



**Themes from pre-consultation  
stakeholder engagement for the  
Post Registration standards  
review**

November 2020

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## Executive Summary

### Introduction

In January 2020 the Nursing and Midwifery Council (NMC) announced their intention to develop new standards of proficiency for three areas of Specialist Community Public Health Nursing (SCPHN) practice: Health Visiting (HV), Occupational Health Nursing (OHN) and School Nursing (SN). The NMC also announced that they will begin to scope out the content for a new Specialist Practice Qualification (SPQ) standard of proficiency in community nursing. This would cover the five existing areas of community nursing practice for which NMC approved SPQs are already available: Community Children's Nursing (CCN), District Nursing (DN), General Practice Nursing (GPN), Community Learning Disabilities Nursing (CLD) and Community Mental Health Nursing (CMH). In addition, the NMC will develop associated programme standards for NMC approved education programmes for SCPHN and SPQ.

In July 2020 the NMC approached Pye Tait Consulting to thematically analyse their webinars, roundtable events and other engagement events that took place between June and September 2020 with a variety of frontline practitioners, educators, employers, advocacy groups and other stakeholders to understand what subjects might be covered in both core bespoke standards. The online webinars and roundtables had a combined total of 3,135 attendees.<sup>1</sup> The NMC also encouraged people to 'post' virtual postcards answering two set questions regarding the standards and themes pertaining to the nursing roles. In total, 252 of these were received. All other email communications received into the organisation on the future of the post-registration standards and regulation from our stakeholders were also collected, detailing people's comments, experiences, views and questions. There were 206<sup>2</sup> of these and they too were manually analysed and are also included in the pre-engagement analysis.

### Analytical method

In total there were 28 online webinars and roundtable events, and in addition there were 11 other engagement events, making a total of 39, all of which were analysed by Pye Tait Consulting to identify the emerging themes. The events varied in size from webinars attracting hundreds of participants to some smaller focussed 'roundtable' or discussion events usually consisting of a handful of participants. Analysis for each event was prepared on a thematic basis utilising commentary from the webinar and comments from the chat box. The analysis noted the respondent's name, job details and country (where known).

### Key findings

The key findings from the analysis are summarised and presented below. It is worth noting that the virtual postcards and email responses largely echoed the themes that emerged during the online events.

### Themes of special interest

During the webinars, roundtable events and other engagement events several themes emerged that

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<sup>1</sup> This figure refers to the number of participants who attended the online webinar and roundtable events only.

<sup>2</sup> This figure comprises comments that came via a variety of platforms. They have been manually analysed in different sections of this report.

brought a deeper level of understanding to the nursing role under discussion that had not previously been debated. These 15 themes are of special interest to understanding the different areas of advanced practice for SCPHN and SPQ nurses and will now be considered during the development of the new standards. Examples include frailty, self-care and self-management, diagnostic overshadowing and gerontology.

### **Common themes**

Six common themes frequently emerged from the online events, virtual postcards and email responses when discussing what is needed for future SCPHN and SPQ practitioners and will be considered for each set of new draft standards. These are:

- Advanced communication skills
- Collaborative working
- Leadership
- Prescribing
- Public health
- Safeguarding

### **Specialist Community Public Health Nursing (SCPHN)**

A total of 41 themes were identified as being pertinent to all SCPHN fields of practice roles. Based on the responses and comments from a range of frontline practitioners, educators and other stakeholders the following themes are believed to be significant to all SCPHN practitioners: *Biopsychosocial model, community asset, influencing policy / influencing change, technology, health informatics and epidemiology, numeracy skills, leadership not management, value.*

### **SCPHN – Health Visiting (HV)**

A total of 29 themes were identified as being pertinent to the Health Visitor field of practice. Based on the responses and comments from a range of frontline practitioners, educators and other stakeholders the following themes are believed to be significant to Health Visitors: *Age profiles; breastfeeding / infant feeding; the health visitor's role in the wider community; early life / the first 1,000 Days; family-centred care; identifying vulnerable and high-risk families / persons; mental health; and the use of technology in health visiting practice.*

### **SCPHN – Occupational Health Nursing (OHN)**

A total of 43 themes were identified as being pertinent to the Occupational Health Nurse field of practice. Based on the responses and comments from a range of frontline practitioners, educators and other stakeholders the following themes are believed to be significant to Occupational Health Nurses: *Business and commercial acumen; influencing skills; knowledge of relevant legal frameworks and legislation; mental health; accessibility of training courses and practice teachers; understanding the role; the work environment; the OHNs role in the issuing of fit notes; health and safety; and working as single-handed practitioners.*

### **SCPHN – School Nursing (SN)**

A total of 35 themes were identified as being pertinent to the School Nurse field of practice. Based on the responses and comments from a range of frontline practitioners, educators and other stakeholders



the following themes are believed to be significant to School Nurses: *Adverse Childhood Experiences (ACEs); age profiles; consistency of approach and service delivery across areas; sexual health and contraception; mental health; emotional health and wellbeing; social media and digital technology; adolescence; empowerment; and immunisations.*

### **Specialist Practice Qualification (SPQ)**

A total of 36 themes were identified as being pertinent to all Specialist Practice Qualifications Based on the responses and comments from a range of frontline practitioners, educators and other stakeholders the following themes are believed to be significant to SPQ practitioners: *Frailty; self-care and self-management; regulation; terminology and emergent technology.*

### **SPQ – Community Children’s Nursing (CCN)**

A total of 26 themes were identified as being pertinent to the Community Children’s Nurses. Based on the responses and comments from a range of frontline practitioners, educators and other stakeholders the following themes are believed to be significant to Community Children’s Nurses: *Differential diagnosis; educating others; recognising a deteriorating child; and transition to adult services*

### **SPQ – District Nursing (DN)**

A total of 43 themes were identified as being pertinent to the District Nurses. Based on the responses and comments from a range of frontline practitioners, educators and other stakeholders the following themes are believed to be significant to District Nurses: *Age profiles; the range of practice environments; managing caseloads; managing teams; managing risk; complex care; educating others; and the District Nurse title.*

### **SPQ – General Practice Nursing (GPN)**

A total of 32 themes were identified as being pertinent to the General Practice Nurses. Based on the responses and comments from a range of frontline practitioners, educators and other stakeholders the following themes are believed to be significant to General Practice Nurses: *Adaptability, autonomous practice, consistency, employment, influencing skills and managing resources.*

### **SPQ – Community Learning Disabilities Nursing (CLD)**

A total of 26 themes were identified as being pertinent to Community Learning Disabilities Nurses. Based on the responses and comments from a range of frontline practitioners, educators and other stakeholders the following themes are believed to be significant to Community Learning Disabilities Nurses: *Assessments, evidence-based practice, legal frameworks and legislation and therapeutic interventions.*

### **SPQ – Community Mental Health Nursing (CMH)**

A total of 22 themes were identified as being pertinent to Community Mental Health Nurses. Based on the responses and comments from a range of frontline practitioners, educators and other stakeholders the following themes are believed to be significant to Community Mental Health Nurses: *Addiction; professional boundaries; managing risk; therapeutic interventions; consistent use of appropriate language / terminology; managing diverse teams; and the interaction between mental and physical health.*

### **Programme standards**

Differing views emerged regarding the SCPHN and SPQ standards. Practitioners, educators and stakeholders explained that each SCPHN and SPQ nursing role is unique, however if the standards were to be combined, the preferred option would be to have a shared set of core standards with pathways for each specialism with separate sets of standards that would focus on those specific skills required for each public health or community nursing role. An overwhelming majority of participants believe that both SCPHN and SPQ programmes should be offered at Masters level, reflecting the advanced and specialist level of practice required for these roles.

Regulation is important to participants as it maintains standards, quality, consistency and protects the public. Many participants however are concerned that some nurses can call themselves a District Nurse or a School Nurse without completing a SCPHN or SPQ programme and see this as an issue concerning public trust and safety. Some participants would like to see nurse titles regulated by the NMC in the future.

Prescribing was an extremely popular and important topic with regard to both SCPHN and SPQ practice, generating 270 comments during the online events alone. Some of the comments demonstrated a concern that for some roles, for example Community Children's Nursing, prescribing was not an essential requirement because some nurses were not using their prescribing qualification at all or they very rarely needed to prescribe. Others however explained how the ability to prescribe had enhanced their practice through being able to deliver a timely and holistic service to patients. It is important to note that deciding not to prescribe medicines was also relevant to many discussions, especially for those working within mental health and learning disabilities services. These specialist community nurses therefore require demonstrable knowledge of therapeutic interventions as an alternative to prescribing to support the patient. Although some participants were cautious about integrating prescribing into the two programmes, the general belief was that prescribing, particularly the V300 independent prescribing qualification, would be a useful skill required by most specialist public health and community nurses to deliver high quality care in the future.

As already alluded to, the pre-engagement online events, virtual postcards and email responses largely echoed each other in their emergent themes, and have provided an incredible and vast collection of what current frontline practitioners, educators, employers and other stakeholders believe are the core and unique qualities, skills and attributes of SCPHN public health nurses and SPQ community nurses.

This report and accompanying spreadsheet prepared by Pye Tait Consulting (with over 2,120 rows of information and 250 themes gained through extensive virtual engagement activity) presents the NMC with a wealth of qualitative data. The data will help influence and shape the new draft standards of proficiency and accompanying programme standards in preparation for public consultation as part of the process to determine what future specialist practitioners need to know and be able to do to fulfil SCPHN and SPQ roles.

## 1. Introduction and aims

1. In January 2020 the Nursing and Midwifery Council (NMC) announced their intention to develop new standards of proficiency for three areas of Specialist Community Public Health Nursing (SCPHN) practice. The NMC also announced that they will begin to scope out the content for a new Specialist Practice Qualification (SPQ) standard of proficiency in community nursing for five areas of SPQ nursing. In addition, the NMC will develop associated programme standards. (NB: This report does not include any reference to the new proposal that was put to PRSSG in November 2020).
2. To join the SCPHN part of the register, registered nurses or midwives have to undertake an approved SCPHN programme and achieve the standards of proficiency. The three areas of SCPHN practice include Health Visitors (HV), School Nurses (SN) and Occupational Health Nurses (OHN).
3. SPQ are optional recordable qualifications that meet NMC standards but do not lead to admission to a part of the register. The five SPQ community nursing roles include Community Children's Nurses (CCN), District Nurses (DN), General Practice Nurses (GPN), Community Learning Disabilities Nurses (CLD) and Community Mental Health Nurses (CMH).
4. In line with its standards development methodology the NMC has engaged extensively with stakeholders to seek and listen to professional opinions and views to inform their draft standards on which they will be holding a formal consultation in 2021.
5. In July 2020 the Nursing and Midwifery Council (NMC) approached Pye Tait Consulting to thematically analyse their pre-engagement virtual webinars and roundtables. These took place between June and September 2020 (ending 11 September 2020) with a variety of practitioners, educators, employers, advocacy groups and other stakeholders to understand what might form core and specialist or bespoke standards. From mid July 2020 Pye Tait Consulting were invited to attend live webinar and roundtable discussions producing a thematic analysis for each online discussion, including previous webinars from the end of June 2020.
6. The aim of the thematic analysis work was to capture and analyse the key themes arising from the online webinar and roundtable events, enabling the identification of any differences in themes across different audiences, such as profession or country, where feasible and identifiable, to help NMC with the next stage of developing the standards of proficiency and the programme standards. A turnaround date was provided for each event which Pye Tait met either on the day or earlier, thus allowing the NMC to review the themes before progressing with the subsequent online events.

## 2. Analytical method and report structure

7. The NMC commissioned Pye Tait Consulting to analyse extensive amounts of qualitative spoken and written data which emerged from online webinars and meetings in order to highlight key themes and topics that will feed into the new SCPHN and SPQ nursing standards to be completed.

8. Three different approaches to gathering qualitative data from nursing professionals, stakeholders, educators, and advocacy groups were employed by the NMC: via 1) online webinars/roundtables and discussion groups of which a comprehensive list is provided overleaf, 2) virtual postcard responses to two specific questions, and 3) a dedicated mailbox to which any member of the public could send queries, questions or views on topics of their choosing.

### **Online Events**

9. A total of 39 webinars were attended by Pye Tait Consulting with some events listened to after the event took place. On some occasions, up to three online webinars took place in one day, and one webinar was split into five separate specialist groups. The events varied in length, some were longer with hundreds of attendees but with minimal spoken feedback, and others were more focussed containing detailed discussions with smaller numbers of attendees. Often, different events had different questions asked of the attendees or the attendees themselves sometimes brought up and wanted to discuss questions or issues that were not on the official agenda.

10. Understanding of each event was achieved by reviewing the webinar live as an observer or listening back to a recording provided by the NMC to acquire a sense of the tone and direction of feedback prior to the analysis. For each event, attendees were encouraged to type comments and questions into the chat box especially if attendees were unable to contribute to the spoken discussion, therefore adding an extra layer of qualitative data to each event. In some cases, separate discussions took place in the chat box alongside the spoken commentary. All audio feedback was transcribed and cleaned which includes removing all unnecessary words (e.g. “umm” and “err”) and correcting spelling or grammatical errors that were in the written chat box. An analysis for each event was compiled into a thematic basis on a spreadsheet including relevant commentary from the webinar and the chat box whilst taking note of the respondent’s name, job details and country (if known).

11. In some instances, over 20 themes were distinguished in one event and for one webinar there were over 80 comments pertaining to one theme. A quick turnaround was required for NMC in order to inform their following webinars and discussions with some analysis being submitted the day after the event took place. A chronological list of all webinars that Pye Tait Consulting attended and thematically analysed is listed as table 1 in the annex. Table 2 in the annex displays the event re-presented by SCPHN and SPQ.

12. Alongside, these events, two Post-registration Standards Steering Groups (PRSSG) meetings took place on 2<sup>nd</sup> September. Pye Tait Consulting were asked to review and present these back to the NMC in a question and answer format. The chat box function was extremely active and allowed attendees to submit questions to the NMC team who were able to respond in real time. Pye Tait reviewed the chat box contents for each meeting and formatted the questions and answers highlighting the issues raised during the discussions.

## Virtual postcard responses

13. As well as the online webinars, NMC invited nursing staff to send in virtual postcard responses to two questions that were posted on their website. The two questions asked:

What important factors for community and public health nursing practice do you think we should account for in developing our new post-registration standards?

What themes do you think our new standards for community and public health nursing should cover?

14. 252 virtual postcard responses were received from 18 June to the 4 August 2020. The data provided by the virtual postcard responses were cleaned (removing any spelling or grammatical errors) and manually analysed.

## Dedicated mailbox

15. Webinar attendees and others working in the profession were also encouraged to send any feedback or additional comments to a dedicated mailbox ([PRSCOI@MNC.uk-org](mailto:PRSCOI@MNC.uk-org)). The contents of the mailbox were sent to Pye Tait Consulting on 17 September 2020.

16. The report is structured as follows:

Section 2 explains the methodological approach and how the report is structured.

Section 3 provides detail on the themes that emerged from the webinars as having special interest to NMC as they were either unique, unusual or noteworthy.

Sections 4 to 7 detail the outcome of the webinars.

Section 8 details the discussions on the Programme Standards.

Section 9 provides the analysis of the virtual postcard survey and the mailbox.

Section 10 is a summary conclusion.

The separately supplied spreadsheet, comprising themes from all 39 events, is sortable by field/column.

17. As a result of all of the events listed, the first section (3) describes a short collection of themes that covered both the SCPHN and SPQ programmes that were interpreted as being slightly different, unique and gave extra meaning to these specialist public and community nursing roles. Common themes are described in section 4.

18. In section 5 the first area of specialism to be reviewed is the overall occupation of **Specialist Community Public Health Nursing (SCPHN)**.

19. The structure follows, as requested by NMC, a process of clarifying who said what about SCPHN practice during the online webinars and roundtables, i.e. what they believe should be included in the standards for public health nurses with this specialist qualification.
20. This is presented firstly by **'who'**: – practitioners, educators, other professionals, etc – displaying common themes that arose from the discussions, with less prominent themes or topics described towards the end.
21. The themes highlight the different opinions and experiences of various stakeholders who work with, teach or use the services delivered by SCPHN practitioners.
22. Where known, the **country** of those providing the comments is also noted in order to emphasise similarities and differences across the four nations.
23. The analysis then focusses on the different **areas of SCPHN practice** – Health Visiting (HV), Occupational Health Nursing (OHN) and School Nursing (SN) - detailing the themes that arose from the specific discussions pertaining to each role. These comments have come from practice-specific webinars or comments from other webinars and roundtables that explicitly focussed on a particular SCPHN area of practice.
24. **Specialist Practice Qualifications (SPQ)** follows, detailing again what stakeholders said about SPQ practice, stating the country if known. This is followed by **'who'** – practitioners, educators, other professionals, etc – and structured by common themes as described above.
25. Continuing with SPQ the next sections look separately at the five **areas of SPQ community nursing** – Community Children's Nursing (CCN), Community Learning Disabilities Nursing (CLD), Community Mental Health Nursing (CMH), District Nursing (DN) and General Practice Nursing (GPN). These themes and topics arose from the practice specific webinars and online discussions.
26. Webinars and roundtables also took place with **other professions and advocacy groups** which discussed both SCPHN and SPQ by examining what skills and areas of knowledge these community and public health specialist practitioners will need to have in their toolkits in order to deliver an enhanced level of practice to people with differing needs in communities across the four nations.
27. The online discussions that focussed on the **programme standards** are presented separately.
28. Practitioners, educators, and other stakeholders were invited by the NMC to submit virtual postcards answering two questions relating to the themes of community and public health nurses and what factors they think should be considered when developing the post-registration standards. These answers have been thematically analysed and presented in parallel with the webinar and roundtable analysis. The NMC also invited webinar and roundtable attendees and other stakeholders to email in their thoughts, comments, ideas and questions concerning the development of the post-registration standards and the roles of SCPHN and/or SPQ practice. These emails, varying in length and detail, have been thematically analysed in accordance with other material to show 'who said what' about a certain area of practice or programme.
29. Table 3 in the annex details the number of themes presented in each section.

### 3. Themes of special interest

30. During the online webinars and roundtable discussions several themes arose that brought a deeper level of understanding to the field of SCPHN and SPQ practice that had not previously been debated. These themes are of special interest to understanding the different areas of advanced practice for SCPHN and SPQ nurses and should be considered when developing the new standards. Fifteen of these special themes were identified throughout the 39 webinars, roundtable events and other engagement events. These are listed below with a summary detailing which area of specialist practice the theme correlates to and who said it, if this information is known.

#### 3.1 Decision making in unpredictable circumstances

31. This theme arose during the SCPHN / SPQ Research and Evidence meeting by an educator based in England. Not only do specialist nurse practitioners have to make decisions autonomously based on the evidence that they have gathered, but many specialist nurses have to make decisions autonomously when the evidence is not conclusive, for example, when a patient is presenting multiple problems. This quality is recognised as an advanced skill that sets SCPHN and SPQ qualified nurses apart from the Future Nurse standards.

#### 3.2 Diagnostic overshadowing

32. Diagnostic overshadowing was referenced five times during the online webinars and roundtables when discussing individuals with a mental health illness or learning disability. According to participants, diagnostic overshadowing can be linked to the premature deaths of people with a learning disability or mental health condition because symptoms or behaviours have been overlooked due to their learning disability or mental health. Therefore, specialist nurse practitioners need to have an extensive understanding of the leading physical causes of illness and underlying illnesses when working with individuals with a learning disability or mental health condition in order to prevent diagnostic overshadowing.

33. *There are some people who see the diagnosis before they see the child [or person], that's what we call 'diagnostic overshadowing'.*

**Paediatric Continence Specialist, England**

#### 3.3 Differential diagnosis

34. This theme was mentioned four times, three times in relation to Community Children's Nursing and once regarding District Nursing. It was claimed that these specialist nurse practitioners need to be equipped with the skills to offer differential diagnosis – the ability to differentiate between two or more conditions with similar symptoms – in order to keep the patient out of hospital and to prescribe where necessary.

