide assistance with personal care, laundry, and meals as required.
- Medical cover is provided by a specialist rehabilitation doctor. Each patient's GP is informed of admission and will receive a summary of their rehabilitation stay on discharge.
- Physiotherapists who work with patients to maximise their strength, endurance and mobility.
- Occupational therapists promote patient's independence and their health and wellbeing through participation in functional activities and task specific training.
- Speech and language therapists help patients who have communication or swallowing problems.
- Social workers liaise closely with patients and the wider rehabilitation team to ensure the patients' return home is supported.
- Rehabilitation assistants work with patients individually and in group sessions to carrying out tasks and exercises identified by the therapy team.
- Dietitians provide nutritional advice and support.

## Patient Group

Bedded rehabilitation units provide support for patients whose physical abilities have been reduced through illness, such as a stroke, or a fall or a musculoskeletal condition. Some patients have also undergone surgical procedures.

An important part of rehabilitation is setting treatment goals. It is an individual and personal process, and timescales can vary from person to person. During their stay on these wards, patients are encouraged to play an active part in setting goals for themselves with the care team.

## Bedded Rehabilitation Shifts

Nursing staff are available in rehabilitation units 24 hours, 7 days. Shifts vary per unit with some units only having long day and night shifts, however shift timings are similar to acute wards:

- Early shift – example: 07:30 to 15:30
- Late shift – example: 12:30 to 20:30
- Long day shift – example: 07:30 to 20:30
- Night shift – example: 20:00 to 08:00

## Health Visiting

Health Visiting teams specialise in working with families with a child aged 0 to five to identify health needs as early as possible and improve health and wellbeing by promoting health, preventing ill health and reducing inequalities.

Health Visitors are specialist nurses who have a further specialist qualification in Public Health and start at Band 6. Overseas nurses assigned to Health Visiting start as Band 5 Community Health Nurse in Health Visiting until they are ready to take an additional specialist qualification in Public Health to become Health Visitors.

### Responsibilities

The day-to-day role may vary from area to area, but will typically include:

- supporting parents during their transition to parenthood and in the weeks following the birth of their baby
- providing support and advice for the initiation and duration of breast feeding, infant feeding and healthy eating for young children
- assessing children's growth and development needs
- delivering health reviews to assess children's growth and development needs, including the two-year health review and to be ready for school
- promoting the best start in speech, language and communication including identification of need and additional support to be ready to learn
- supporting maternal and infant mental health
- supporting healthy weight and healthy nutrition conversations to prevent childhood obesity through behaviour change techniques.
- advising on minor illness, home safety, safer sleep and accident prevention

### Working Relationships

The health visiting team work collaboratively with the following people:

- Patients and their carers/relatives
- Midwives
- GPs
- Hospital consultants and nurses
- School nurses
- Physiotherapists
- Laboratory technologists
- Social care providers

### Health Visiting Shifts

The health visiting team works from 09:00 to 17:00 on weekdays.

## School Nursing

School Nursing teams work with families and young people from when they start school at 4 up to 19 years of age and are usually linked to a school or group of schools, providing a link between school, home and the community. Their aim is to improve the health and wellbeing of children and young people.

School nurses are not based in schools but work in partnership with linked schools and other professionals to ensure children's health needs are met. This may include signposting or referring to other services.

Like Health Visitors, school nurses are specialist nurses who have a further specialist qualification in Public Health.

### Responsibilities

The school nurse's day-to-day role varies from area to area, but will typically, include:

- working with other professionals to keep children safe, support local safeguarding arrangements, and ensure that the voice of the child is considered
- supporting holistic assessment of children and young people's mental health and wellbeing needs, and providing mental health promotion, prevention and early intervention approaches
- carrying out health assessments to identify risk-taking behaviours and supporting children to keep safe
- supporting development and delivery of relationships, sex and health education (RSHE) in education, schools and other settings
- offering individual support to children, young people and families to manage lifestyle concerns and change behaviours, for example related to healthy weight
- early identification of vulnerability that may impact on the child or young person's education or school attendance. This may include being a young carer, being a child in care, experiencing domestic or emotional abuse or parental substance misuse
- supporting children and young people who have complex and long-term health needs
- helping children and young people to develop a knowledge of self-care, autonomy and decision making, including how to access health services

### Working Relationships

The school nursing team work collaboratively with the following people:

- Patients and their parents
- Teachers and school staff
- GPs
- Health visitors

- Social care providers

### School Nursing Shifts

The school nursing team works on school hours from 09:00 to 17:00 on weekdays.

### Self-assessment – Clinical skills

Take time to review and reflect on these skills needed to work as a community nurse and review your personal attributes with them.





## Some example case studies

The following case studies have been provided by two community nurses, who were recruited from the Philippines and India. The purpose of the case studies is to give you a comparison of the differences in working as a community nurse in the UK to your own country.

### Case study A: Philippines

Community Nursing set up is somehow different in the Philippines from how it is here in UK.

Community nursing care in the Philippines is mainly focused on the primary health prevention care, including but not limited to family planning, mother and child immunisations, school children immunisations, pre and post-partum check-ups, tuberculosis screening, detection and treatment, nutrition program and education, and coordination to the borough officials and other services for the health program planning and services. Most of the time patients visit their designated health centres for the above services, just like a GP surgery or clinic system in UK. Community nurses still do home visitations where nurses have to visit every targeted household to administer vaccines, medications, and vitamins as per the Department of Health Programs.

Meanwhile here in UK, community care is more focused on providing nursing care like medication administration in all forms, and wound management specific to as per patient's condition. It somehow falls on the family support in the Philippines as though there are housebound patients, there are only few instances that a patient lives alone as there will always be someone who will take a patient to a clinic or hospital for a certain treatment so community nurses don't mainly visit patient at home specifically for medication administration and wound management.

Despite the differences in the services offered by the Philippines and UK community nursing care, Filipino nurses are well trained in the medication administration whilst on training or university course. The training and support to overseas nurses in Whittington Trust (not sure for other Trust as I only been under Whittington since I arrived in UK) are quite enough to cover the differences and adapt the UK community care set-up.

### Case study B: India

Comparing Community health services in India and the UK is a difficult task both countries have their own way of tackling health care related problems and providing best health care at patient's home. Health care in India is divided into 3 levels Primary, Secondary and Tertiary which is a combination of Public and private sectors providing care to the citizens were as in the UK NHS is providing the maximum care to the public.

In India citizens do not pay national insurance and so not all procedures are free a small amount is charged for major procedures but in the UK, citizens pay national insurance and so almost all procedures are free of cost.

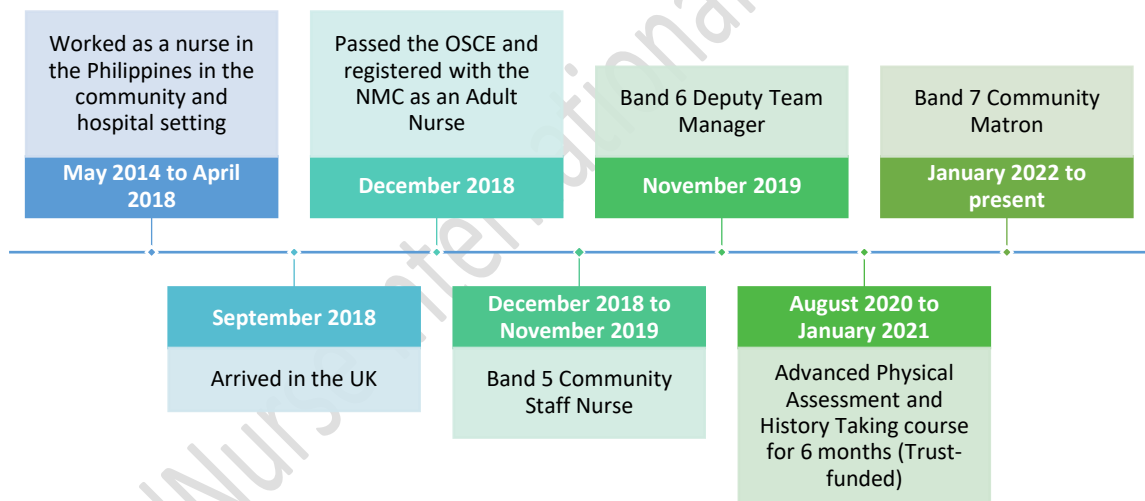
In the UK much of patient's records are handled online were as in India the records are taken care by MRD (medical records department) of each community health centres so a generalized form of documentation is lacking. In India a patient has to go to the nearest community sub centre for much of care but in the UK community nurses maintain regular visit to the patient's accommodation.