35. *If we want to futureproof the role of the Community Children's Nurse it will be to keep children at home and the need to have that differential diagnosis to do that so we can assess what problems there are and prescribe if required so children don't have to go into hospital.*

**Community Children's Nurse Team Leader, Scotland**

### **3.4 Digital / technological competency**

36. The increasing use of digital technology was frequently mentioned during the online webinars and roundtables, especially in light of the recent Coronavirus pandemic. The future of nursing relies on the ability to communicate digitally and make use of technological advancements to enhance service, gather information and keep records up to date. Social media was also referenced as a platform in which to keep in touch with patients.

### **3.5 Frailty**

37. Frailty was discussed a total of 11 times in relation to SPQ community nursing. Although frailty is mainly associated with the older population it was highlighted that frailty is a condition that can affect young people too as well as those with a mental health condition or learning disability, for example, a teenager with an eating disorder will be frail.

### **3.6 Gerontology**

38. Gerontology was referenced four times during the Social Care Roundtable by participants based in Scotland and Wales. Those working in social care believe that the specialism of gerontology has declined and, as the UK population are living longer, there needs to be more nursing practitioners with this specialist knowledge to care for older people.

39. *There's a lot of learning in relation to that type of specialism and we need to draw from that so we have staff fit for the future.*

**National Workforce Lead for Nursing, Scotland**

### **3.7 Motivational interviewing**

40. This theme was referenced five times during SCPHN and SPQ discussions relating to Health Visitors, District Nurses, School Nurses and Community Mental Health Nurses. Motivational interviewing relies on advanced communication skills to gain a deeper understanding of the patient and / or family and to encourage behaviour change and support self-care. One participant from Northern Ireland claimed motivational interviewing should be used as a "prime method of communicating with clients."

41. *The profession should use motivational interviewing at an advanced level so they can understand the personal situation and complexities [the patient is] in. We use motivational interviewing a lot and do it well, but there is too great a variation in standards.*

**Health and Social Care professional, Northern Ireland**

### **3.8 Positive Behaviour Support (PBS)**

42. Positive Behaviour Support is discussed seven times in relation to learning disabilities and mental health nursing and is considered an advanced level skill that challenges behaviours and develops positive support strategies requiring clinical leadership. A participant in England believes that, moving forward, PBS is an intervention that could be used for both children and older people who may be suffering from anxiety, and could be acknowledged as a future core skill for all specialist nurse



practitioners. Another participant noted that a great deal of training is required to perform PBS and there are risks if this is not conducted correctly.

### **3.9 Professional curiosity**

43. Professional curiosity was mentioned twice during the online discussions in relation to School Nursing and Health Visiting – nurses who predominantly work with children and families – and is considered a higher level and core skill. Utilising learned communication skills to sensitively ask questions, make connections and trigger conversations in order to understand what is happening beyond the surface, and provide support for a family or child with other disciplines or services, composes professional curiosity.

### **3.10 Recognition of a deteriorating child**

44. Referenced three times during Community Children’s Nursing discussions by practitioners in Wales only, recognising a deteriorating child before they become severely unwell was highlighted as a specific and specialist skill. One practitioner felt there is a gap in the skills and knowledge between conducting a physical assessment and recognising the determinants of a deteriorating child and the standards should offer more guidance on how to identify this.

45. *Recognition of a deteriorating child is an important development for the future particularly in relation to early discharge and hospital avoidance.*

**Senior Community Children’s Nurse, Wales**

### **3.11 Therapeutic interventions**

46. There were 30 comments concerning therapeutic interventions as opposed to prescribing during the Community Mental Health Nursing and Community Learning Disabilities Nursing discussions. These specialist nurse practitioners should be equipped with the skills to consider and deliver therapeutic mediations, such as Cognitive Behavioural Therapy for example, instead of, or before, reaching for the prescription pad. Although it was recognised that prescribing may benefit these practitioners depending on the patient and circumstances, knowledge of, and the ability to conduct, therapeutic approaches is important.

47. *Doesn't the specialist practitioner need a higher level of other non-prescribing interventions? This needs to be identified on the post-registration qualification, not just prescribing.*

**CAMHS Clinical Nurse Specialist, England**

### **3.12 Unconscious bias**

48. Unconscious bias was highlighted during the Advocacy Roundtable with mental health and learning disability groups and was discussed at length four times. Specialist nurse practitioners, especially those working with individuals with a mental health condition or learning disability, require a thorough understanding of unconscious bias, where it comes from, how to navigate those attitudes and how to challenge them when they arise. Unconscious bias – making assumptions of someone based on their learning disability or mental health – is said to lead to diagnostic overshadowing, therefore understanding of these two areas is a required skill to future proof these community nursing roles.

49. *There needs to be a deeper understanding of the subject of unconscious bias and implicit attitudes and what to do when you know you're coming across it and navigating that.*

**Health Training Lead**

### **3.13 Self-care / self-management**

50. Self-care and self-management were discussed in relation to both SCPHN and SPQ practice, particularly in relation to individuals with long-term health conditions and communities where public health is below average. This entails having the advanced communications skills to educate others and encourage behaviour change, via approaches like motivational interviewing, so individuals are able to manage aspects of their own health.

51. *In our area [...] our public health is quite shocking, so we need to try and get those people to take some elements of care for themselves and it ties into the public health agenda. We need some sort of guidance in the standards relating to self-care.*

**District Nurse Practice Educator, England**

### **3.14 Legislation**

52. In total there were 30 comments pertaining to legislation and legal frameworks concerning both SCPHN and SPQ programmes. Advanced knowledge of legislation relating to a nurse's area of practice, plus the confidence to apply that legislation in practice, is a requirement of specialist public health and community nurses. Specialist practitioners should keep up to date with new legislation also. It was noted that legislation varies depending on each nation and the standards will need to reflect this.

### **3.15 Physical assessments / physical examinations**

53. Advanced physical assessments and physical examinations were mentioned five times in relation to SPQ practice, predominantly Community Mental Health Nursing. The knowledge and skills required by specialist nurses working within mental health and learning disabilities services to perform physical assessments and examinations alongside mental health assessments was highlighted as an essential requirement to understanding an individual's overall health condition.

## **4. Common themes**

54. Six common themes were identified during the analysis that appeared across various SCPHN and SPQ areas of practice. These common themes and corresponding analysis are presented together accordingly meaning the reader can easily digest the comments and opinions relating to each common theme.

### **4.1 Advanced communication skills**

55. Advanced communication skills were frequently mentioned and is considered a core skill for several SCPHN and SPQ practitioners. It is ultimately defined as managing and communicating complex and sensitive issues (e.g. end of life decisions) and supporting the patient to process and understand

what is being communicated to them. Specialist practitioners require the skills to communicate effectively with a wide range of different individuals such as patients, family members, GPs, police, social care workers and other teams and services. A model purported to support this advanced skill is the consultation model as it makes practitioners consider how they are going to communicate an important or complex message to a patient.

56. *What I can see is those consultation models are reflected not only in prescribing but in other situations within practice and they're [SPQ students] coming back to the consultation model because it works well with communications modelling as well.*

**Community Nursing Programme Director, England**

57. School Nurses require advanced communication skills to build trust, assure confidentiality, discuss sensitive topics, ask difficult questions and explain things with clarity. Communicating with adolescents requires a different approach therefore School Nurses need to recognise the distinct needs of this age group and know how to navigate difficult topics whilst being approachable.

58. *Our specific skill is to communicate and engage with the hard to reach teenager.*

**School Nurse webinar participant, Northern Ireland**

59. It was said that School Nurses and Health Visitors should develop skills around **motivational interviewing** to find solution focussed outcomes and is key to managing complex discussions and personal situations.

60. *Probably one of the areas you get too much variation in Health Visiting is the way we communicate with parents. We use motivational interviewing and that's how we manage our conversations. SCPHNs should be using motivational interviewing as a prime method of communicating with clients.*

**Stakeholder, Northern Ireland**

61. From a Health Visiting perspective, advanced communication skills work alongside relationship management. Educators explain that they must be confident asking intimate questions concerning the antenatal period and have the skills to manage the complexities of an individual's life, for example, a single mother with limited income with no family support. Health Visitors need to be able to influence and support parents to respond to complex issues they face.

62. Similar to School Nurses, Community Children's Nurses require advanced communication skills to build trust with the child or young person taking into consideration learning disabilities and mental health issues. Community Children's Nurses should adapt their communication skills accordingly depending on who they are working with and tailor those skills to the community they are working in. Advocacy groups stated that active listening skills are key for specialist nurse practitioners working with children and young people. They need to listen to the concerns of the parents / carers who are the experts of their unwell child.

63. *Remember, people communicate differently. Public health messages may be different depending on where you're working and it's understanding that at a higher level and adapting the messaging for community-based evidence.*

**Community Children's Nurse, England**

64. District Nurses must be versatile and sensitive communicators, be "peace makers" and support service users discuss their options, their rights and their choices. It was noted that District Nurses in particular will need the skills to communicate with compassion and empathy information that may leave the patient and family emotionally distressed.

65. *They [District Nurses] are faced with a number of sensitive situations and they need to be able to contextualise the work in a way that would be easy to receive, for example, end of life care where a patient has just received news from a consultant that they don't have long left to live.*

**Practitioner, England**

66. According to one practitioner in England, there is a particular nuance with the population that Community Mental Health Nurses work with as they are likely to be "disconnected, disenfranchised and disengaged" therefore an enhanced level of communication skills are required in order to support those individuals. Another practitioner stated advanced communication skills are needed to understand and work through systems to get the best results for the patient. Advocacy group participants noted that, problematically, many health care workers do not have the confidence to adapt their communication skills effectively with individuals who have a learning disability and mental health illness. Some health care workers are also unaware of the different tools that people with learning disabilities carry with them that explain how they want to be communicated with. Another important point highlighted that service users need to be listened to and included in the decision-making process that concerns their care.

67. *Being assertive and being able to communicate on what I would call a really holistic level, because I'm surprised by some of the poor communication skills of some nurses.*

**Health Training Lead, England**

## **4.2 Collaborative working**

68. Working collaboratively with other nurse practitioners, services, sectors and partnerships such as the voluntary sector, housing and police services, was cited as a popular skill for SCPHN practitioners. However, collaborative working was only elaborated on during Health Visitor and Community Children's Nursing events – two nursing roles working with children, young people and families. Both of these specialist practitioners are required to work with a range of other professions and services, however one practitioner acknowledged that whilst collaborative working is key Community Children's Nurses need to ensure they are not overlapping roles with Health Visitors and School Nurses whilst also making every contact count.

69. *Collaboration and partnership working are key but also the Community Children's Nurse understanding the boundaries of their role.*

### **Nurse Consultant in Child Health, Wales**

70. Interdisciplinary working was also cited and sometimes overlapped collaborative working, especially in relation to SCPHNs. Interdisciplinary working was called “vital” and participants would like this to be made clearer in the standards. To work collaboratively and interdisciplinary was interpreted as working seamlessly and confidently with other services in and out of the health care system.

71. *The discussions around shoulder to shoulder working are key points within the specialist population health area and [being able to] recognise the impact of housing and social demographic within the SCPHN role. There should be a core aspect of this and then maybe further points within specific skills where relevant [to the role].*

### **4.3 Leadership**

72. Leadership was a theme that arose when discussing both SCPHN and SPQ programme and each specialist nursing role by a range of frontline practitioners, educators, advocacy groups and other stakeholders. Generally, participants want to see the leadership element strengthened within the standards for both SCPHN and SPQ practitioners. These specialist practitioners will be compassionate leaders of the future in clinical practice influencing change at the forefront and developing the service

73. Employers and educators believe that leadership is a core skill required for all SCPHNs however employers highlighted that these nurses are to be leaders and *not* managers.

74. *One of the things being spoke about sounds very much management orientated and management activities and I think we have to be very careful here that it's not about creating a manager. It's about leadership within the public health arena.*

### **Associate Director of Nursing, Wales**

75. As Occupational Health Nurses lead diverse multidisciplinary teams' practitioners in England claimed leadership needed greater focus in the standards to full prepare practitioners for this element once qualified. They require the competence and confidence to take the lead on occupational health and wellbeing issues and they should not be led by others. This was similarly the case for School Nurses who are local leaders. As well as working collaboratively, these nurses must demonstrate advanced leadership skills to hold others to account and co-ordinate across teams.

76. *We're looking at leadership locally and our school nurses having a bit of a public health intelligence lead within a cluster of schools, so they are the public health expert that works with multi-disciplinary teams to co-ordinate things across that.*

### **0-19 Learning and Development Lead, England**

77. Several participants believe that leadership is more pertinent to the District Nurse role compared to other SPQ practitioners. District Nurses are required to lead and manage large teams and caseloads and thus require the skills to challenge and empower teams, develop and improve service, the ability to effectively delegate care and the confidence to refer patients to more appropriate services.

## 4.4 Prescribing

78. Prescribing is a very contentious and popular area of discussion. It was generally felt by most participants that, moving forward, SCPHN and SPQ practitioners will likely need some form of prescribing qualification to deliver a holistic service to patients. Prescribing will offer a timely one-stop-shop consultation instead of referring them onto a GP and will enhance autonomy. The V100 (Community Nurse Prescribing Course) qualification is considered relatively redundant, especially for Health Visitors, however the V300 (Independent Prescribing Course) qualification should be considered for integration into the standards. It was acknowledged by all participants, including employers and commissioners, that “in an ideal world” advanced practitioners should be prescribing but recognise that it may not be necessary for all SCPHN and SPQ roles across the 4 nations. One educator in Wales believe a “culture change” is required that should be embraced by everyone to move these health care professionals forward and make the standards fit for the future.

79. Integrating the V300 qualification across both programmes was favoured by educators from all four nations however this may prove challenging thus the V300 may only be integrated for SPQs and left optional for SCPHNs. It was highlighted that if prescribing were to be integrated into the SCPHN programme, pre-registration nurses would not be able to directly enter the programme for they need to be qualified for one year prior to admission. Those in Scotland stated that employers would prefer applicants to consolidate their pre-registration knowledge first.

80. *From an England perspective, no way we will deliver the long-term plan unless we have those clinicians who are leading care, delivering end to end care and that includes prescribing.*

**Head of Community Nursing, NHS England**

81. Participants in Scotland explained that the prescribing qualification had been removed from SCPHN courses as it was not required by employers. Some participants claimed that prescribing was replaced with an Emotional Health and Wellbeing course at one Welsh university as it was deemed more appropriate. Elsewhere in Wales, an educator claimed that prescribing is a core module for Health Visitors and School Nurses. Whereas some educators in England feel that there needs to be a greater focus on mental health rather than making prescribing mandatory, especially for SCPHNs. Prescribing discussions revealed the many differences and needs across the nations that NMC will have to acknowledge when developing the standards.

82. *It's about keeping the standards as open as possible and flexible where there's uncertainty around how they'd use that prescribing practice if they were to be required to prescribe... across the four countries there are very different practices that go on and we need to be cognisant of that.*

**Associate Professor, Scotland**

83. Prescribing was mentioned 94 times in relation to Health Visiting. Some practitioners and stakeholders believe that prescribing is not needed due to circumstances in their local areas or because a lot of medication can now be obtained over the counter. Many Health Visitors however believe that independent prescribing would elevate and enhance their autonomous role and improve equity. Opinions are generally coherent across the nations. In Northern Ireland, Health Visitor's ability to

prescribe during the Coronavirus pandemic proved vital as GP surgeries closed or limited opening hours and thus “improved people’s access to help for minor illnesses.”

84. *I feel it is essential for Health Visitors to prescribe independently so that we can prescribe formula milks for babies with Cow’s Milk Protein Allergy (CMPA) or antibiotics for mastitis, etc. As fewer GPs have obstetric and paediatric experience, and as we have extensive experience, we should be the ones prescribing for our patients.*

**Health Visitor, Scotland**

85. Occupational Health Nurses and educators based in England, Northern Ireland and Scotland are in favour of prescribing also. Prescribing is necessary for administering vaccinations and essential to those working in isolated areas and who specialise in travel health. There are differing views as to whether it is a core skill with one drawback being that Standards for Student Supervision and Assessment (SSSA) would be particularly challenging. Those in the private sector claim their workload consists of absence management and helping people get back to work, not prescribing. Further consultation on this topic would be beneficial according to an educator in Northern Ireland.

86. *I think prescribing would be beneficial as we have to refer people onto GPs, and this causes delays. My biggest frustration is getting anyone in my organisation to support prescribing HIV Post-exposure prophylaxis (PEP) for a health care worker exposed to blood borne viruses (BBV) when our Occupational Health Consultant is not available. If we could do this, we could mitigate all risks of BBV by doing [it] in a timely manner.*

**Practitioner, Scotland**

87. Some School Nurses and stakeholders believe they should focus on “improving the health literacy of families and young people” and empowering them to make decisions and access appropriate services rather than prescribing. School Nurses in Orkney however highlighted that the V300 qualification is valuable due to their rural location, especially when prescribing contraception. Other practitioners in Scotland, and Northern Ireland, do not believe prescribing is essential for School Nurses. Educators in England and Scotland thus believe that, depending on location, some School Nurses are likely to prescribe more than others but are cautious that this ability may distract from the public health role and turn into a medicalised model.

88. *I feel we shouldn't [prescribe] because what we're trying to teach young people is to build self-efficiency to access services and access support when needed.*

**School Nurse, Northern Ireland**

89. Most practitioners from England and Scotland are in favour of introducing prescribing, namely the V300 qualification, to SPQ programmes, especially for District Nurses believing it to enhance autonomous practice. A handful of practitioners do not wish to see prescribing integrated in the standards as the SPQ specialisms are all different and the demand will change across the four countries. According to practitioners, the prescribing qualification should be optional and not a core requirement of the SPQ programme.

90. *My view is the V300 should not be mandatory but could be an additional qualification for those who have an interest in this specific aspect of nursing.*

**SPQ Webinar attendee**

91. *The V300 is an essential for SPQ. Our District Nursing students have expressed an interest in this feeling it would fit with their advanced practitioner role.*

**Director of Studies for Specialist Practice, England**

92. Children's Community Nurses and stakeholders did not think that the V300 qualification is a priority for their role because a great deal of medicines cannot be given to children, however they did acknowledge that it is something to aspire to in the future hence they may have an optional place in the standards. Practitioners based in England and Scotland discussed independent prescribing in relation to **differential diagnosis** stating that these advanced skills will facilitate keeping children at home rather than admitting them to a hospital. Educators in England and Wales would like to see Children's Community Nurses undertaking the V300 qualification, citing that this is already happening at some universities in England.

93. *Dressings and creams would be really helpful [to prescribe]. I think it needs to be in there somewhere but not a priority. And there is such a wide variation in the Children's Community Nursing world and what this service looks like so that complicates things.*

**Children's Community Nurse, England**

94. District Nurses and educators in England, Scotland and Wales are in favour of prescribing for many are lone workers dealing with complex caseloads; thus, prescribing will allow for treatment in a timely manner providing person-centred and holistic care to the service user. There have however been issues with some GPs in England prescribing at a District Nurses' request therefore having the advanced skills and knowledge to prescribe will greatly enhance treatment and service for both patient and practitioner. An educator from England mentioned District Nurses should be qualified in social prescribing also.

95. *Registration as an independent prescriber is necessary to ensure that individual episodes of care can, where possible, be completed in as timely, safe and effective manner as possible.*

**Nurse Consultant, Scotland**

96. Prescribing did not generate much discussion with General Practice Nurses. The small number of comments indicate that they are in favour of social prescribing and the V300 qualification which would allow them to manage long-term conditions.

97. For Community Learning Disabilities Nurses and Community Mental Health Nurses, the standards should acknowledge non-medical prescribing and therapeutic approaches as opposed to prescribing. Medical intervention may be required if other therapeutic approaches do not work.

98. *Community Learning Disabilities practitioners [are] working with a heavily medicated group of patients with side effects who would benefit from having someone close to the patient to really support and monitor medicines in an effective way.*



**Associate Professor, Scotland**

99. Participants from advocacy groups would like to see practitioners working with older people, disabilities and long-term conditions be able to prescribe. Prescribing is essential to delivering seamless care which will be needed in the future and it also strengthens the patient and practitioner relationship ensuring people are getting the correct medication in time.