Physiotherapy is not included in community health in India; the patients who require physiotherapy are referred to the multi specialist hospitals where patients are provided with rehabilitative care and treatment, whereas in the UK rehabilitation centres are fulfilling such jobs.

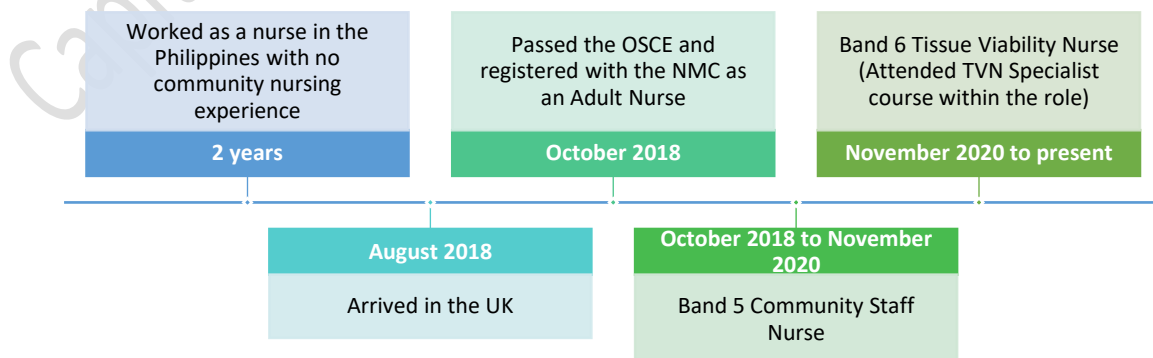
**Career Progression**



**Riza's Career Progression**



**Ruben's Career Progression**



## Frequently Asked Questions (FAQs)

### District Nursing

1. What does a typical day look like working as a community nurse in district nursing?

The day starts with the team meeting in the office to allocate a list of patients to each nurse. Once the nurse knows which patients they will need to visit, they will read the patients' electronic records to ensure they are informed of the patients' conditions and care plans in preparation for their visit. The nurse, together with their team, will then triage the patients assigned to them and commence the home visits. Depending on the area, the nurse can walk, drive, or take public transport from one patient's home to another.

After the morning visits have taken place, all members of team meet in the office again for a handover. Following the handover, the team members can continue to visit their patients on their afternoon list.

2. How many patients do I visit per day?

The number of patients assigned to each nurse varies between District Nursing teams and depends on the need of the patients in the caseload. However, on a typical day, you can expect to visit between 10 and 15 patients in a day.

3. Do I need to be a driver to become a community nurse in district nursing?

Although driving is desirable, it is not essential. Your Trust will assign you to an area in London or outside of London where they know you will be able to travel from one patient's home to another.

4. Do I get a free car?

Your Trust will not provide you with a free car, although some areas may have a pool car that can be booked for home visits. If this is not available, the Trust will provide an alternative. Different Trusts will have different forms of driving support offered to their staff as this will depend on the service needs.

### Bedded Rehabilitation

1. How many nurses are assigned to me per shift?

The number of patients assigned to each nurse varies between bedded rehabilitation units. However, on a typical day, you can expect to be assigned up to 8 patients per shift.