100. *In terms of thinking about the workforce going forward and that availability it's important we've got those appropriate standards and nurses trained to independently prescribe.*

**Head of Learning and Workforce, UK-wide charity**

101. Prescribing highlighted a number of concerns: how would this qualification fit into the one-year course? Why integrate prescribing when some nurses rarely prescribe in practice and some medicines are now available over the counter? What would happen if a student failed their course but passed the V300 qualification, and vice versa? Some employers and commissioners are resistant to certain practitioners prescribing which could potentially hold back the level of service. Several practitioners are unable to prescribe as they are employed by a local authority and not the NHS and practitioners in Scotland may not need to prescribe due to the Minor Ailments scheme and community pharmacies.

102. *I'm happy to prescribe if it is easy to do, at the minute it is complicated and time consuming. In addition, GP's don't necessarily want us to 'interfere'.*

**Health Visitor, Northern Ireland**

103. *I used to prescribe more regularly in clinics but as we no longer have clinics in the area I work, there is less timely opportunity to prescribe. I do not think I would need to be an independent prescriber.*

**Health Visitor, England**

104. *As a provider it would be helpful to be prescribers, however it is more complicated than simply saying yes or no. Out of whose budget would the costs come? Currently it would come out of the GPs.*

**Head of Public Health Nursing, England**

## **4.5 Public health**

105. Public health covered many SCPHN and SPQ discussions with participants stating the standards should be firmly rooted in the public health agenda, focussing on population health and wellbeing and reducing health inequalities. This has recently been reinforced due to the Coronavirus pandemic.

106. Occupational Health Nurses believe they are uniquely placed to support public health and prevention in the workplace however educators state that employers are more interested in employee health, not population health. An independent practitioner highlighted that the public health agenda needs to be correlated to the workforce population to "show value return on intervention".

107. *I see public health as being essential to the Occupational Health Nurse role. I often hear that people, even from our own specialty, don't see us as a public health intervention role so I think that's a valid point.*

**Nurse Tutor, England**

108. District Nurses take the lead on public health initiatives like admission avoidance, yet many District Nurses do not necessarily recognise their work as public health which needs to change. A focus on public health was requested by one practitioner especially as many SPQ nurses are being encouraged to join Primary Care Networks (PCNs).

109. *I do think District Nurses have a mental block about public health thinking they don't do it or recognise that they do it. Given that they are community practitioners working in different communities with different socioeconomic demographics, they should be cognisant of public health in those communities.*

**Senior Lecturer, England**

110. Due to the variety of different people General Practice Nurses see every day, participants in England, Northern Ireland and Wales believe they are situated in a distinct position to identify public health needs. This includes identifying the needs of disadvantaged communities as well as working to improve the health profile of the practice population, promoting good health and establishing relationships with service users. Participants stated that both District Nurses and General Practice Nurses working in communities identify public health needs which can be missed by GPs.

111. *I think the role is about public health, using the General Practice Nurse to promote health and improve the health of the practice population is the crux of the role. [The] pivotal role of the GPN is profiling and identifying needs within populations and establishing relationships to improve health.*

**Advanced Nurse Practitioner, Northern Ireland**

112. *Population health is sometimes missed by GPs and is essential for nursing to bring to primary care.*

**Lecturer in General Practice Nursing, Wales**

113. Several employers believe the standards should be developed with other frameworks in mind that link to the wider public health workforce and a clear and attractive career pathway that sits within public health needs to be considered.

114. *As standards are developed, I would have an eye on the public health framework from Public Health England, because any element with public health contained within it can be mapped against that framework.*

**Consultant, England**

## 4.6 Safeguarding

115. Safeguarding is considered a core requirement for each SCPHN role with participants to online events often surprised it did not feature more prominently. SCPHNs are in unique positions to pick up “safeguarding subtleties” in their communities and practitioners emphasise that safeguarding older individuals is just as important as safeguarding children and young people.

116. *We need that holistic safeguarding that includes children and adults and those with mental health and learning disabilities.*

**Health Visitor, England**

117. Health Visitors would like to see a focus on risk assessment and early intervention to prevent safeguarding issues acknowledged in the new standards. Some practitioners claimed that the standards do not currently reflect the safeguarding role of Health Visitors or the complexity of cases. To support families, Health Visitors should focus on a strength-based approach rather than risk management. It was said that recognition of trauma informed practice, motivational interviewing and a multi-agency approach to dealing with, and managing, safeguarding issues is also essential for this role.

118. *A large part of our role involves safeguarding children, recognising and responding to safeguarding issues. Cases are becoming more complex and I feel this needs [to be] reflected in the standards.*

**Health Visitor, Northern Ireland**

119. *I would say it [safeguarding] is core, but distinct to Health Visitors is supporting families to work with a strength-based approach and move away from the negative connotations of risk.*

**Educator, England**

120. Occupational Health Nurses must also have the knowledge to identify potential safeguarding issues such as physical marks, alcohol or drug abuse and mental health issues. They will need to know how to approach sensitive topics with individuals and understand how these issues may affect others. School Nurses in England and Wales state safeguarding currently takes up the majority of their roles and feel this may be hindering their visibility to other service users. Safeguarding duties vary depending on the area of School Nursing team. Moving forward, it was suggested safeguarding should work alongside Trauma Informed Practice.

121. Participants working in social care based in England, Scotland and Wales state it is important that specialist practitioners have the knowledge to progress cases further, take responsibility and have a sound understanding of key safeguarding legislation. Allowing people in care services to live with a certain amount of risk to live fulfilled lives was discussed in relation to safeguarding also. A participant from England believes that it is more important to support people to live with risk rather than safeguarding people, managing those risks on a day to day basis.

122. *It's important to think about risk and the balance between allowing people, specifically people with a learning disability or mental health illness, to experience a certain amount of risk as it's too easy to become overprotective and defensive. Risk is about living a full life.*

**Executive Director of Adult Social Care, England**

## 5. Specialist Community Public Health Nursing (SCPHN)

123. The following themes have been identified as specifically relevant to Specialist Community Public Health Nurse (SCPHN) practitioner as discussed by attendees to the webinars, roundtable events and other engagement events. These events include:

SCPHN Webinar  
SCPHN Roundtable with Employers  
SCPHN Roundtable with Educators  
SCPHN Prescribing Meeting  
SCPHN Follow up Roundtable: SCPHN Core  
SCPHN Programme Standards Meeting

### 5.1 SCPHN General themes and discussions

124. In total 41 themes were identified during the webinars, roundtable events and other engagement events where the discussions are pertinent to Specialist Community Public Health Nursing. Some of the themes arose during several different events whereas other themes emerged in specific webinars or roundtables where attendees were drawing on their personal specialist knowledge and experience.

125. In some instances, themes are discussed at great length whereas other themes are less frequently mentioned or contain little detail. It is worth noting that some of the themes listed below arose during the SCPHN Programme Standards meeting and will therefore be described in greater depth in the Programme Standards section of this report. The 41 themes discussed in relation to the SCPHN Nurse practitioner are as follows:

Adolescence (1)  
Advanced practice (4)  
Aging workforce (1)  
Advanced practice (4)  
Biopsychosocial model (13)  
Clarity of roles (3)  
Collaborative working (8)  
Community (5)  
Coronavirus (8)  
CPD (1)  
Cultural competence (2)  
Disabilities (1)  
Education (1)  
Employers and commissioners (6)  
Epidemiology (1)  
Family-centred (2)  
Holistic care (1)  
Identifying vulnerability and inequality (2)

Infant mental health (1)  
Influencing policy / influencing change (5)  
Interdisciplinary working (21)  
Integrated system / working (2)  
Leadership (2)  
Leadership, not management (2)  
Legal frameworks and legislation (2)  
Life course (1)  
Mental health (1)  
Module flexibility (1)  
Numeracy skills (4)  
Prescribing (24)  
Prevention (1)  
Public health (12)  
Quality Improvement (QI) (1)  
Research (3)  
Risk (2)  
Safeguarding (16)  
Social justice (1)  
Technology (7)  
Training and experience (11)  
Trusting relationships (2)  
Value (3)

126. The following description provides a summary account of the most pertinent, unique themes to SCPHN practice and those themes that attracted a great deal of discussion. The thematic analysis is structured to show what themes were said by who – a practitioner, educator or stakeholder. Where it is known, the country is specified to determine similarities and differences of SCPHN practice across the four nations.

### **5.1.1 Practitioners and stakeholders on SCPHN**

#### **Biopsychosocial model**

127. Practitioners believe that the biopsychosocial model should form part of the SCPHN standards, and it is an important approach to seeing an individual as a whole. Some participants discussed the biopsychosocial model as opposed to a medical model and adapting the medical model whilst working on the biopsychosocial approach on a case by case basis.

#### **Community assets**

128. Understanding, engaging with and utilising the assets within communities was highlighted by one nurse as a core section of SCPHN education and advanced practice. Actively engaging with what is available in their community, what and who they can work with in order to focus on other agendas will give them the opportunities to be influential leaders within their communities.

129. *There is infinite need and finite demands and therefore we need to capitalise on what asset is already available within any given community.*

**Roundtable SCPHN Core participant, England**

### **Influencing policy / influencing change**

130. Having the knowledge and the ability to influence policies and influence change is an elevated level of practice and this sentiment is echoed by educators also. Having the confidence to challenge dominant discourses and utilising the information and evidence of a population in order to positively influence change or policies is an essential proficiency for SCPHN practitioners according to frontline practitioners and educators from England, Scotland and Wales.

131. *I would like to see that [influencing policy] more explicitly stated as tackling health inequalities requires policy changes.*

**Health Visitor, Wales**

### **Technology**

132. Practitioners and educators in England and Wales discussed the use of technology in their practice. It was noted that data analytics, for example, can influence positive outcomes for the population and communities. The Coronavirus pandemic has meant that those in healthcare, as in other sectors, have had to adapt to virtual appointments and processes with some practitioners gaining greater contact with those in isolated or challenging areas. Face to face appointments however are still vital. Moving forward, technology is important to communication, record keeping, gathering data and identifying trends. One Health Visitor in England however commented on the difficulty of accessing organisations databases depending on whether they are part of the NHS or not.

*There are still many struggles about organisations and their databases. When Health Visitor's and School Nurses were part of the NHS this was not a problem. It is hard for some areas to see and share records.*

**Health Visitor, England**

## **5.1.2 Educators on SCPHN**

### **Health informatics and epidemiology**

133. One lecturer based in England stated that the knowledge and skills required to “understand data, [the] sources it arises from, interpretation, analysis and synthesis of what comes from that” is a core element across all three SCPHN areas of practice. According to a practitioner in Northern Ireland, the Coronavirus pandemic has demonstrated that epidemiology is important for the future of SCPHN practice.

134. *Learning from Covid-19 we need to think more [about], and understand, epidemiology. The future is to know those skills.*

**Lead Children's Nurse, Northern Ireland**

## Numeracy skills

135. Educators from England and Wales stated that SCPHNs need to be able to demonstrate a good degree of numeracy skills. The Future Nurse curriculum requires that students demonstrate that they are numerate, therefore the SCPHN standards should include the ability to understand and utilise numeracy, especially if these advanced practitioners are required to independently prescribe to patients. One educator stated that numeracy is a key skill to looking at epidemiology health needs assessments.

136. *Nurses need to understand mathematics, not just statistics. Using numeracy in SCPHN practice will impact the action SCPHNs can take.*

**Chair of Community Health, Wales**

### 5.1.3 Employers on SCPHN

#### Integrated working

137. An employer based in Scotland felt that integrated working and working closely with other primary care teams was missing from the SCPHN discussions, claiming that integrated working is a critical factor for SCPHN practice. For example, SCPHN practitioners work closely with mental health and learning disabilities teams. They also highlighted the difference between England and Scotland as NHS Trusts in England are separated whereas they are integrated in Scotland.

138. *I feel that there is a missing link around working with mental health and learning disabilities teams because it's a critical factor.*

**Deputy Nurse Director, Scotland**

#### Value

139. Employers would like to see the SCPHN standards reflect the value of the courses and the value a SCPHN qualified specialist nurse brings to the community, service users and the workplace. Employers in England and Scotland feel that this has changed over time with the value of these courses been lost although this may be down to levels of funding and remuneration.

140. *An issue that comes up constantly across the four countries, and with recent changes in England, has meant that people working in advanced practice roles, or practicing at that level of complexity, with the advent of generic Advanced Training Practice (ATP), have not been recognised or valued and that's come out very strongly with the modelling we did for Health Education England (HEE).*

**Chair of Healthcare and Workforce Modelling, England**

## 5.2 SCPHN- Health Visiting (HV)

141. The following themes have been identified as specifically relevant to the SCPHN Health Visitor (HV) practitioner as discussed by attendees to the webinars, roundtable events and other engagement events. These events include:

SCPHN Webinar  
SCPHN Health Visiting Webinar  
SCPHN Roundtable with Health Visitors  
SCPHN Programme Standards Meeting  
SCPHN Prescribing meeting

142. In total 29 themes were identified during these webinars, roundtable events and other engagement events as being themes pertinent to Health Visiting. Some of the themes are mentioned during several different events whereas other themes are more specific to a particular group of webinar or roundtable attendees based on their specialist knowledge and experience. In some instances, themes are discussed at great length, for example the prescribing theme received a staggering 94 comments revealing how important this topic is for Health Visitors. Other themes however received a small handful of comments but were just as relevant and pertinent to the analysis. Some other themes were less frequently mentioned or contained little detail. The 29 themes discussed in relation to Health Visiting practice are as follows:

Advanced communication skills (2)  
Age profiles (9)  
Assessment of the parent / infant relationship (3)  
Breastfeeding / infant feeding (7)  
Child protection (3)  
Collaborative working (13)  
Community (9)  
Covid-19 (1)  
Early life / First 1,000 days (5)  
Family-centred (8)  
Health (1)  
Identifying vulnerable and high-risk patients (11)  
Infant mental health (1)  
Influencing policy / change (1)  
Interdisciplinary working (1)  
Leadership (1)  
Life course (2)  
Mental health (13)  
New-born examinations (6)  
Prescribing (94)  
Safeguarding (28)  
Scotland (2)  
Social justice (3)  
Solutions focussed (1)



Students (1)  
Systems approach (3)  
Technology (11)  
Trauma informed practice (1)  
Trusting relationships (7)

143. The following analysis provides a summary account of the most pertinent, unique themes to this area of practice and those themes that attracted a great deal of discussion. The thematic analysis is structured to show what themes were said by who – a practitioner, educator or stakeholder. Where it is known, the country is specified to determine similarities and differences of Health Visiting practice across the four nations.

### **5.2.1 Practitioners and stakeholders on Health Visiting**

#### **Age profiles**

144. There were differing opinions from participants based in England, Scotland and Wales regarding the age profile of the population that come under the Health Visitors remit. Some participants from England and Wales were keen to see Health Visitors being educated in meeting the needs of all ages of the population whereas other participants based in England and Scotland were in favour of keeping the Health Visitor age profile focus on 0-5 year olds, but playing a significant role within the family. This would entail knowledge of adult health as well as child health in order to understand the importance of early childhood and how this impacts the child's life course. According to another participant, expanding the age profile for this role would dilute the impact Health Visitors have on children and families and therefore they did not believe that the Health Visitors remit includes the elderly population. Other participants commented on the positive impact Health Visitors have had on older patients.

145. *Only focussing on 0-5-year olds does not future proof the standards.*

**Stakeholder, England**

#### **Breastfeeding / infant feeding**

146. Breastfeeding / infant feeding was discussed by practitioners and educators based in England, Scotland and Wales. Participants in England and Wales stated infant feeding is key to the role of the Health Visitor as is supporting and encouraging mothers with breastfeeding / infant feeding and providing new mothers with post-partum care. A practitioner from Scotland stated that being able to independently prescribe would benefit the Health Visitor role and support infant feeding as they are the practitioners who undertake the feeding assessments. Independent prescribing would add to the Health Visitor's autonomous practice as they could prescribe, if needed, after conducting the assessment.

147. *Infant feeding is key to the Health Visitor role and lasts for longer than in the midwifery field.*

**NHS Locality Nurse, Wales**

## Community

148. A community and population focussed approach to Health Visiting is important to practitioners. Being culturally aware, engaging with the local community and assessing the needs of the family at a community level as well as identifying and reducing inequalities in a community are all important skills required of a Health Visitor. Practitioners from Northern Ireland and Wales emphasised the public health needs of the community focussing on families and the pre-school population and believe this should be reflected in the standards. A Community Prescriber based in Scotland claims that their prescribing ability is appreciated by service users in their community. Another Scottish participant noted that people are disengaging from their communities and Health Visitors are in a position to try and improve community engagement.

149. *If you are working in advanced practice, then communities and [the] people you're working with should feel like they're in control of their own health and wellbeing. It's [about] using that skill at [an] advanced level.*

**Health Visitor, Northern Ireland**

150. *We're front line and we need to improve that independence in the community, work with families and build community insight for their children.*

**Practitioner, Scotland**

## Early life / First 1,000 Days

151. Being part of a child and parent's life from pregnancy to post-natal care, building a relationship with the family and assessing against the determinants of health is a unique and important aspect of the Health Visitor role according to practitioners in England and Scotland. The First 1,000 Days and the Solihull Approach are considered important programmes to the Health Visitor role and some practitioners feel this needs to be reflected in the standards.

152. *Really getting in there in the early stages helps to reinforce the role that we're there for them and their needs.*

**Health Visitor, England**

## Family-centred

153. Health Visitors are family-centred practitioners who see the whole extended family, not just the child under 5 years old. They educate family members in their homes, establish trusting relationships and they can improve child health by working with parents and other family members by supporting and influencing the decisions they make and providing alternatives based on the family's circumstances.

154. *We are unique because we're advocates for the patients and we provide practical health education in the home. Very often you've got young mums who are isolated and haven't got anybody to give them basic support. We are uniquely placed.*

**Health Visitor, England**

### **Identifying vulnerable and high-risk families / persons**

155. Participants in England and Scotland agree that Health Visitors are in a unique position to identify vulnerable and high-risk families, emphasising that anyone or any family can quickly become vulnerable. Those persons or families who are, or become, vulnerable or high risk may not have access to other support systems and Health Visitors are uniquely placed to be that individual they can turn to. A lecturer from England explained that being vulnerable means a person or family can be invisible, thus skills in “proactivity and searching for health needs” is an important requirement of Health Visitors for public benefit.

### **Mental health**

156. Practitioners and educators based in England, Scotland and Wales believe that greater understanding of mental health is needed in the standards. This should include the mental health of the mother, other family members and infant mental health too.

### **Technology**

157. Stakeholders and educators from England, Scotland and Wales commented positively on the use of technology and that it can enhance the profession although there was a strong emphasis from practitioners that technology should not replace face to face contact with service users. It is felt that using and driving technology will improve communication, understanding the profile of families and track progress.

158. *The children on our caseloads are our parents of the future and they are IT literate at an early age. We need to evolve how we deliver health promotion to continue reaching clients in ways that they find convenient and acceptable to ensure the biggest reach.*

**Health Visitor, Scotland**

## **5.2.2 Educators on Health Visiting**

### **Breastfeeding / infant feeding**

159. Educators in England and Wales echoed the importance of breastfeeding and infant feeding and believe it should feature more prominently in the Health Visitor standards. One lecturer in England stated that breastfeeding especially should have a focus with all the SCPHN areas of practice for breastfeeding is a “massive poverty equaliser” and is a topic that all SCPHNs should be aware of.

### **Community**

160. A lecturer based in Scotland believes that Health Visitors can be “community-based health promoters” providing a service to populations that are currently unidentified. This is because many

people do not have access to health promotion services unless they become unwell or reach a certain age. They explained that the majority of health promotion and disease prevention services in the community are based around GP patient populations, however Health Visitors could engage with those community members who are missing out on vital health information.

*161. I believe we need community-based health promoters that can work with community development and identify high-risk populations that are currently not catered for. When I qualified many years ago, I had a geographic caseload and therefore [I was] able to target at risk groups.*

**Lecturer, Scotland**

### **5.3 SCPHN- Occupational Health Nursing (OHN)**

162. The following themes have been identified as specifically relevant to the SCPHN Occupational Health Nurse (OHN) practitioner as discussed by attendees to the webinars, roundtable events and other engagement events. These events include:

SCPHN Webinar  
SCPHN Occupational Health Nursing Webinar  
SCPHN Roundtable with Occupational Health Nurses  
SCPHN Prescribing Meeting  
SCPHN Core Follow up Roundtable

163. In total 43 themes were identified during these webinars, roundtable events and other engagement events as being themes pertinent to Occupational Health Nursing. Some of the themes are mentioned during several different events whereas other themes are more specific to a particular group of webinar or roundtable attendees based on their specialist knowledge and experience. In some instances, themes are discussed at great length whereas other themes are less frequently mentioned or contain little detail. The 43 themes discussed in relation to the Occupational Health Nurse practitioner are as follows:

Alternative training routes (7)  
Autonomous practice (1)  
Biopsychosocial model (3)  
Business and commercial acumen (21)  
Clarity of roles (2)  
Collaborative Working (2)  
Commissioners (1)  
Communication (1)  
Coronavirus (8)  
Disabilities (3)  
Education (3)

Employer buy-in (1)  
Employer understanding role (11)  
Employment (8)  
Enabling patients (1)  
Experience (1)  
Fit notes (3)  
Funding (3)  
Health and safety (3)  
Holistic care (1)  
Immunisations (1)  
Influencing skills (8)  
Interdisciplinary working (1)  
Lack of work-related experience (8)  
Leadership (5)  
Legal frameworks and legislation (7)  
Long term conditions (2)  
Mental health (10)  
Mentorship (2)  
Multidisciplinary working (4)  
Occupational hygiene (2)  
Placements (1)  
Prescribing (15)  
Prevention (4)  
Private providers (2)  
Public health (14)  
Research  
Risk assessments (2)  
Safeguarding (4)  
Single-handed practitioners (1)  
Surveillance (1)  
Training courses and practice teachers (14)  
Work environment (3)

164. The following analysis provides a summary account of the most pertinent, unique themes to this area of practice and those themes that attracted a great deal of discussion. The thematic analysis is structured to show what themes were said by who – a practitioner, educator or stakeholder. Where it is known, the country is specified to determine similarities and differences of Occupational Health Nursing practice across the four nations.

### **5.3.1 Practitioners and stakeholders on Occupational Health Nursing**

### **Business and commercial acumen**

165. Improving business and commercial acumen was a popular discussion point for practitioners in England and Scotland who would like to see this integrated into the standards. Occupational Health Nurses need to understand how businesses are run, create business cases for service development through co-production and have the skills to work with multiple stakeholders. The ability to influence management whilst instilling a public health focus into the workplace and supporting employees is also important. Understanding business and commercial acumen is critical for Occupational Health Nurses according to those based in England, as many roles are outside of the NHS and in the private sector.

166. *Occupational Health Nurses need to be able to understand the risk profile of businesses and base their practice on legal must, should and could.*

**Webinar participant, Scotland**

167. *I completely agree that business acumen is essential as many Occupational Health roles are outside of the NHS. Contract management, project management and presentation skills are all a major part of my role and suggest these are integral to training / development.*

**Practitioner, England**

### **Influencing skills**

168. Influencing managers, employees and decisions is considered an important skill to this area of practice. Influencing skills links to commercial acumen and how the practitioner communicates, and builds relationships, with managers and HR leaders. One practitioner in England noted that single-handed practitioners require advanced influencing skills as they are usually visiting SMEs running on minimal budgets and are sometimes influencing companies to meet the minimum occupational health and safety standards. This differs to Occupational Health Nurses who work in larger companies.

169. *Younger people aren't staying in one organisation for their whole career, they are moving around. So much has changed, and I think you need to have influencing skills to embrace and facilitate change.*

**Occupational Health Manager, Northern Ireland**

170. *Influencing employers to see the value of having competent and appropriately trained nurses is important. My concern is that employers can hire people cheaply and that doesn't mean they're giving the best service so we have to influence the employer, because if we never raise the bar then we'll never raise the importance of why you need Occupational Health Nurses in businesses.*

**Head of Occupational Health and Wellbeing, England**

### **Lack of work-related experience**

171. Participants commented on the lack of work-related or practical experience for students which becomes evident once the student finds employment. Gaining more practice-based experience during

the course would benefit those who are qualifying as specialist practitioners and this should be accounted for when developing the programme standards.

### **Legal frameworks and legislation**

172. Practitioners and some educators based in England stated that knowledge and understanding of relevant legal frameworks and legislation is paramount to advanced practice in this profession and thus needs to be reflected in the standards. According to these practitioners the Occupational Health speciality is broader than the other two SCPHN areas of practice standards as they cover a wide spectrum of legislation. Knowledge of Employment Law, Infection Protection and Control (IPC), Health and Safety Executive Law, Occupational Health Law and the Equality Act 2010 were cited as areas of legislation Occupational Health Nurses will require in their role. One practitioner from England added that knowledge of the Mental Capacity Act is also very important.

*173. The Occupational Health role has a lot of integration with the management, therefore, besides the basic qualifications in Occupational Health Nursing, one must know about risk assessment, HSE Law, Occupational Health Law and Employment Law, [and] EQA 2010 (Disability) to practise effectively.*

**Practitioner**

### **Mental health**

174. Mental health is currently a large part of the Occupational Health Nurse's workload according to practitioners and stakeholders in England and Northern Ireland, and they do not see this changing in the future. Coronavirus is cited as a major contributing factor to negatively impacting employee's mental health moving forward, as well as other stressors such as work or home related issues. Practitioners in England said they are trying to educate their employer's understanding of mental health which should be viewed equally to physical health.

*175. More mental health training will be required – it is the majority of our workloads.*

**Practitioner, Northern Ireland**

### **Accessibility of training courses and practice teachers**

176. Accessibility of courses and practice teachers and the lack thereof received 11 comments from all four nations. The comments reiterated concerns relating to a lack of skilled practice teachers in Occupational Health and practice placements (particularly in private sector organisations), a lack of access to SCPHN Occupational Health Nursing courses (especially in Northern Ireland), and a lack of training for nurses who may be interested in pursuing a career in this area of practice. The latter correlates to the declining number of SCPHN qualified Occupational Health Nurses according to one attendee. Participants claim more needs to be done to support this profession when undertaking the course to ensure that access to practice teachers and placements is improved.

*177. I'm worried about the lack of practice teachers and training nurses for [the] future.*

**Webinar participant, Scotland**

178. *Is there intent to change the SCPHN qualification? I am from Northern Ireland; there is no Occupational Health course offered here.*

**Webinar participant, Northern Ireland**

**Understanding the role**

179. Practitioners and stakeholders in England and Northern Ireland state that many employers, GPs and other nursing professionals do not entirely understand the role of the Occupational Health Nurse. Some practitioners in England claim it is down to the Occupational Health Nurse to educate their employers and business leaders and explain how they benefit the workforce. There is a general awareness and understanding of this role within the NHS, but employers usually do not know the Code or the remit of the specialist Occupational Health Nurse. Thereby those working in this profession will need to be prepared to succinctly educate non-practitioners about their role and the advanced level of practice they deliver.

180. *It is difficult for managers to know what the standards are that you are working to, but this is about educating and demonstrating the standards to them to show what they should be expecting.*

**Occupational Health Nurse, England**

**Work environment**

181. A unique aspect of the Occupational Health Nurse is that they focus significantly on how the work environment impacts physical and mental health and the behaviours of workers. The Coronavirus crisis has impacted how people work and many workers across the UK may have to permanently adapt to working from home or different settings. Occupational Health Nurses therefore will need to be equipped with how to deal with the challenges this presents in order to support workers physical and mental health outside the conventional work environment.

182. *The flexible work environment may well become an important factor of working life. We will need to consider the impacts of this [working from home] and how we can promote and protect health in that environment, which is likely to be quite unique.*

**Occupational Health Nurse, England**

**5.3.2 Educators on Occupational Health Nursing**

**Fit notes**

183. The topic of fit notes was mentioned a number of times with practitioners and educators in England stating that writing fit notes would enhance the role of the Occupational Health Nurse. This ability will also help people stay in work or get back to work. Occupational Health Nurses understand the



working environment and can deliver the care to effectively manage people back to their workplaces safely.

184. *I think the way to sell ourselves is taking on the skills employers truly need ... [fit notes] is a fantastic opportunity because Occupational Health Nurses know exactly what organisations can do to support that individual back to work – not the GP because they don't know what we know working in Occupation Health. I'd like to see this brought in.*

**Nurse Tutor, England**

### **Health and safety**

185. Educators in England and Northern Ireland suggested the NEBOSH certificate, or a certificate similar, be incorporated into the Occupational Health Nursing course. Conversely other academics and educators in England were against this approach claiming the course needed to supply the student with in-depth knowledge and principles pertaining to health and safety management.

186. *Being able to speak about health and safety appropriately and to speak the language of others in the team, including health and safety practitioners, is important.*

**Professor, England**

### **Single-handed practitioners**

187. An educator in England felt that more consideration was needed for single-handed practitioners. These practitioners are engaging with poorer communities and lower paid employees working in SMEs rather than larger companies with bigger budgets. Single-handed practitioners are working autonomously and not within a team therefore their goals may vary when compared to other Occupational Health Nurses who are employed by larger organisations. The wording of the standards will need to reflect the work of single-handed practitioners to ensure the requirements of their role are catered for.

## **5.4 SCPHN- School Nursing (SN)**

188. The following themes have been identified as specifically relevant to the SCPHN School Nurse (SN) practitioner as discussed by attendees to the webinars, roundtable events and other engagement events. These events include:

SCPHN Webinar  
SCPHN School Nursing Webinar  
SCPHN Roundtable with School Nurses  
SCPHN Prescribing Meeting  
SCPHN Core Follow up Roundtable

189. In total 35 themes were identified during these webinars, roundtable events and other engagement events as being themes pertinent to School Nursing. Some of the themes are mentioned during several different discussions whereas other themes are more specific to a particular group of webinar or roundtable attendees based on their specialist knowledge and experience. In some instances, themes are discussed at great length whereas other themes are less frequently mentioned or contain little detail. The 35 themes discussed in relation to the School Nurse practitioner are as follows:

Adolescence (8)  
Advanced communication skills (2)  
Adverse Childhood Experiences (ACE) (4)  
Age profiles (16)  
Biopsychosocial model (2)  
Clarity of roles (3)  
Commissioners (4)  
Community (5)  
Confidentiality (2)  
Consistency (23)  
Contraception and sexual health (10)  
Co-production (7)  
Education (1)  
Emotional health and wellbeing (4)  
Empowering (6)  
Family (3)  
Gender orientation support (1)  
Hard to reach individuals (4)  
Immunisations (6)  
Interdisciplinary working (1)  
Leadership (6)  
Life course (3)  
Mental health (1)  
Motivational Interviewing (1)  
Prescribing (31)  
Professional curiosity (1)  
Safeguarding (11)  
School Nursing (9)  
SEND (6)  
Sexual health (2)  
Social media and digital technology (5)  
Transition services (1)  
Visibility (13)  
Young carers (1)  
Youth violence (1)

190. The following analysis provides a summary account of the most pertinent, unique themes to this area of practice and those themes that attracted a great deal of discussion. The thematic analysis is

structured to show what themes were said by who – a practitioner, educator or stakeholder. Where it is known, the country is specified to determine similarities and differences of School Nursing practice across the four nations.

#### **5.4.1 Practitioners and stakeholders on School Nursing**

##### **Adverse Childhood Experiences (ACEs)**

191. There are sometimes misconceived ideas of the School Nurse being a ‘nit nurse’ and there to administer paracetamol when required however School Nurses are increasingly supporting children and young people who have been affected by Adverse Childhood Experiences (ACEs). A School Nurse in Scotland states that the majority of their role focusses on dealing with children and young people with ACEs and others agreed that knowledge of ACEs needed greater prominence within the School Nurse standards as it is different to safeguarding.

##### **Age profiles**

192. Determining the age profiles of the children and young people who come under the remit of the School Nurse varies across the four nations. Other factors are considered such as children and young people with special educational needs and those who have been in the care system. Age profiles also seemed to vary locally across the nations.

Practitioners from England state that they work with children from five to 19 years old, unless someone has a learning disability then they can be seen by a School Nurse up to the age of 24 or 25 years (depending on locality). Children who start school at four years old also come under the care of the School Nurse. Some practitioners in England say that they do not see a role for the School Nurse for those over the age of 19, particularly considering the small number of School Nurses on the register. Others are developing 0-19 services in their local areas.

193. *In Suffolk, [the] Local Authority [is] very much working on the up to 25-year olds for those with Special Educational Needs (SEND), but at the moment public health commissioning [is] up to 19 year olds.*

##### **School Nurse webinar participant, England**

194. Participants from Northern Ireland and Scotland claims work with children from 0-24 or 25 years taking into consideration those with learning disabilities or those who have been in care. In Northern Ireland they also take into account young adults living at home with parents due to external pressures and the cost of living. Children with learning disabilities in Scotland can remain in education up to the age of 19 years old. A School Nurse from Wales claims that the target age group of children and young people needs to be clarified and School Nurses should align their service to that target age group.

195. *Age 0-24 - the impact of what has happened with children from conception has such an impact on their life course.*

##### **School Nurse, Northern Ireland**

196. *[The age profile should be] 5-19 years old. I feel if it's up to 25, then that is not [for a] School Nurse.*

**School Nurse, Scotland**

### **Consistency**

197. School Nurses from England, Scotland and Wales commented on the differing levels of consistency of the service depending on locality and what they are commissioned to undertake. According to a practitioner from Scotland this is because different job titles are being used and people expect different things from the School Nurse. Ensuring School Nurses are doing the same thing will be important when protecting children moving from one country to another as responsibilities and roles will be the same across the borders. Some School Nurses explained that their roles vary depending on their area with some nurses focussing on safeguarding whilst others focus on other matters.

198. *The vision for the School Nurse is everyone doing the same thing. Everything is so mixed up with different titles and expectations.*

**School Nurse, Scotland**

199. *It's difficult as it depends on what you are commissioned to provide. There are some things mentioned on the School Nurse word cloud that some of us are not commissioned to do.*

**School Nurse, England**

### **Community**

200. For the School Nurse, community means several things depending on the community one is situated in. School Nurses and educators in Scotland were mindful of children and young people living in rural and remote areas and the specific challenges this presents when providing a service for young people. A School Nurse based in England is focusing on the services needed in their local community, not the whole local authority, and have therefore established local community hubs.

201. *Working in partnership with the voluntary sector has to be the way forward especially in the more rural communities.*

**School Nurse, Scotland**

### **Contraception and sexual health**

202. School Nurses have differing opinions on whether they should be prescribing medication to children and young people, however prescribing contraception was viewed as essential to some practitioners. Prescribing contraception is important because they are providing young people with the sexual health services they need without needing to refer to a GP. School Nurses in England explained that Patient Group Directions (PGDs) will enable emergency contraception to be given to young people, with one School Nurse stating that contraception is the most frequently requested service from young people in their area.

203. School Nurses in Scotland and Wales however are mindful of the rural populations they serve and the difficulty these locations pose to young people who need emergency contraception. Being able to prescribe contraception in these instances would benefit the young person greatly for they won't have to travel a sexual health clinic or GP surgery in another area. Apart from prescribing contraception, School Nurses are however unsure what else they would need to prescribe for young people.

204. *I'm a prescriber because I did it on my SCPHN course and I've never used it. However, with sexual health, particularly for rural areas like ours where young people aren't able to access the morning after pill, we are now looking to prescribe this.*

**School Nurse and Community Practice Teacher, Wales**

### **Mental health, emotional health and wellbeing**

205. Wellbeing is simultaneously linked to both mental health and emotional health and School Nurses believe this topic will be significantly more important to the profession in the future as it is becoming a more frequent issue in their day to day practice. School Nurses in England are already incorporating wellbeing into their service.

206. *We've introduced a year six wellbeing session to look at "universal" delivery of emotional literacy, wellbeing and building some understanding and resilience [there].*

**SCPHN School Nurse, England**

207. School Nurses need to be equipped with the tools to recognise when a child or young person is encountering issues that are causing emotional or mental distress and be able to offer support. A School Nurse in England however feels that their practice is being overwhelmed by mental health issues and they feel that this role should focus on a child's physical health only.

### **Social media and digital technology**

208. Offering advice digitally or seeing children and young people via digital technology should be developed for the role of the School Nurse, according to some practitioners in England. Young people are expert navigators of social media thus School Nurses may need to broaden their approach in order to interact and respond with families in an effective way.

209. *With regards to technology and social media, maybe consider virtual clinics to speak to hard to reach cohorts of young people.*

**School Nurse webinar participant, England**

## **5.4.2 Educators on School Nursing**

### **Adolescence**

210. School Nurses regularly support adolescents who are going through what can be a confusing and difficult stage in their development to adulthood. Educators emphasise that School Nurses need to

communicate effectively with adolescents and become a trusted source of information. It is important that a School Nurse is an advocate of how to use the health service in an adolescent's later life and they should help prepare and empower them for adulthood. Knowledge of teenage brain development, early attachment, and ACEs were cited as important areas School Nurses should have knowledge of as well as national themes and evidence pertinent to their local population.

211. *There is little mention [so far] of adolescence as a distinct stage of the life span development. Some of the feedback from young people has specifically identified that they want people with the right skills and the right communication skills to be able to liaise with them. This is very important.*

**Senior Lecturer, England**

### **Empowerment**

212. Educators and practitioners alike across England and Scotland stated it is part of the School Nurse role to empower children, young people and their families. Promoting healthy relationships and working with young people to prepare them for adulthood is important to this role.

### **Immunisations**

213. Immunisations was a pertinent subject given the recent Coronavirus pandemic and what this holds for the future School Nurse role. A School Nurse in Scotland stated that all immunisations are delivered by a special immunisations team and therefore School Nurses do not take part in the programme. An educator in England however highlighted that immunisations are part of the public health role and School Nurses may need to be prepared for this especially considering new viral infections.

214. *I recognise delivering immunisations as important to the public health role and it raises the profile of the School Nurse. It also gives us greater access to young people but given the number of School Nurses and school aged children, School Nurses could spend a whole year doing vaccines just in England.*

**Senior Lecturer and Pathway Lead for SCPHN School Nursing, England**

## **6. Specialist Practice Qualification (SPQ)**

### **6.1 SPQ General themes and discussions**

215. The following themes have been identified as specifically relevant to the Specialist Practice Qualification (SPQ) as discussed by attendees to the webinars, roundtable events and other engagement events. These events include:

SPQ Webinar

SPQ Follow up Roundtable: Frontline Practitioners  
Additional SPQ Roundtable Discussion  
Additional SPQ Roundtable Discussion Session (with QNI and BME nurses)  
SPQ IDG 2  
SPQ IDG 3

216. In total 36 themes were identified during these webinars, roundtable events and other engagement events as being themes pertinent to SPQ practice. Some of the themes are mentioned during several different events whereas other themes are more specific to a particular group of webinar or roundtable attendees based on their specialist knowledge and experience. In some instances, themes are discussed at great length whereas other themes are less frequently mentioned or contain little detail. The 36 themes discussed in relation to SPQ are as follows:

Advanced communication skills (3)  
Advanced practice (3)  
Advocacy (1)  
Apprenticeships (5)  
Autonomous practice (2)  
Broad vs specific standards (15)  
Community (4)  
Community matrons (5)  
Community nursing (12)  
Complexity (3)  
Coronavirus (3)  
Employer buy-in (1)  
Frailty (8)  
Holistic assessment (3)  
Influencing skills (2)  
Language / terminology (4)  
Leadership (6)  
Motivational Interviewing (2)  
Organisations' understanding of SPQ (3)  
Other qualifications (1)  
Patients with learning disabilities (2)  
Political awareness and navigating the system (1)  
Positive Behaviour Support (PBS) (1)  
Prescribing (35)  
Public health (7)  
Public protection (1)  
Qualifications (3)  
Regulation (8)  
Research (1)  
Safeguarding (2)  
Self-care (2)  
Self-management and self-care (4)

Specialist Learning Disabilities nurses (3)  
SPQ courses (9)  
Technology (6)  
Training – Core competencies vs specialist learning (16)

217. The following analysis provides a summary account of the most pertinent, unique themes to this area of practice and those themes that attracted a great deal of discussion. The thematic analysis is structured to show what themes were said by who – a practitioner, educator or stakeholder. Where it is known, the country is specified to determine similarities and differences of SPQ practice across the four countries.