### Health Visiting & School Nursing

1. Do I need to be registered as a Children's Nurse in the NMC in order to work in Health Visiting and School Nursing?

No, you can work in Health Visiting and School Nursing with an Adult NMC registration. However, an experience in paediatrics in your country of origin is desirable.

2. Will my job title be 'Health Visitor' or 'School Nurse'?

No. Health Visitors and School Nurses are specialist nurses who undertook additional specialist qualification in Public Health and are Band 6 nurses. When you start working in these teams, you will be a Community Nurse initially, however you can apply for the aforementioned qualification after 3 years of residence in the UK. You can discuss this with your line manager so they can support you in your application.

3. As a community nurse in School Nursing, will I be based in a school daily?  
School nurses are not based in schools, although you will be expected to visit the schools in your caseload on a regular basis to hold drop-in clinics, provide health education to school staff, and perform procedures such as health assessments.

### **Miscellaneous**

1. How long do I have to wait before getting my family from overseas?

There is no minimum time required by the Home Office before you can apply to bring your family over to the UK. However, we strongly recommend that you bring your family to the UK once you are settled and have received your PIN so you can focus on preparing for your registration. The OSCE preparation programme can be quite intensive and will require a lot of focus.

2. Do I get free meals on my first month in London?

Although you will not be provided free meals, you will receive a welcome pack from the Trust which should include some basic household supplies to help you get through the first few days in London while familiarising yourself with the area and finding your local supermarket.

3. What happens after my first month free accommodation?

As per the CapitalNurse Consortium pledge, all trusts will pay the rent for the first 4 weeks on your behalf, thereafter you will be responsible for rent payments. Depending on the accommodation, you can either extend your stay in the same accommodation or if you need to look for another place. Either way, you will be supported and provided with further information by the Trust.

4. What career opportunities are available for community nurses?

For school nursing and health visiting, you can choose to undertake extra studies to become a (SCPHN).

If you have questions that have not been answered in this fact sheet, please do not hesitate to ask your agency for further information. You may also request to arrange a meeting with your Trust International Recruitment Lead.

## Useful Resources

The below links provide further information on community nursing and its different areas.

### Pre-interview webinar

<https://www.capitalnurselondon.co.uk/webinars/>

### 'A day in a life of a community nurse in London' film

<https://www.capitalnurselondon.co.uk/be-a-london-nurse/types-of-nursing/community-nursing/>

### 'The Work of Community Nurses'

Find out more about the varied work of community nurses. <https://qni.org.uk/nursing-in-the-community/work-of-community-nurses/>

### 'Transition to District Nursing'

This online resource is designed for nurses who are new to a community nursing role. <https://qni.org.uk/nursing-in-the-community/transition-community-nursing/transition-district-nursing-toolkit/>

### 'Transition to School Nursing'

<https://qni.org.uk/nursing-in-the-community/transition-community-nursing/transition-school-nursing-toolkit/>

### 'Nursing in the community'

The film below showcases the incredible work nurses in District Nursing services do, highlighting the role, the various settings in which it operates, and the complexities of care provided. <https://www.youtube.com/watch?v=TmDuX2-Jcow>

### 'District nursing careers'

The film below discusses the misconceptions, benefits, and the career opportunities in District Nursing <https://www.youtube.com/watch?v=KzhlhmuhfHc>

### 'What do school nurses do?'

[https://www.youtube.com/watch?v=3PY\\_QS44ffQ](https://www.youtube.com/watch?v=3PY_QS44ffQ)

### 'What does a health visitor do?'

<https://www.youtube.com/watch?v=BZfkMRIBz4o>

### 'CLCH Bedded Rehabilitation Services'

A short promotional film looking into the Rehabilitation Team at Central London Community Healthcare (CLCH) [https://www.youtube.com/watch?v=l7tRh\\_3blmY](https://www.youtube.com/watch?v=l7tRh_3blmY)