### 6.1.1 Practitioners and stakeholders on SPQ

#### Broad vs specific standards

218. There were differing views by participants in England on whether the NMC should develop fairly broad or specific standards for the five community nursing SPQs. A Community Children's Nurse saw the benefit of having broad standards as some of the specialisms overlap. Other were more cautious as the training and expectations are very different even though there are areas that cover more than one specialism.

219. *There are definitely pathways where we should be working together but I want to give a word of caution as the expectations of each role are so different.*

**Deputy Director for Hospitals, Mental Health and Learning Disabilities, England**

#### Frailty

220. Frailty is a condition that should be recognised by all SPQ nurses as frailty does not just affect older members of the population. SPQ nurses should look beyond the stereotypical association that older people are or will become frail and recognise that young people too can become frail due to a complex physical or mental illness. Frailty is not limited by age yet the term itself is not commonly used within community children's nursing currently therefore the standards should highlight the skills required to recognise this condition in all areas of SPQ practice and across the life course.

221. *Frailty is separate [from dementia] as this can affect all ages, children with complex needs, people with eating disorders, people with learning disabilities and mental health as well as the older population, and the list goes on.*

**Deputy Director for Hospitals, Mental Health and Learning Disabilities, England**

#### Self-care and self-management

222. Although the topic of self-care isn't relatively new it is still very welcomed by practitioners, educators and stakeholders. Self-care and self-management links to the public health agenda. Where patients are neglecting their health and wellbeing SPQ nurses require the skills to encourage, educate and support patients to incorporate self-care and self-management strategies into their lives. One



District Nurse practitioner highlighted that public health will vary across the four nations and within countries and SPQ nurses require the skills to recognise this agenda and implement change to improve health outcomes. Interestingly, a participant stated that the Coronavirus pandemic demonstrated that people could practice self-care and self-management when needed.

223. *One key focus of the new programme needs to be enabling and promoting self-management and self-care. One thing we have learned during lockdown is that patients are willing to self-care when they can, and we must not lose this.*

**SPQ Practitioner**

### **Technology**

224. The Coronavirus pandemic and subsequent lockdown across the UK necessitated a swift move to utilising technology to keep in contact with patients and conduct digital consultations. Practitioners believe that using technology will be a future requirement of the SPQ nurse and should be acknowledged in the standards. There were concerns from those working within mental health and learning disabilities services who emphasised the importance of regular face to face consultations as these provide opportunities to recognise if an individual is displaying behaviours that cannot be picked up through technology, for example, if someone smells of alcohol. Social media was a useful platform to contact individuals with learning disabilities when practitioners were unable to visit them during lockdown.

225. *In our area we have a digital health team within care homes who have done assessments through Skype and it's worked really well and prevented hospital admissions so it's whether we can build on something like that to benefit patients.*

**District Nurse Practice Educator, England**

## **6.1.2 Educators on SPQ**

### **Broad vs specific standards**

226. An educator from England was in favour of keeping the standards fairly broad in order to make the programme student specific. Another educator from England however highlighted that if SPQ nurses have the V300 prescribing qualification then they will need an advanced level of expertise when prescribing in a certain area of specialism.

227. *If the standards are broader, we can get students to do it specifically for their area needs.*

**Course Co-ordinator, England**

228. Other educators based in England and Northern Ireland emphasised the different specialisms of SPQ practice claiming, "there cannot be a one size fits all approach". It was suggested that a set of core common standards for community SPQ could be developed. This would mean students will have a

shared curriculum, and then a specific set of standards for each SPQ area of practice resulting in a specific curriculum for that area supported in turn by specific skills.

229. *There are common modules across SPQ pathways but what a District Nursing student may require (at a clinical level) differs from that of another SPQ student on a different programme.*

**Lecturer, Northern Ireland**

## **6.2 SPQ - Community Children's Nursing (CCN)**

230. The following themes have been identified as specifically relevant to the SPQ Community Children's Nursing (CCN) practitioner as discussed by attendees to the webinars, roundtable events and other engagement events. These events include:

SPQ Webinar Community Children's Nursing  
SPQ 5X Specialism Discussion: Community Children's Nursing  
Additional SPQ Roundtable Discussion Session (with QNI and BME nurses)

231. In total 26 themes were identified during these webinars, roundtable events and other engagement events as being themes pertinent to Community Children's Nursing. Some of the themes are mentioned during several different events whereas other themes are more specific to a particular group of webinar attendees based on their specialist knowledge and experience. In some instances, themes are discussed at great length whereas other themes are less frequently mentioned and contain little detail. The 26 themes discussed in relation to the SPQ Community Children's Nurse practitioner are as follows:

Acute and short-term conditions (2)  
Advanced Communication skills (4)  
Advocacy / empowering (1)  
Assent vs consent (1)  
Assessments (1)  
Biopsychosocial model (1)  
Broad or specific standards (1)  
Collaborative working (8)  
Complex and life limiting conditions (1)  
Confidence (1)  
Diagnosis (1)  
Differential diagnosis (3)  
Educating others (5)  
Education (1)  
Impact (2)  
Leadership (1)  
Negotiating skills (1)  
Prescribing (2)  
Prevention (1)

Quality Improvement (QI) (2)  
Recognising a deteriorating child (3)  
Safeguarding (2)  
Special Educational Needs and Disabilities (SEND) (1)  
Technology (1)  
Transition services (2)  
Value (1)

232. The following analysis provides a summary account of the most pertinent, unique themes to this area of practice and those themes that attracted a lot of detailed discussion. The thematic analysis is structured to show what themes were said by who – a practitioner, educator or stakeholder. Where it is known, the country is specified to determine similarities and differences of Community Children’s Nursing practice across the four nations.

### **6.2.1 Practitioners and stakeholders on Community Children’s Nursing**

#### **Differential diagnosis**

233. Practitioners from England and Scotland stated differential diagnosis is a key and significant skill to Community Children’s Nursing. Differential diagnosis is only mentioned again briefly during a District Nursing discussion. In order to futureproof this profession, Community Children’s Nurses need the skills and knowledge to use differential diagnosis in order to assess what problems the child or young person is displaying and conduct physical examinations. They may also need to prescribe, if required, to keep the child or young person out of hospital. A Consultant Nurse in England believes that children’s nursing teams in universities should work alongside children’s nursing teams in the communities to establish those senior level skills.

234. *To futureproof Community Children’s Nursing, enable services and to ensure that we can facilitate early discharge and keep children at home, Community Children’s Nursing education needs to include independent prescribing and differential diagnosis.*

**Team Leader Community Children’s Nursing, Scotland**

#### **Educating others**

235. A diverse and important skill pertinent to this role is educating parents, carers and family members with the skills required to care for their child in the home. They will need to have the confidence to educate, supervise and enable family members to use clinical skills in order to care for children with acute or complex health needs as well as those needing end of life care. Practitioners from England, Scotland and Wales all agreed that this is a unique skill required of Community Children’s Nurses – utilising their advanced clinical skills and imparting the knowledge and skills to others to enable them to provide care for the child.

236. *Our roles as children’s nurses is to educate and enable rather than deliver all and that’s important.*

**Nurse Consultant in Child Health, Wales**

**Recognising a deteriorating child**

237. Three practitioners from Wales presented a unique and critical skill applicable to the Community Children's Nurse practitioner of the future – recognising a deteriorating child. This may be a subject area only taught at universities in Wales as this was not discussed by practitioners from England, Northern Ireland or Scotland, however it is an important area that deserves further enquiry as to whether this is incorporated into the standards. One practitioner feels there is a gap between the skills relating to physical assessments and recognising when a child is deteriorating, and this skillset should be brought together and strengthened in the standards.

238. *Recognition of the deteriorating child is an important development needed for the future particularly in relation to early discharge and hospital avoidance.*

**Senior Community Children's Nurse, Wales**

**Other comments**

239. Four general comments and questions arose during the SPQ Community Children's Nursing Webinar that did not exclusively fit into the other themes. One questioned the difference between this role and Health Visiting, another comment approved of the identified themes, a separate comment was about current students and the fourth comment related to a past project regarding the programmes.

240. *The decline in numbers of commissions is a real challenge, but we have managed to reverse this trend this year at our University. We have 10 students [who] commenced this week, with 5 scheduled to join in January. But this has demanded Herculean efforts to apply 'pressure' in the system both with HEE (EoE) and with CCN Teams/Provider Services.*

**Consultant Nurse, England**

241. *Back in the days of Project 2000 there was an idea that at pre-registration level, rather than the then common foundation programme and 4 different branches of nursing, children's nurses could train as a common foundation with others working with children, e.g. teachers, those in early years, etc. and then the branches would be children's nursing, teaching etc. So rather than SPQ as 'we know it', should something similar be considered? That is the common foundation programme, but the specialist for children working with others who work with children, social workers.*

**Associate Lecturer, England**

242. *We are already struggling with only four HEIs currently running the CCN SPQ, what sense do you have of these changes bringing more 'traction' to encourage more HEIs to offer programmes which include specific standards that would be relevant for CCNs?*

**Consultant Nurse, England**

## 6.3 SPQ - District Nursing

243. The following themes have been identified as specifically relevant to the SPQ District Nurse (DN) practitioner as discussed by attendees to the webinars, roundtable events and other engagement events. These events include:

SPQ Webinar  
SPQ Webinar District Nursing  
SPQ 5X Specialism Discussion: District Nursing  
SPQ Follow up Roundtable: Frontline Practitioners  
Additional SPQ Roundtable Discussion Session (with QNI and BME nurses)

244. In total 43 themes were identified during these webinars, roundtable events and other engagement events as being themes pertinent to District Nursing. Some of the themes are mentioned during several different events whereas other themes are more specific to a particular group of webinar or roundtable attendees based on their specialist knowledge and experience. In some instances, themes are discussed at great length whereas other themes are less frequently mentioned or contain little detail. The 43 themes discussed in relation to the SPQ District Nurse practitioner are as follows:

Advanced communication skills (6)  
Advanced practice (1)  
Age profiles (7)  
Apprenticeships (3)  
Assessing for others (1)  
Assessments (2)  
Autonomous practice (2)  
Care planning (1)  
Community (2)  
Complex care (6)  
Confidence (2)  
Coronavirus (2)  
Decision making (2)  
Diagnosis (1)  
Differential diagnosis (1)  
Digital competency (1)  
Educating others (5)  
Education (8)  
Empowering (1)  
End of life care (4)  
Environment (8)  
Evidence based practice (1)  
Frailty (2)  
Future focussed (1)  
Influencing skills (1)  
Inherited disorders (1)

Integrated system / working (1)  
Leadership (15)  
Lone working (1)  
Lynchpin (4)  
Managing caseloads (10)  
Managing teams (10)  
Negotiation skills (2)  
Physical examinations (1)  
Prescribing (9)  
Public health (6)  
Regulation (1)  
Relationship management (2)  
Research (1)  
Risk (11)  
Safeguarding (4)  
Self-management and self-care (3)  
Systems thinking (1)

245. The following analysis provides a summary account of the most pertinent, unique themes to this area of practice and those themes that attracted a great deal of discussion. The thematic analysis is structured to show what themes were said by who – a practitioner, educator or stakeholder. Where it is known, the country is specified to determine similarities and differences of District Nursing practice across the four nations.

### **6.3.1 Practitioners and stakeholders on District Nursing**

#### **Age profiles**

246. In some areas of England District Nurses do not work with patients under the age of 18 years, this is because some areas have a local Community Children’s Nursing service. However, a practitioner from Scotland may treat patients from five to 100 years of age. A practitioner from Northern Ireland claims that the age profile varies depending on the local area District Nurses serve. Although there does not appear to be a particular age profile for this role one practitioner in England would like to see a specific age range limit introduced for this service and for it to be consistent across the board.

247. *It varies from place to place so it is difficult to pin down an age for District Nursing as from my experience we work with all age groups.*

**Practice Education Co-ordinator, Northern Ireland**

#### **Environment**

248. Both practitioners and educators in England highlighted that District Nurses work in complex and changing environments. During their education student practitioners should be made aware of the challenges this poses and the challenges that arise when treating a patient in the home. It was also

noted that during advanced clinical physical assessments District Nurses assess the impact of the patient's environment as well as other social and psychological factors. Hence, the theme of environment alludes to assessing the environment that the patient lives in and being aware of the challenges that occur when delivering care in different environments which often offers a different level of complexity to the service. Many District Nurses work alone which can add to the level of complexity.

249. *Making sure the wider influences that may impact care are acknowledged throughout training, how this is being delivered and being in the home environment which is different to how District Nurses deliver other elements of care.*

#### **Clinical Service Development Lead – District Nursing, England**

##### **Managing caseloads**

250. Managing complex, dynamic and changing caseloads was cited during three different online events as an advanced skill required of a District Nurse, more so than any other SPQ nursing role. Practitioners, mainly from England and Scotland, commented on the large volume of caseloads with a high level of risk that District Nurses need to manage, whilst also managing changing priorities and having the underpinning knowledge of the patient's needs. However, a Lead Practitioner in England stated that senior District Nurses in their area do not have the underpinning theories or standards required relating to caseload management, indicating that this knowledge varies across the UK and should be integrated into the standards to ensure quality and consistency.

251. *The balance of care has definitely shifted to community in our area, but community doesn't have a maximum capacity like a ward and managing these increased caseloads are a challenge to the leadership and management of the teams by the SPQ District Nurses.*

#### **Lead Nurse Community Nursing, Scotland**

##### **Managing teams**

252. Managing teams across multiple locations is a specific skill pertinent to the District Nurse, more so than other SPQ roles. It was requested that the standards clearly define the challenges that come with managing large teams of people with different qualifications and skill sets and the risks that come with that.

253. *Today you might have one [District Nurse] managing 10 or 20 newly qualified band four or five nurses. You're talking about managing a high level of risk and complexity with a highly skilled mixed team.*

#### **Senior Matron for Community Nursing, England**

##### **Risk**

254. Managing risk is a key skill required of District Nurses according by both practitioners and educators based in England and Scotland. Risk management links to other advanced skills such as relationship management with the patient, identifying risks and having the confidence to "stand back

and allow a higher level of risk". One practitioner in England noted that the theme of risk also includes risks relating to a lack of funding, agency and bank nurses and managing teams with a mixed skill set.

255. *Balancing risk is even more prevalent at present with Covid-19.*

**Lead Nurse Community Nursing, Scotland**

### 6.3.2 Educators on District Nursing

#### Complex care

256. Managing complex care is a specific skill concerning District Nurses. For one educator in Scotland this means making important objective referrals and clinical decisions for highly complex patients. This is reiterated by an educator in England. They explain that complex care in relation is also about delegating complex care for others to lone work safely whilst delivering care, assessing the impact of the environment, social and psychological factors and conducting advanced clinical physical assessments.

257. *For District Nursing complexity is about different homes and managing and responding to different environments.*

**Senior Lecturer, England**

#### Educating others

258. Educating others is an extremely important skill for District Nurses. District Nurses require confidence and the advanced skills to educate and enable service users, carers, students and other nursing staff within their team to perform complex health care interventions.

#### District Nurse title

259. Educators in England and Scotland feel strongly about retaining the District Nurse title as a registered qualification as it is an area of practice that brings with it a level of public trust and reflects a higher level of expertise.

260. *District Nursing must be retained. It can share overall standards with SCPHN with individual platforms for the different fields.*

**Senior Lecturer Adult Nursing, England**

#### Other comments

261. It is important to note that 51 more general comments and questions arose during these online webinars and roundtables that did not exclusively fit into the other themes.



262. Eight comments concern the SPQ District Nurse course, six comments point out District Nursing is different to other practitioners and list their District Nursing responsibilities and three comments question whether it was a suitable time to review the standards during a pandemic.

263. Three participants question changing the community nursing SPQ programme, with two others querying how the advanced SPQ programme would differ to other advanced practice roles. Two questions were regarding the District Nursing apprenticeships. The rest of the comments and questions were only mentioned once or twice and concerned workplace support, raising awareness of the SPQ District Nurse qualification and pay levels. Examples of these comments and questions are included below.

264. *The number of District Nursing students at our university has risen incrementally over the last six years.*

**Pathway Leader for Specialist Nursing, Northern Ireland**

265. *As other advanced practitioners and specialists retain their titles why can't we retain the District Nurse title to evidence our specialism?*

**District Nurse**

266. *I did my District Nurse qualification 15 years ago and it is as relevant today as it is was then if not more. I manage District Nurses on a daily basis and see differences between those with and without the qualification.*

**Integrated Network Team Manager, England**

267. *Nurses should not be able to call themselves a District Nurse without the SPQ.*

**Director of Nursing Programmes, England**

268. *Moving community nursing into a recognised advanced practice would be a welcome move forward. A large percentage of District Nurses in my area work at an advanced autonomous level (and have done for some time) using V300, clinical assessment and advanced pathophysiology skills on a daily basis without recognition for this at an 'advanced' level.*

**District Nurse, Scotland**

269. *Have the District Nursing apprenticeship standards been considered within this review?*

**Senior Lecturer, England**

270. *I understand about improving and updating the standards and agree but why does the SPQ have to be changed? I don't really think this has been answered. Is the idea to make the SPQ an Advanced Practice qualification?*

**District Nurse Team Manager, England**

271. *I agree with themes, but wonder have resources been considered when setting these proficiencies? And how will the people already qualified as District Nurses achieve these?*

**Nurse Consultant, England**

272. *Generic standards take individuality away. The title District nurse may not be legislated, it is a title that has been around for many years. Removing this and generally calling it community nursing takes the whole shine off the role.*

**Practitioner**

## **6.4 SPQ - General Practice Nursing (GPN)**

273. The following themes have been identified as specifically relevant to the SPQ General Practice Nurse (GPN) practitioner as discussed by attendees to the webinars, roundtable events and other engagement events. These events include:

SPQ Webinar

SPQ Webinar General Practice Nursing

SPQ 5X Specialism Discussion: General Practice Nursing

SPQ Follow up Roundtable: Frontline Practitioners

Additional SPQ Roundtable Discussion Session (with QNI and BME nurses)

274. In total 32 themes were identified during these webinars, roundtable events and other engagement events as being themes pertinent to General Practice Nursing. Some of the themes are mentioned during several different discussions whereas other themes are more specific to a particular group of webinar or roundtable attendees based on their specialist knowledge and experience. In some instances, themes are discussed at great length whereas other themes are less frequently mentioned or contain little detail. The 32 themes discussed in relation to the SPQ General Practice Nurse practitioner are as follows:

Accountability (1)

Adaptability (4)

Advanced communication skills (3)

Advanced courses (1)

Advanced physical assessments (1)

Apprenticeships (1)

Autonomous practice (7)

Community (3)

Confidence (2)

Consistency (3)

Cultural competence (2)

Employment (5)

Flexibility (1)

Frameworks (1)  
Identifying vulnerability and inequality (2)  
Imaging (1)  
Influencing policy / influencing change (10)  
Influencing skills (4)  
Leadership (2)  
Life course (3)  
Networking (1)  
Overlap of roles (3)  
Person-centred (3)  
Placement (1)  
Prescribing (2)  
Public health (6)  
Qualifications (3)  
Relationships (2)  
Resource (3)  
Shared learning (1)  
Standards (1)  
Technology (1)

275. The following analysis provides a summary account of the most pertinent, unique themes to this area of practice and those themes that attracted a great deal of discussion. The thematic analysis is structured to show what themes were said by who – a practitioner, educator or stakeholder. Where it is known, the country is specified to determine similarities and differences of General Practice Nursing practice across the four nations.

#### **6.4.1 Practitioners and stakeholders on General Practice Nursing**

##### **Adaptability**

276. Being adaptable during consultations is referenced by two practitioners based in England and Northern Ireland and is only discussed in relation to the General Practice Nurse. Whilst other community nurses focus on health promotion and prevention, a General Practice Nurse needs to be skilled to adapt their approach to each consultation, especially when a patient presents them with an unexpected issue.

277. *You have to adapt very quickly to being the first person this patient is seeing, and they might have revealed something to you or ask you something unexpected. It can be complex. It's a different role that terrifies all of us when we first do it but it's the one you're most proud of.*

**Consultant, England**

##### **Autonomous practice**

278. Practitioners from England and Northern Ireland emphasised the autonomous role of the General Practice Nurse who can often feel “professionally isolated”. These nurses need to have the confidence to make decisions on their own during a consultation, advising immediate additional care if

required. It was felt that working autonomously in this particular area of practice differs from other community nurses for they should not leave the patient alone in the consultation room in order to seek advice from colleagues. General Practice Nurses therefore require the advanced clinical skills and confidence to make decisions on their own alone with the patient.

279. *It's quite an isolated role, one of the biggest difficulties is General Practice Nurses often feel professionally isolated. [General Practice Nurses] need confidence in this role.*

**Advanced Nurse Practitioner, Northern Ireland**

### **Consistency**

280. Practitioners and educators from England and Northern Ireland discussed that there is a lot of variation in the role of the General Practice Nurse with people, including GPs, not truly understanding the role or what they are able to do. The standards should make clear how this role is specialist, and the requirements nurses have to meet to be classed as a General Practice Nurse should be made clearer and standardised.

### **Employment**

281. It was felt that the terms and conditions of General Practice Nursing employment should be given some consideration according to practitioners and an educator based in England, Northern Ireland and Wales. The standards should acknowledge that General Practice Nurses are limited by their employment and this can often impact how they access continuous professional development.

282. *There is huge potential for the General Practice Nursing role, but the way they are used boils down to the vision of the employer and that's often constructed by financial objectives of the practice.*

**Advanced Nurse Practitioner, Northern Ireland**

## **6.4.2 Educators on General Practice Nursing**

### **Influencing skills**

283. Educators and some practitioners in England believe that influencing skills are a key element of community nursing, and General Practice Nurses require the skills to influence policy, influence resources and also influence and shape the provision of services.

### **Resource**

284. One educator from England emphasised the ability for General Practice Nurses to influence the use of resources and, as a specialist clinician, "act as a resource for other clinicians and stakeholders."

## 6.5 SPQ - Community Learning Disabilities Nursing (CLD)

285. The following themes have been identified as specifically relevant to the SPQ Community Learning Disabilities Nursing (CLD) practitioner as discussed by attendees to the webinars, roundtable events and other engagement events. These events include:

SPQ Webinar Community Learning Disabilities Nursing  
SPQ 5X Specialism Discussion: Community Learning Disabilities Nursing  
Additional SPQ Roundtable Discussion Session (with QNI and BME nurses)  
SCPHN/SPQ Post Registration Standards: Prescribing

286. In total 26 themes were identified during these webinars, roundtable events and other engagement events as being themes pertinent to Community Learning Disabilities Nursing. Some of the themes are mentioned during several different events whereas other themes are more specific to a particular group of webinar or roundtable attendees based on their specialist knowledge and experience. In some instances, themes are discussed at great length whereas other themes are less frequently mentioned or contain little detail. The 26 themes discussed in relation to the SPQ Community Learning Disabilities Nursing practitioner are as follows:

Adolescence (1)  
Advocacy (1)  
Assessments (14)  
Children (1)  
Community asset (1)  
Delegation (1)  
Educating others (1)  
Employer buy-in (1)  
Epilepsy (1)  
Evidence based practice (3)  
Four nations (1)  
Identifying vulnerability and inequalities (3)  
Inclusion (1)  
Leadership (5)  
Legal frameworks and legislation (11)  
Managing teams (3)  
Prescribing (1)  
Public health (2)  
Quality Improvement (QI) (1)  
Reasonable adjustments (1)  
Regulation (1)  
Remote working (1)  
Research (1)  
Systemic support (1)  
Therapeutic interventions (10)  
Transition services (2)

287. The following analysis provides a summary account of the most pertinent, unique themes to this area of practice and those themes that attracted a great deal of discussion. The thematic analysis is structured to show what themes were said by who – a practitioner, educator or stakeholder. It is worth noting however that during the discussion of this community nursing practitioner the majority of the attendees to the specific webinars cited above were practitioners. Where it is known, the country is specified to determine similarities and differences of Community Learning Disabilities Nursing practice across the four nations.

### **6.5.1 Practitioners and stakeholders on Community Learning Disabilities Nursing**

#### **Assessments**

288. Practitioners from England and Northern Ireland highlighted that Community Learning Disabilities Nurses require advanced assessment skills and to recognise that what some may consider ‘normal’ health looks different to individuals with learning disabilities. Physical health assessments training is to prevent diagnostic overshadowing and to ensure that patients with learning disabilities get the correct diagnosis. They also need to be able to conduct mental health assessments on patients with a learning disability. These advanced practitioners should be the advocates for the bespoke assessments that individuals with learning disabilities need.

*289. Advanced assessment is being able to think outside the box because we know that a lot of people with learning disabilities are outside of normal parameters. We also need to be advocating for checks and key important assessments that many people with learning disabilities are not getting right now, and because they're not getting them diagnoses are being missed.*

**Senior Learning Disabilities Nurse, England**

*290. I think given that we still have people with serious health needs going undiagnosed then our skills lie in both the mental and the physical.*

**Community Nurse and Learning Disabilities Team Manager, Northern Ireland**

#### **Evidence based practice**

291. Two practitioners in England emphasised that the standards should acknowledge evidence from reports, notably the LeDeR (Learning from deaths) report, and other policies and guidelines such as STOMP (Stop over medicating people with a learning disability, autism or both) to base practice on.

*292. In the LeDeR report there are five to six healthcare conditions that are key causes of death with people with disabilities. I think it would be worth exploring that as part of proficiencies ... this is a key area of Learning Disabilities Nursing.*

**Senior Learning Disabilities Nurse, England**

### Legal frameworks and legislation

293. Practitioners from England and Scotland highlighted that advanced practitioners working within this area of practice need to understand and be able to act on legal frameworks and legislation.

### Therapeutic interventions

294. Knowledge of and the ability to deliver therapeutic interventions as an alternative to prescribing is important according to practitioners and some educators from England, Northern Ireland and Scotland. Therapeutic interventions that Community Learning Disabilities Nurses require include trauma based therapies, Autistic Spectrum Disorder (ASD) and ADHD assessments in children, Cognitive Behavioural Therapy (CBT), Behavioural Family Therapy (BFT) and guided self-help approaches.

295. *I deliver CBT to people with learning disabilities after having studied my postgraduate certificate. It has been incredible!*

**Community Learning Disabilities Nurse, Scotland**

## 6.5.2 Educators on Community Learning Disabilities Nursing

### Legal frameworks and legislation

296. An educator in Scotland suggests that advanced practice requires practitioners to act on legal frameworks rather than having others sign legal paperwork. This requires having a legal responsibility in supporting the application of mental health legislation. It is also important that the different legal systems from across the four nations are covered in the standards.

297. *It is important to be responsible for our own practice, as such being able to action legal frameworks rather than having others sign off on this.*

**Lecturer, Scotland**

### Other comments

298. It is important to note that 17 other general comments and questions arose during these online webinar and roundtables that did not exclusively fit into the other themes.

299. Four comments questioned how the course could be taken, three vague comments related to Community Learning Disabilities Nursing skills, two questions concerned the qualification in relation to SCPHN and two comments concerned the Advanced Clinical Practitioner course. Examples of these comments are listed below.

300. *I wonder given the range of courses we need to have sitting alongside each other, whether this needs to become a public health qualification for learning disabilities rather than trying to cover all aspects of the myriad of learning disabilities nursing roles.*

**Consultant Nurse Approved Clinician, England**

301. *How do you ensure that pre-registration qualifications marry up with post-registration e.g. a Children's Nurse taking post-reg in specialist areas and vice versa for an adult trained working with children in the community?*

**Paediatrician, Scotland**

302. *Will prior learning be considered?*

**Professional Nurse Lead, Scotland**

303. *If community specialist qualification is at an advanced practice level what will this mean for staff who are not yet ready for that level of practice? In community learning disabilities services, we have a number of newly qualified/band 5 nurses who value the experience and are valuable members of the team.*

**Senior Community Learning Disabilities Nurse, England**

304. *When will this be available and what will the entry requirements be (I qualified before the degree came in)?*

**Learning Disabilities / Autism Spectrum Disorder Team Manager, England**

305. *The uptake of annual health checks and working with liaison nurses in hospitals.*

**Continuing Healthcare Nurse, England**

## **6.6 SPQ - Community Mental Health Nursing (CMH)**

306. The following themes have been identified as specifically relevant to the SPQ Community Mental Health Nursing (CMH) practitioner as discussed by attendees to the webinars, roundtable events and other engagement events. These events include:

SPQ Webinar Community Mental Health Nursing

SPQ 5X Specialism Discussion: Community Mental Health Nursing

307. In total 22 themes were identified during these webinars, roundtable events and other engagement events as being themes pertinent to Community Mental Health Nursing. Some of the themes are mentioned during several different events whereas other themes are more specific to a particular group of webinar or roundtable attendees based on their specialist knowledge and experience. In some instances, themes are discussed at great length whereas other themes are less frequently mentioned or contain little detail. The 22 themes discussed in relation to the SPQ Community Mental Health Nursing practitioner are as follows:



Addiction (1)  
Advanced communication skills (3)  
Challenging discrimination (1)  
Diagnostic overshadowing (1)  
Dual diagnosis (1)  
Frailty (1)  
Holistic care (1)  
Inclusive decision making (1)  
Language / terminology (7)  
Leadership (4)  
Legal frameworks and legislation (1)  
Managing diverse teams (3)  
Mental Health Act (1)  
Motivational interviewing (1)  
Organisational skills (1)  
Physical health (3)  
Prescribing (1)  
Professional boundaries (1)  
Public health (2)  
Regulation (2)  
Risk (2)  
Therapeutic interventions (20)

308. The following analysis provides a summary account of the most pertinent, unique themes to this area of practice and those themes that attracted a great deal of discussion. The thematic analysis is structured to show what themes were said by who – a practitioner, educator or stakeholder. It is worth noting however that during the discussion of this community nursing practitioner the majority of the attendees to the specific webinars cited above were practitioners. Where it is known, the country is specified to determine similarities and differences of Mental Health Nursing practice across the four nations.

### **6.6.1 Practitioners and stakeholders on Community Mental Health Nursing**

#### **Addiction**

309. Addiction is only mentioned during discussions concerning individuals with a mental health condition is described as a “far more advanced skill” and one that is disappearing. Understanding addiction as separate from physical health should be captured in the standards, according to the Head of Mental Health Nursing for NHS England. They go on to explain that diagnostic overshadowing of mental health is particularly high for individuals with addictions and addiction not only covers substance abuse but other areas such as gambling.

310. *Experience around addictions [...] is so different to physical health. I would like to see an element of that captured as well as just physical health.*

**Head of Mental Health Nursing, England**

### **Professional boundaries**

311. Maintaining professional boundaries is said to be relevant to practitioners working with individuals suffering with a mental health illness. Community Mental Health Nurses should be aware that the blurring of professional boundaries may occur when working with vulnerable individuals and as one stakeholder from England claimed, it is about being “a friendly professional rather than a professional friend”. Although relationships and attachments are formed within other areas of practice when working closely with a patient, it was said that this was particularly different within mental health services.

312. *Ethical dilemmas around those professional boundaries and maintained professional boundaries [...] are important especially when working with people who have particular vulnerabilities around attachments and relationships. It is very nuanced.*

**Head of Mental Health Nursing, England**

### **Risk**

313. Advanced risk assessments, positive risk assessments and public protection are key areas concerning Community Mental Health Nurses. These are important skills that are delivered to keep individuals who suffer with a mental health illness within their community safely and for as long as possible. One practitioner based in England also mentioned **Positive Behaviour Support (PBS)** as another important skill which needs to be conducted at an advanced level, especially for those practitioners working autonomously. This is because they are taking risks with patients with ASD and personality disorders. Another key element around mental health is public protection. Mental health practitioners will need to advocate for an individual with a mental health illness, and may be the only person doing so, taking into consideration the risk they pose to themselves and to others.

314. *When I have those conversations and interactions at a systems level, I’m the lone voice in a room advocating for someone who may not have any family, whilst also thinking about public protection and balancing public protection against the patient’s needs.*

**Head of Mental Health Nursing, England**

### **Therapeutic interventions**

315. The theme therapeutic interventions as opposed to prescribing generated 20 comments relating to Community Mental Health Nurses. The majority of practitioners in England and Scotland were in favour of therapeutic interventions, such as Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT), suicide prevention, Behavioural Activation and family therapy to name a few, being recognised as effective resources to supporting individuals. One practitioner from England claimed that

in their Children and Adolescent Mental Health Service (CAMHS) specialism, therapeutic interventions are often more relevant and effective, and although prescribing is important it is sometimes viewed as “the easiest thing” to do. Social prescribing was cited as an important skill for this area of practice; however, the standards need to acknowledge that there are other methods in which to treat patients with a mental health illness.

316. *There needs to be the opportunity for Specialist Mental Health Nurses to become Advanced Clinical Practitioners in other therapeutic interventions / therapies, not prescribing. This will bring balance to specialist practice.*

**CAMHS Clinical Nurse Specialist, England**

317. *As an independent prescriber working as a Community Mental Health Nurse, the number of prescriptions I write is minimal. The qualification is however invaluable in terms of deprescribing, resisting requests to prescribe and to formulate and confidently ‘prescribe’ non-pharmacological interventions.*

**Community Psychiatric Nurse Team Leader, Scotland**

## **6.6.2 Educators on Community Mental Health Nursing**

### **Language / terminology**

318. An educator in Wales did not feel that the term ‘diagnosis’ was relevant to mental health nursing as it is a very medically charged word. Instead, ‘formulation’ is a more suitable term to use in the mental health context. However, it was noted that the terminology and understanding of diagnosis and formulation varies across the UK and different areas. An educator in England highlighted that ‘working diagnosis’ as well as formulation is a term familiar to them. The standards should acknowledge the different interpretations and usage of language across the UK when setting the standards for Community Mental Health Nursing.

319. *The talk of ‘nursing diagnosis’ doesn’t resonate with me in the context of mental health. It feels alien. It’s not something that students or colleagues write or talk about.*

**Mental Health Nursing Professor, Wales**

### **Managing diverse teams**

320. It is important to note that the composition of mental health teams makes this service distinct to other services. Peer workers, social workers, psychologists and other professionals in mental health teams are probably more diverse than anywhere else in community nursing because they usually have a lived experience of mental health. Managing a diverse team with different experiences of mental health issues requires an advanced level of skill to communicate and manage those roles which needs to be acknowledged in the standards.

321. *The composition of those teams will be different. I think peer support workers, whose place in the mental health team is by dint of having a lived experience of mental health difficulties and abusing services themselves, that's maybe a little bit distinct.*

**Mental Health Nursing Professor, Wales**

### **Physical health**

322. Practitioners require advanced practice skills to assess a patient's overall health condition alongside their mental health, utilising advanced physical and mental health assessments. One educator in Scotland was concerned that the core SPQ standards would focus on physical care skills stating that the standards should reflect the need for evidence based mental health interventions to provide a meaningful and holistic service of care to the service user.

### **Other comments**

323. It is important to note that 15 other general comments and questions arose during these online webinar and roundtables that did not exclusively fit into the other themes. Four comments questioned how a single community SPQ would relate to other qualifications, two comments concerned the course logistics, two comments related to educational providers and strategies and all other comments were mentioned once.

324. One comment was against a single community SPQ, one questioned whether mental health specialisms would be identified in a single community SPQ, another participant questioned how this would differ to the current qualification and another comment concerned funding. Examples of these comments and questions are included below.

325. *How will the SPQ differ from Advanced Clinical Practice (ACP) programmes? As someone who has a role in determining our commissioning requirements for programmes, I would require more information on where the SPQ sits in terms of ACP programmes which do offer specialist pathways. Why would we choose SPQ over ACP?*

**Director of Nursing, England**

326. *Still not sure how they differ from the old qualifications.*

**Primary Care Mental Health Practitioner, England**

327. *How will the SPQ link with, or be different to, the Diploma in Integrated Community Nursing?*

**Lead Nurse Community Mental Health Nurse, Scotland**

328. *These roles are all very different and having one community qualification is not the way to go. Yes, there are some core areas but the application of these is different for each specialist practice qualification. Making this one community SPQ devalues the specialisms and will make it even less attractive for practitioners.*

**Director of Nursing Programme, England**

329. *Will the single SPQ have the scope to recognise that community mental health nurses may specialise in dementia care, CAMHS, Addictions or adult mental health so have differing views of what constitutes advanced practice?*

**Lecturer, Scotland**

330. *More emphasis needs to focus around how to consider supervision/caseload discussion/delivery of group work/digital influences and how to maintain health and wellbeing working in a complex healthcare setting.*

**Consultant Nurse (Mental Health), Scotland**

## **7. Joint commentary relating to SCPHN and SPQ**

331. Webinars, roundtable events and other engagement events took place with a range of stakeholders that jointly discussed the SCPHN and SPQ programmes and the skills and proficiencies required of these specialist practitioners. The following themes have been identified as relevant to both SCPHN and SPQ practitioners. These webinars and roundtables include:

SCPHN / SPQ Roundtable with Educators (*this originally was titled as SCPHN only*)  
SCPHN / SPQ Roundtable with Educators and Students (*this originally was titled as SPQ only*)  
SCPHN / SPQ Employer reps / Commissioners  
SCPHN / SPQ Social Care  
SCPHN / SPQ Other Professions  
Advocacy Group Roundtable discussions  
Children and young people  
Disabilities and long-term conditions  
Mental health and learning disabilities  
Older people

### **7.1 Educators – joint SCPHN and SPQ**

332. During the roundtable event with educators<sup>3</sup> 10 separate themes were discussed. The most pertinent themes are summarised at length below. The 10 themes include:

Advanced communication skills (1)  
Compassionate care (8)

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<sup>3</sup> Based on the recorded attendance to this roundtable event there were no participants from Northern Ireland.

Critical thinking (4)  
Cultural competence (3)  
Leadership (3)  
Mental health (9)  
Person-centred (4)  
Prescribing (8)  
Professional identity (6)  
Shared learning and joint standards (13)

### **Compassionate care**

333. Cultivating compassion and delivering culturally appropriate and compassionate care to patients, families and professionals are advanced skills that educators believe are fundamental to the SCPHN and SPQ programmes. Delivering compassionate care links into value-based nursing, encourages the practitioner to reflect on how they are working with the individual and recognising the context in which service users are living in.

334. *Compassionate care should be indicative of working in partnership with the patient/client and building therapeutic relationships which is a higher-level skill than pre-registration.*

**Lecturer in Primary Care and Public Health Nursing, Wales**

### **Mental health**

The standards need a stronger emphasis on mental health and the skills needed to manage and treat people with mental health issues. The topic of mental health generated discussions concerning therapeutic interventions and advanced communication skills as well as the need for practitioners to be able to prescribe. Some educators in England stated that prescribing should not be a requirement if there was more of a focus on mental health.

335. *An increased development of skills to promote and manage mental health issues would have a far greater impact on the people that we support and work alongside.*

**Senior Lecturer, England**

### **Person-centred**

336. The standards need to reflect person-centred practice and person-centred leadership according to an educator in Scotland. This theme was also echoed by a lecturer in England. Person-centred practice entails taking a cultural view of the person being cared for and making them more visible. Educators also emphasised that person-centred practice relates to others in a team that nurses would be working with, not just those they are providing a service to.

337. *It's more than compassion, it's seeing that whole person.*

**Lecturer, Scotland**

## Professional identity

338. Educators in England and Scotland feel that SCPHN and SPQ nurses need to have clear professional identities moving forward as there were concerns that they could blend into one. Shared learning between SCPHN and SPQ programmes is received well, however it was felt their professional identities need to be kept separate and unique.

339. *Curriculum design might be too arbitrary at times. We all need to be clear about the distinct identities of the different SCPHN and SPQ professions.*

**Senior Lecturer SCPHN, England**

## Shared learning and joint standards

340. Some educators from England, Scotland and Wales spoke positively of running SCPHN and SPQ programmes together. They were in favour of joint standards with a common core, but specific standards should be tailored to each pathway to accommodate the specialisms in each area of practice. Shared learning with core subjects is seen as a logical progression to some educators.

341. *Previously SPQ and Health Visiting ran together and worked, so there's no reason why the programme standards should not be joint and then more specific standards for each pathway.*

**Lecturer, Wales**

342. Other based in England and Wales are keen that the standards are kept separate due to the specialist areas of practice and have concerns that distinct elements of knowledge pertinent to specialist fields will be overlooked if joint standards were created.

343. *I would be concerned of the impact on SCPHN registration in the long term if we moved to a joint standard. I can see SPQ moving towards advanced practice standards that we already run on a separate programme. We do already share half of our training across both our SCPHN and SPQ programmes. I am concerned in losing BSc and MSc programmes.*

**Director of Studies for Specialist Practice, England**

344. *I would advocate for two different sets of standards – these are quite different roles in so many ways. There are common links within public health and other areas, but one set could likely be overly generic and important distinctions lost.*

**Programme Lead Advanced Clinical Practice, England**

## 7.2 Educators and students – joint SCPHN and SPQ

345. During the educators and student's roundtable event 11 themes were distinguished relating to SCPHN and SPQ programmes. It is important to note that the majority of comments are attributed to educators as student information was not provided. The 11 themes include:

Advanced clinical assessment (3)  
Advocacy (1)  
Autonomous practice (6)  
Co-production (2)  
District Nursing (7)  
Holistic assessment (2)  
One or two sets of standards (9)  
Political awareness and navigating the system (1)  
Prescribing (6)  
Public health (5)  
Safeguarding (2)

### **Advanced clinical assessments**

346. Two educators based in England and Wales support the idea of SCPHN and SPQ practitioners conducting advanced clinical assessments and see this linking with the ability to prescribe.

347. *I like the idea of advanced clinical assessments. We are going to develop these moving forward if they need that assessment knowledge and skills to be able to provide care in the future.*

**Programme Lead for Post Registration Programmes, Wales**

### **Autonomous practice**

348. The advanced practitioner of the future will need to demonstrate a high level of autonomy, consistent with Masters level education, when undertaking and managing episodes of care independently.

349. *I think of autonomy as absolute rather than a relative concept. I would urge [you] to think of the notion of autonomy as continuum not as an off-type concept.*

**Programme Lead Advanced Clinical Practice, England**

### **One or two sets of standards**

350. Participants were posed with the question of whether the NMC should develop one set of standards for SCPHN and SPQ or if there should be separate standards. Two participants saw the advantage of having one set of standards however the majority of participants, although acknowledging similarities between the two, believe that these programmes are unique and their specialisms should be preserved. There were concerns how one set of standards would work regarding the duration of the courses.

351. *I can see where advanced health assessment and V300 prescribing would benefit the District Nurse to achieve more autonomy in practice. However, what the programme would look like in terms of duration is unclear.*

**Lecturer in Nursing, Northern Ireland**



352. *There could be programme standards that are common but there would be separate proficiencies for SCPHN and community nursing.*

**Roundtable participant**

### **7.3 Employer reps and commissioners**

353. Although some employers and commissioners had attended the larger SCPHN and SPQ webinars a specific roundtable event took place with employer representatives and commissioners who discussed what the SCPHN and SPQ standards should consider. From the information that was provided by the participants, the majority of the employer reps and commissioners are based in England therefore it is worth noting that experiences, services and employment may differ in Northern Ireland, Scotland and Wales to what is detailed below. In total seven themes were identified during this roundtable event of which the most pertinent are analysed below. The seven themes include:

Advanced assessments (3)  
Business and commercial acumen (1)  
Cultural competence (1)  
Integration (8)  
Prescribing (5)  
Quality measurement (1)  
Technology (3)

#### **Advanced clinical assessments**

354. Advanced practitioners require advanced assessment skills and should be able to adapt their approach with these skills when assessing children, young people and older adults. Advanced assessment skills were highlighted by one commissioner in England as a particular key skill for Health Visitors who are working with vulnerable families with mental health issues, substance abuse issues and domestic abuse.

355. *Advanced assessment skills for children is very different from advanced assessment skills for adults. We are potentially missing an opportunity if we don't differentiate between these.*

**Employer rep / Commissioner**

#### **Integration**

356. Practitioners need to be integrated workers who are able to effectively work with other services and professionals such as social workers, GPs, midwives, etc. in order to support a family or service user. Two commissioners however claimed that although integrated working is encouraged, they do not think it is demonstrated well by current practitioners. Another commissioner / employer rep stated that to be successful integrated practitioners they must have knowledge of their local communities which is not something they believe all local practitioners have.

357. *As a commissioner I still see a very siloed way of working - we have a structure which promoted an integrated way of working but how practitioners demonstrate that integration is not always apparent.*

**Senior Health Improvement Commissioner Children and Young People, England**

### **Technology**

358. Due to the recent Coronavirus pandemic employer reps and commissioners believe that technology will become more of a requirement for practitioners in the future. Practitioners will need to be familiar with the virtual environment, delegating and managing workloads online and be able to offer effective assessments and consultations via digital platforms especially with the older population where human contact has been reduced.

## **7.4 Social care professionals**

359. NMC wanted to hear from professionals and stakeholders working in social care services to understand what they believe to be the most important factors and challenges to public health and community nursing. They were also interested in hearing what social care professional thought the standards of proficiency should include to meet the needs of service users in the future. A SCPHN/SPQ Roundtable with Social Care professionals took place on 20 August 2020 at which all four nations were represented. The most popular and significant themes are thematically analysed below. These 19 themes include:

- Advanced practice (2)
- Advocacy (1)
- Children (2)
- Clarity (7)
- Community (1)
- Coronavirus (5)
- Diagnostic overshadowing (1)
- Digital competency (1)
- Empowering (1)
- Gerontology (4)
- Holistic care (3)
- Integrated working (1)
- Legal frameworks and legislation (8)
- Need (1)
- Person-centred care (1)
- Prescribing (1)
- Risk (4)
- Safeguarding (6)

Specialist qualification for social care workers (2)

**Clarity**

360. Social care professionals believe the standards should clearly define the nature of social care services, what social care practitioners can do and the qualifications they hold. Participants from across the UK stated that there is a misunderstanding of what social care roles and services provide. Public health and community nurses should be aware of the tasks and complexities social care nurses work with and social care developments. It was cited three times that many community nurses across the four nations do not understand the differences between residential care, domiciliary care, nursing care and supported living.

*361. Working at leadership and multidisciplinary level it's important that we all understand each other's roles and what's unique to those roles as well as how we complement each other. You have to understand where and how we sit within the system e.g. within independent and private sector versus within the statutory sector, and how those interfaces operate as well.*

**Director of Regulation and Standards, Northern Ireland**

**Gerontology**

362. Participants from Scotland and Wales specified that specialist knowledge of gerontology should be included in the standards to ensure that nursing staff are equipped for the future. As the UK population are living longer nursing staff need to have the specialist knowledge and skills to care for older people.

*363. As we are trying to attract nurses into the sector, gerontology-based specialisms would be helpful for social care.*

**National Workforce Lead for Nursing, Scotland**

**Legal frameworks and legislation**

364. Knowledge of legislation is a key area that needs to be recognised in the standards, particularly legislation around safeguarding, mental health and capacity, Declaration of Liberty Services (DoLs) and the Human Rights Act. Knowledge of legislation relating to the field practitioners are working in enables them to advocate for, advise and protect patients in care. It was recognised that legislation across the UK is different, however professionals should be able to understand and apply legislation in their own area whilst also having an underpinning knowledge of UK-wide legislation.

*365. From a regulatory perspective it's critical for any training programme that the fundamentals around legislation are understood. Obviously across the UK we have different legislation in place so whilst that is a challenge, it clearly needs to be part of the education process, so professionals understand the context they're working within.*

**Senior Manager, Wales**

### **Specialist qualification for social care workers**

366. Specialist qualifications for social care workers were considered in a positive light. Many participants however emphasised that those working in social care require specialist skills that are unique compared to other areas of nursing, for example, working in care homes for the elderly and working in children's care homes. The different environments where social care nursing is delivered differs from the clinical environment, and the care delivered, which sometimes includes highly technical clinical procedures, which requires different skill sets.

367. *Yes, we should recognise it as a specialist role, and we need to upskill them, but actually there needs to be some integration with the current graduation standards in order that we don't split health and social care separately.*

**Lead Quality Development Manager, England**

## **7.5 Other professions**

368. The NMC held a roundtable event on 3 August 2020 with people from other professions to understand what specialist nurse practitioners need to know and be able to do, in addition to their pre-registration training and qualifications, to meet the needs of patients using public health and community nursing services. The participants who attended the roundtable event worked for UK-wide organisations and therefore individual nations are not specified unless this was distinguished during the discussion. The discussion mainly focussed on advanced practice and integrated working with other themes mentioned only a handful of times with little detail or explanation. This is probably due to the small number of participants in this discussion. The most significant themes that were discussed at length are summarised below. The ten themes include:

- Advanced practice (6)
- Autonomous innovation (1)
- Communication development for children (2)
- Integrated working (3)
- Leadership (1)
- Learning from others (1)
- Lynchpin (1)
- Person-centred (1)
- Research (1)
- Safeguarding (1)

### **Advanced practice**

369. Participants discussed what elements they consider to be of a more advanced level of practice compared to pre-registration nurses and midwives. The core competencies that reflect advanced practice are: being a leader of change, researching and utilising research in practice, local knowledge,

public health knowledge and safeguarding knowledge of all ages plus those with learning disabilities and mental health illnesses.

370. *I'd want someone who is a locality expert, someone who was an expert navigator of the local system. I'd want them to be comfortable with complexity, well connected and [...] to lead change.*

**Chief Executive**

### **Integrated working**

371. Successful integrated working involves building networks with others, utilising those networks and recognising that those working in different areas of practice will have other well-established networks in other areas. Integrated working should not be about hierarchy of service or roles but coming together for the best interests of the patient or family and playing to each profession's assets.

372. *I think working 'shoulder to shoulder' is about creative problem solving together, not fighting over territory.*

**Chief Executive**

## **7.6 Advocacy groups**

373. The NMC invited advocacy groups and charity sector workers to attend a series of roundtable events. These focussed on the different groups of service users that public health and community nurse practitioners may encounter, all of which require specific awareness, knowledge and skills. From the information that was provided by the attending participants, the majority of the advocacy group representatives are based in England, Scotland and Wales therefore it is worth noting that experiences, services and views may differ in Northern Ireland to what is detailed below. These different groups were:

Children and young people  
Disabilities and long-term conditions  
Mental health and learning disabilities  
Older people

374. Participants to these roundtable events shared what they believe are the key factors that affect their service and service users, detailing what they would like to see incorporated into the new standards for public health and community nurse practitioners. Participants from across the four nations attended these roundtable events and the most important and significant themes are addressed below. The 58 themes include:

Adolescence (1)

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Advanced communication skills / communication skills (11)  
Advanced courses (6)  
Advocacy (2)  
Anticipatory care (1)  
Bereavement (3)  
Biopsychosocial model (1)  
Clarity (3)  
Collaborative working (1)  
Community (7)  
Comorbidity and complexities (4)  
Confidence (3)  
Continuity (1)  
Coronavirus (4)  
Decision making (8)  
Dementia assessments (1)  
Diagnostic overshadowing (3)  
Do not attempt resuscitation (DNR) (2)  
Emotional support (1)  
Empowering (2)  
Generic skills (2)  
Holistic assessment (2)  
Home environment (8)  
Incapacity (1)  
Lack of diagnosis (1)  
Legal frameworks and legislation (1)  
Lynchpin (1)  
Managing power dynamics (1)  
Mental Capacity Act (1)  
Mental health (3)  
Peer support (1)  
Person-centred approach (2)  
Physical as well as mental health (1)  
Physiology of elderly patients (1)  
Political awareness and navigating the system (1)  
Polypharmacy (1)  
Positive Behaviour Support (PBS) (6)  
Positive risk taking (1)  
Prescribing (11)  
Prevention (5)  
Primary care training (2)  
Professional boundaries (1)  
Public health (4)  
Regulation (4)  
Research (2)  
Risk (1)  
Safeguarding (2)  
Self-management (2)

Shared learning (1)  
Soiling and wetting (3)  
Specialist Learning Disabilities Nurses (5)  
Technology (1)  
Training (1)  
Transition (11)  
Unconscious bias (4)  
Understanding the role of others (1)  
Wellbeing (4)  
Working as a whole (1)

### **Bereavement**

375. Advocacy group participants believe specialist nurse practitioners need to be able to explain and deal with loss and bereavement and manage the emotional impact this can have on children and young people. The topic of loss and bereavement has been exceptionally significant during the Coronavirus pandemic and it is believed to be a future required skill for those working with this age group.

### **Community**

376. The theme community was cited exclusively by participants based in Scotland from advocacy groups working with children and young people and older people. It is important that practitioner know their community, what other services and information is available and how to utilise these services. They should also support patients to live safely or die comfortably in their own communities. The Coronavirus pandemic emphasised the need for integrated community working between public health and community nurses and other professions such as the third sector to support those in need of care.

377. *I think health professionals working in the community need to know how to use secondary and tertiary care services effectively - at present there is often a divide between community and hospital services.*

**Consultant Paediatrician, Scotland**

### **Comorbidities and complexities**

378. Advocacy groups working with the older population believe the standards should integrate comorbidity and complexity as a key proficiency for specialist nurse practitioners. This theme was also mentioned in relation to children and young people for comorbidities can occur in young people too.

379. *Developing much broader understanding around comorbidities and complexities is essential in terms of some of the tragedies we've seen in the way other people have been cared for over the years.*

**Director of Clinical Services, England**

## Decision making

380. Decision making arose during the roundtable concerning mental health and learning disabilities and correlates with another theme – confidence. Participants from England, Scotland and Wales emphasised that confidence is essential to making important decisions for there is huge responsibility that comes with decision making. There have been numerous occasions when nurses have been too nervous to make a decision independently. Specialist nurse practitioners need to reflect “on the practice before carrying out the practice”, consider the steps to making a decision and know how to validate that decision themselves.

381. *There seems to be an “I’ll lose my pin if I make the wrong decision” thinking, rather than recognising they will lose their pin if they don’t make a decision because they have a responsibility to act in the patient’s best interests.*

**CEO, Wales**

382. Decision making also relates to communication. The patient’s opinions, concerns and wishes need to be taken into consideration instead of the practitioner making decisions without their input or consent.

383. *I like people including me in decision making because it concerns my care and medication. I want to be involved rather than being told I’m being taken off a medicine.*

**Trustee and service user, England**

## Home environment

384. Advocacy groups, mainly those based in Scotland and UK-wide, who work with older people agreed that specialist practitioners who work with this age group require the skills to care for someone in their own home or homely setting. This increased during the Coronavirus pandemic as people who might have received care in a hospice, for example, received care at home. They also require the skills and knowledge to assist patients who want to die at home. For individuals with vision impairment, specialist practitioners should also recognise the importance of the home environment and how changes in this space can alter their orientation.

385. *The environment in someone’s home is an important point. It’s important for people to be in their own home and know their own space. Adaptations or changes in someone’s home or moving furnishings can have a drastic impact on their world.*

**Senior Policy Officer, Scotland**

## Positive Behaviour Support (PBS)

386. Positive Behaviour Support (PBS) was mentioned by participants from Scotland and UK-wide charities regarding mental health and learning disabilities services. One participant noted that to conduct PBS a lot of training and clinical theory is required. If not done properly it can be ineffective and have serious negative side effects on the patient. Other participants were in support of including some form of behaviour change therapy or behavioural analysis into the standards.



387. *There are huge risks with behavioural interventions, but I think there is potential scope to look at SPQ registration with PBS and change behaviour practice and that could prevent a lot of placement breakdowns and make community services more effective.*

**Chair, UK-wide charity**

### **Prevention**

388. Specialist public health and community nurses need to be thinking at an advanced level to prevent diseases. They need to make people aware of different levels of risk that affect certain communities or age groups, and be able to effectively encourage people to reduce their risks through adapting their lifestyles or behaviours. Discussing risk with patients also requires appropriate communication skills to reinforce a positive health message and support people who may choose a different path from that which the practitioner advises. Specialist nurse practitioners should be aware of different 'unseen' diseases that can develop and how to recognise symptoms.

389. *[There's] something to be said about encouraging specialist nurse practitioners in the community to be thinking about prevention with specialist diabetes and management knowledge.*

**Head of Care, UK-wide charity**

### **Regulation**

390. Three participants from UK-wide charities that work with people with disabilities and long-term conditions highlighted how important it is to regulate the knowledge and skills of specialist practitioners. Regulation was not discussed during the other advocacy group roundtable discussions. Regulation will guarantee that specialist practitioners maintain high standards of care and it is reassuring for patients and families to know that those delivering the service are regulated.

391. *Not having someone there to ensure people are providing safe and effective care for our community would be a concern, especially at a specialist level.*

**Head of Care, UK-wide charity**

### **Transition services**

392. It is important that children and young people with a disability or complex illness can smoothly transition from paediatric to adult services however participants recall challenges with this process. The transition period should be made more explicit in the standards moving forward in order to improve this area of service. One participant uses the Ready, Steady, Go, Hello programme which can be tailored to young people with certain complex or rare medical conditions and is proven to help prepare young adults and their families for the transition into adult services.

393. *[The patients] are scared, they're worried, they need advocates, they need the people looking after them to be educated and knowledgeable about their condition. There needs to be standardisation and the Ready, Steady, Go, Hello programme is really good.*

**Transition Clinical Nurse, England**

## Unconscious bias

394. Participants believe that the standards should include the recognition of, and how to challenge, unconscious bias. A deeper level of understanding is required of this subject such as recognising that everyone has unconscious bias, understanding where it manifests in the community and being able to address the behaviour whilst having the confidence to challenge it.

395. *You have to get to grips with how others' thinking might be working in the context of someone with a learning disability. If we get it right for people with a learning disability, then we get it right for everyone.*

Health Training Lead, UK-wide charity

## 8. Programme Standards

396. The NMC are developing new programme standards for post registration qualifications for Specialist Community Public Health Nursing (SCPHN) and Specialist Practice Qualification (SPQ) programmes.

397. In order to review existing programme standards and develop the new standards NMC held webinars, roundtable events and other engagement events with educators and stakeholders to discuss these in line with specialist nurse practitioner programmes. The attendees discussed the skills and attributes they believe post-registration SCPHN and SPQ nurses will need in the future to provide an advanced level of service to patients now and in the future.

398. The thematic analysis shows the different themes, ideas and comments to emerge from the webinars, roundtable events and other engagement events. Some of the comments are discussed at length with a great amount of detail whereas some comments are mentioned infrequently. Where it is known, the country is noted in order to compare similarities and differences of how these programmes work across the four nations. The webinars and online events that focussed on the development of the new programme standards and that are incorporated into the following analysis are:

SCPHN Programme Standards meeting

SCPHN Post Registration Health Visiting Standards Discussion Group meeting

SCPHN Post Registration Occupational Health Nursing Standards Discussion Group meeting

SCPHN Research and Evidence Meeting

SPQ IDG 2

SPQ IDG 3

SCPHN / SPQ Post Registration Standards Prescribing meeting

### 8.1 SCPHN Programme Standards

399. It should be noted that the main event discussing SCPHN Programme Standards meeting also referenced SPQ areas of practice. It is worth noting that only a small number of participants were available to attend this event. From the information that was provided by the attending participants, all participants to this event are based in England and Wales therefore it is worth noting that experiences, services and views may differ in Northern Ireland and Scotland to what is detailed below. There were eight themes that arose during this event which include:

General practice nursing (5)  
Learning environment (1)  
Masters level (8)  
Recognition of prior learning (RPL) (10)  
Route specific standards (10)  
Standard 1.1 and 1.6 (1)  
Standard 1.2 (3)  
Standard 1.3 (1)

#### **Masters level**

400. Educators from England and Wales agreed that the level of study for the SCPHN programme should be at Masters level 7. The Masters level 7 was deemed appropriate due to the programme being an advanced and specialist level of practice.

#### **Recognition of Prior Learning (RPL)**

401. Recognition of Prior Learning (RPL) allows students to claim credits for prior learning that is relevant to the programme of study they are applying for. If a student's RPL application is successful, the credits will count towards their programme of study. Due to the vigorous university process in Wales it is difficult for students to RPL modules, however some exceptions have been made.

402. *We have a quite robust university process, so it's difficult for them to RPL any other modules in. We did have a student who had the V300 because she was a practice nurse and came into the Health Visitor route so was able to RPL into V100, but otherwise it's a robust process so makes it difficult for students to RPL in.*

#### **Lecturer and Programme Manager, Wales**

403. An educator based in England explained that RPL can only be applied for specific modules – leadership, research, prescribing or health assessment. It was highlighted however that RPL can be difficult due to double counting credits, therefore RPL should only take place at a higher level of study. This opinion was reiterated by colleagues in Wales.

404. *It should be kept at a higher level. We need to be aware that if someone has done an MA in Advanced Clinical Practice (ACP), other than prescribing, you cannot bring those credits over because they've been counted as an MA, so we can't double count.*

#### **Dean for Education and Director of Postgraduate Programmes, England**

### Programme specific standards

405. An educator based in England discussed their perspective on specific standards and what adjustments, if any, they believe should be considered when developing the new programme standards.

406. For standards 1.1 and 1.6 (see annex table 4 and table 7) it was discussed that university staff would learn via the interview process whether an applicant had consolidated or not. However, for programmes that are direct entry, staff would not have any prior knowledge of a student's practice. Therefore standards 1.1 and 1.6 should acknowledge or include directions for staff regarding confirming the capability of an applicant if the programme is direct entry.

407. *It is direct entry that would become more problematic. How would you know from a person's application that they were sufficiently consolidated in terms of the pre-registration skills to be able to develop a specialism?*

#### Dean for Education and Director of Postgraduate Programmes, England

408. An issue this educator highlights is with the SPQ programme because at their university applicants are seconded from an NHS employer and are provided with professional support to develop their advanced practice. Those applicants who are not employed by the NHS won't have a support system in place and they will have to locate their own placements. For those applicants not from an NHS Trust this educator believes it is difficult to adhere to the NMC Standards for Student Supervision and Assessment (SSSA) for the educator has little authority where the individual is working (see annex, table 5).

409. *I work alongside a Trust and it's completely robust, we know the quality of what's delivered and that's my concern from a public protection point of view. I'd want to have some control of over that person's placement while they're developing those advanced skills.*

#### Dean for Education and Director of Postgraduate Programmes, England

410. The only area of concern regarding standard 1.3 (see annex, table 6) would be applicants who are self-employed because the educators would not necessarily know the applicant's "sphere of activity". Public protection is very important and not having control of the student's development would be a concern. They also questioned if an educator designed a programme of study and excluded self-employed applicants would this still be approved under the standard.

### Route specific standards

411. During one discussion educators were asked whether they thought a midwife could learn to become a primary or community care nurse. Participants were against this proposal, citing the need for specific routes for the programmes. A midwifery qualification would not prepare someone to become a community nurse for they lack the underpinning knowledge of general nursing and each area of practice requires specific and specialist skills and knowledge. There were also concerns regarding community nurses with one specialist qualification, e.g. Community Children's Nursing, being able to pick up another specialist community qualification, e.g. Community Mental Health Nursing, for these areas and

skills greatly differ. An educator in Wales stated that there had been no issues for any newly qualified registered nurses going in to a SCPHN Health Visiting role.

412. *For public protection, in terms of what these standards will offer, I think there is an argument to be route specific. I'd want to know my child's community nurse had a children's nursing qualification. Therefore, I think those specifics should be written in for each specialist field. You could be dual qualified, but I think you need the qualification for the route that you are taking.*

**Dean for Education and Director of Postgraduate Programmes, England**

413. General Practice Nursing however was recognised as an area of practice which stood apart from other roles. This is because General Practice Nursing practice incorporates the whole lifespan of the patient unlike other specialist roles. Participants also cited that the four pillars of nursing (advanced clinical practice, leadership, facilitation of education and learning, evidence research and development) is particularly relevant and important to this area of practice.

## 8.2 Research and Evidence

414. Please note that as above both SCPHN and SPQ were discussed in this context.

415. Nurses practicing at an advanced level need to be driven by research and deliver evidence-based practice as well as working to continuously improve the quality of healthcare through Quality Improvement (QI) and person-centred practice. Educators took part in an online Research and Evidence meeting on 7 August 2020 where they discussed the elements of research and evidence they believe should be considered in the new programme standards for both SCPHN and SPQ. Based on the information provided by the attendees, the majority of participants to this event are from England, Northern Ireland and Scotland therefore it is to be noted that views, services and experiences may differ in Wales to what is mentioned below. Fifteen themes were identified and the most interesting and pertinent are analysed below. The fifteen themes include:

- Age profiles (8)
- Anticipatory care (1)
- Confidence (2)
- Critical appraisal and making change (6)
- Decision making in unpredictable circumstances (3)
- Ethics (1)
- Evidence based practice (3)
- Lack of research opportunities (6)
- Leadership (2)
- Masters level 7 (12)
- Mentorship (2)
- Quality Improvement (QI) (4)
- Service improvement (3)
- Work based projects (1)
- Working together (2)

### **Critical appraisal and making a change**

416. What separates pre-registration and post registration nurses is the ability to critically appraise research, apply that research to practice and drive improvement. Being able to critically analyse research and then move one step further to make recommendations, challenge others and change outcomes is a quality that is expected from advanced practitioners. The terminology ‘critical analysis’ and ‘critical appraisal’ was discussed. Critical analysis is already classed as an undergraduate skill therefore the standards should clearly define what is expected from those studying at Masters level 7 in terms of critical analysis and appraisal. An educator in Scotland stated advanced practitioners should be able to also synthesize the evidence at MA level, whereas undergraduates are only expected to critically analyse evidence.

417. *Recognising [and] being able to gather evidence, using that with research evidence and [being] able to synthesize that and use that within practice, I would say that’s moving towards an MA in specialist practitioners.*

**Senior Lecturer in Community Nursing, Scotland**

418. *I know it’s just semantics but if we’re already talking about critical analysis as being an undergraduate skill then we’ve got to think what that means in terms of what we can expect people at level 7 based post-registration courses.*

**Community Children’s Nursing Professor, England**

### **Decision making in unpredictable circumstances**

419. An interesting theme emerged when discussing using evidence in practice – making decisions when the evidence is not available or is conflicting. Advanced practitioners will need to demonstrate that they can make clinical and professional judgements in that space. This ability goes beyond the Future Nurse standards, according to one participant.

### **Lack of research opportunities**

420. Educators acknowledged that there is a lack of opportunities for nurse driven research and many nurses do not have the time available alongside a demanding day job to conduct or drive research studies. It was also highlighted that a lot of nurses lack the confidence to conduct their own research and further support and mentorship is required. An educator for Scotland claimed that the opportunities do exist, but they are viewed as less important compared to day-to-day practice.

421. *It wasn't the fact that nurses don't want to do research but it's about creating opportunities and I think what we need to be able to do is show there are opportunities in what a lot of people do in clinical practice.*

**Professor, Northern Ireland**

## **Masters level**

422. Educators from England, Northern Ireland and Scotland unanimously agreed that, considering the research and evidence element of the programmes, both SCPHN and SPQ programmes should be offered at a Masters level 7 only.

423. *Masters level - I think we should also be promoting the development of research questions and using their clinical experience to identify areas for research and develop the question.*

**Professor, Northern Ireland**

424. *They can meet the research requirements in a level 7 course but beyond that I am not sure how you can expect practitioners to be researchers alongside their day job.*

**Associate Professor (Learning and Teaching), England**

## **Quality Improvement (QI)**

425. There were a small number of comments regarding Quality Improvement, mainly the desire to focus on Quality Improvement and how this leads into research, especially for those on SPQ programmes.

426. *I think it is a real issue in community nursing that QI and research is seen as an add on. This does not help community nurses to feel like autonomous flourishing practitioners or have practice-based nurses identifying relevant research.*

**Senior Lecturer in Community Nursing, Scotland**

## **Work based projects**

427. With regards to final assessments educators from England and Scotland felt that work-based projects or service improvement projects were just as appropriate as research dissertations. Work-based projects require students to utilise the evidence base to transform a service giving the student practical experience of applying research to drive change and improve service. One educator noted that work-based projects do not require ethical approval meaning that they are completed in a timely manner.

428. *I think we do need to encourage work-based projects that focus on practical research, focussing on 'real' problems.*

**Senior Lecturer in Community Nursing, Scotland**

## 8.3 SCPHN Post Registration Standards: Health Visiting Standards Discussion Group Meeting

429. A Health Visiting Standards Discussion Group took place on 31 July 2020 with educators and stakeholders from England, Northern Ireland and Scotland. On this occasion no comments were made by participants from Wales therefore this section of the analysis is unable to provide a rounded overview from all four nations. The participants discussed what elements they believe should be included to the programme standards that are specifically relevant to the role of the Health Visitor. The themes that were most popular, pertinent and discussed at length are included in the following analysis. Out of the ten themes identified, the significant themes discussed at length are included in the analysis below. The ten themes include:

- Child development (1)
- Communication and relationship management (7)
- Cultural competence (1)
- Elderly (3)
- Health informatics and epidemiology (7)
- Life course (8)
- Motivational interviewing (1)
- Multi-agency approach (1)
- Professional curiosity (1)
- Safeguarding (2)

### Health informatics and epidemiology

430. Educators from Northern Ireland and Scotland believe that the recent Coronavirus pandemic should influence the understanding and utilisation of epidemiology and health informatics, especially concerning the role of the Health Visitor. Understanding and using available data to inform practice, shape delivery to improve population health and respond to needs that exist is key to this profession. A participant from Northern Ireland claimed that Health Visitors are not currently using information well at a local level, yet knowledge of epidemiology and health informatics are skills that are imperative to the future.

431. *Health Visitors have to understand epidemiology. It ties in with community needs and understanding data and information to inform your practice and the communities you work with and also target how you're going to improve population health. Epidemiology and informatics are really key.*

**Senior Lecturer, Scotland**

### Life course

432. A life course approach is favoured by educators and stakeholders. As the Health Visitor is working with the family in the home setting, they are uniquely placed to view the life course of a child, social impacts and the wider health determinants of the family. Being exposed to the wider family



Health Visitors can understand the factors that influence adolescent and adult behaviours. A lecturer in Scotland feels strongly about Health Visitors supporting the elderly due to their knowledge and visibility in the community. There has been proven positive physical and mental health outcomes from Health Visitors attending to elderly communities, as well as minority ethnic communities also.

433. *[I] support the life course in terms of promoting equity. There are other areas Health Visitors could make [a] significant health impact too. Health Visitors also follow up with bereaved families and give support there. Health Visitors [have] demonstrated support for the homeless, BAME communities and Roma travellers; they make a significant difference to these groups.*

**Lead Children's Nurse, Northern Ireland**

### **Professional curiosity**

434. Professional curiosity is considered a core element of the Health Visiting role. This entails using the communication skills that they have acquired to explore and ask questions to "make connections which might trigger conversations with other disciplines and agencies" when working with families.

435. *A multi-agency approach driven by professional curiosity when working with families.*

**Consultant, England**

## **8.4 SCPHN Post Registration Standards: Occupational Health Nursing Standard Discussion Group Meeting**

436. An Occupational Health Nursing Standard Discussion Group took place on 7 August 2020 with educators and stakeholders. The participants discussed what elements they believe should be included in the programme standards that are specifically relevant to the role of the Occupational Health Nurse. Based on the information provided by the attendees, the majority of participants are based in England and Northern Ireland, therefore it is to be noted that views, services and experiences may differ in Scotland and Wales to what is mentioned below. In total 19 themes were identified during this discussion. The themes that were most popular, pertinent and discussed at length are included in the following analysis. Some of the participants did not state which country they are based in therefore where this information is known, it will be included in the analysis. The 19 themes include:

Business and commercial acumen (5)  
Education (5)  
Future needs (2)  
Health and safety (2)  
Health risk management (3)  
Influencing skills (1)  
Life course (3)  
Mental health (1)  
Placements (5)

Prescribing (5)  
Promoting (3)  
Public health (3)  
Research (1)  
Shared learning (5)  
Single-handed practitioners (1)  
Standards (1)  
Value (1)  
Work as a health outcome (2)  
Work environment (1)

### **Business and commercial acumen**

437. Occupational Health Nursing students should be provided with the environment to be able to cope in a business setting, this includes learning about business acumen, being able to pitch, return on investment and applying technological advances. The SEQOHS standards were cited as business standards that should be included to shape the future programme standards for Occupational Health Nurses in order for them to be leaders, “not to be led”.

438. *I see our role as not waiting to be told what to do in an organisation but to be able to go and profile that business and set out what the needs are and what the leadership strategy needs to look like.*

**Independent practitioner, England**

### **Future needs**

439. The standards need to reflect the future needs, the societal impact and the occupational required impact of the next generation of workers taking into consideration technology, gaming, flexible contracts and working from home.

440. *We need to be aware that there is a difference in how and where people work. Younger people aren't staying in one organisation for their whole career, they are moving around.*

**Manager, Northern Ireland**

### **Health risk management**

441. Occupational Health Nurses should be able to utilise the data they receive from assessments and use health risk management to inform workplace interventions. Health risk management is considered important to future proofing this role because they will be able to inform the design of the workplaces of the future which leads to good health outcomes.

442. *It's about being on the front foot instead of waiting for disease or illness to happen.*

**Chief Operating Officer and Head of Occupational Health and Wellbeing, England**

### **Life course**

443. One educator believes that the standards should focus on the working age population, which will continue to increase in the future. However, another educator in England believes that the life course focus should include the wider family members of a worker for “healthy workers will raise healthy families”. They believe that this supports co-education alongside other advanced practitioner roles such as School Nurses and District Nurses.

444. *I have concerns regarding the life course approach. We should focus on the working age population – it is hard enough to include the required learning for that group.*

**Emeritus Professor of Occupational Health**

### **Mental health**

445. Promoting and understanding mental health issues in the workplace was viewed as a positive step forward. However, a lecturer in England voiced their concerns about teaching this as they themselves have not undertaken mental health training. They saw this as an issue if delivering mental health training to students was added to the new standards.

### **Practice placements**

446. A lack of practice placements and the impact this has had on students developing their skills and careers is an important topic for educators. In England it was said that finding practice placements is becoming more difficult with universities having to turn students away from courses. This is due to organisations stating that student practice placements are not a core requirement for their business, or they do not have the time. This was stated to be particularly worse for self-funding students who have worked for free and still cannot secure a placement.

447. *I had to turn down six applications last year because they hadn't got a placement in which to work which is heart breaking. To tell a student that they can't come on the course because they haven't found a placement is really bad.*

**Senior Lecturer in Post-Graduate Health Care, England**

448. In Northern Ireland however education councils have been proactive in helping students find practice placements and have been placing students in an array of settings to get them a wider and richer experience. It was therefore felt that that standards should acknowledge this issue to retain students.

449. *In Northern Ireland our education councils have been very proactive and want to place students in any setting. They're knocking on doors and [...] trying to engage with undergraduates, just anywhere they can get them into so they can get a richer and wider experience.*

**Chief Nurse (Occupational Health), Northern Ireland**

## Shared learning

450. An educator in England claims that shared learning works well at their university for they provide an occupational health focus at the end of each keynote lecturer incorporating health coaching and behaviour change into shared modules. However, another educator felt that students need to graduate as experts in their area of practice rather than generalists and shared learning does not provide students with the specific skills and knowledge required to practice Occupational Health Nursing at an advanced level.

## 8.5 SPQ Programme Standards

451. The NMC are scoping what the content might be for standards of proficiency for a new SPQ in community nursing with the potential to move community nursing into regulated advanced practice. The NMC are proposing for one SPQ programme to be developed with core standards that will apply to all SPQ roles with bespoke standards for different areas of practice that are required. Two SPQ Initial Discussion Groups (IDG) meetings took place with educators and stakeholders to discuss the skills and knowledge required of SPQ community practitioners of the future. Based on the information provided by the attendees, the majority of participants appear to be based in England only, therefore it is to be noted that views, services and experiences may differ in Northern Ireland, Scotland and Wales to what is mentioned below. Twelve themes emerged from these two meetings and the most common and pertinent are included in this analysis. The 12 themes include:

- Community (2)
- Complexity (3)
- Employer buy-in (2)
- Holistic assessment (3)
- Language and terminology (4)
- Organisations' understanding of SPQ (3)
- Prescribing (1)
- Qualifications (4)
- Regulation (8)
- Specialist Learning Disabilities Nurses (3)
- Technology (1)
- Core competencies and specialist routes (16)

### Language and terminology

452. Stakeholders from England believe that the SPQ programmes should be classed as advanced practice and the language used in the standards should therefore be adapted to this level. The language should be inclusive and appropriate for all levels and role expectations. It was also noted that the

definition of community needs to be clearly defined so community nurses understand that this qualification is designed for them.

453. *There is no point adapting the language to an advanced level if this isn't going to be called an advanced practice standard. That language has to fit the level and the role expectations.*

**Head of Division, England**

### **Regulation and nursing titles**

454. Participants stated that regulation is important for community nurses for it shows that they have had to meet high standards to practice at that level. Several participants were concerned that, currently, other nursing professionals can call themselves a District Nurse, for example, without completing the SPQ. Participants proposed that the NMC consider regulating the nursing titles in the future to strengthen public protection and public trust.

### **Core standards and specialist routes**

455. Some participants felt it would be a great loss to lose a route specific title in community nursing, especially District Nursing, if there was only one specialist route. If the SPQ was only one qualification, then the specialism would be difficult to determine. Generally, participants are in favour of core standards for SCPHN and SPQ with route specific standards for each specialism as many students across public health and community nursing are already studying together with good outcomes. It was strongly felt that each of the SPQ areas of practice, particularly District Nursing and Community Children's Nursing, are all advanced and unique and they should not become generalised in order to make way for one SPQ route. There were also concerns regarding the interpretation of a more generic SPQ which would then devalue each specialism.

456. *I think there could be core standards for SCPHN and SPQ, route specific standards and skills annexes - this will provide economies of scale. It would also allow advanced practice to join as a specific route, not to supersede the routes. Route specific titles support patient safety.*

**Dean for Education and Director of Postgraduate Programmes, England**

457. *I think that we need to tread very carefully. Far too many person specifications contain the words "or equivalent" in the essential requirement column. There is no "equivalent" for the DN or CCN SPQ, but if we create a more generic qualification, then this creates the potential for interpretation of equivalence that would dilute the value of the qualification.*

**Consultant Nurse, England**

## 9. Email feedback analysis and virtual postcard responses

### 9.1 Analysis of open response data from the dedicated PRSCOI email inbox

458. The following sections provide an overview of the key themes emerging from analysis of feedback provided by practitioners and other professionals via email following events held as part of this consultation.

459. It explores feedback specifically for the Specialist Community Public Health Nursing (SCPHN), Specialist Practice Qualifications (SPQ), and the programme standards for these.

#### 9.1.1 Specialist Community Public Health Nursing (SCPHN)

460. A total of 53 participants provided feedback specifically relating to SCPHN. Key themes mostly related to the content they believed the standards should consider and reflect, this included:

##### Person or family-centred 'life-course' approach

461. Participants, particularly Health Visitors, often noted the importance of ensuring the standards reflect supporting the holistic needs of the individual and how the family can be part of the process. It was felt that this would ensure continuous support at all ages, although it was not an 'all-age' approach due to the need for specific specialisms and focus on different age categories.

462. *Life course approach should be adopted. Care needs to be holistic and continuous.*

**Health Visitor**

##### Public health and wellbeing

463. Ensuring promotion, education, and support for general public health was important to participants from a range of roles. It was noted this could include healthy eating, hygiene, and self-care (a few participants also highlighted the need for professional self-care). Several also mentioned that reference should be made to immunisation and infection control.

464. *Are there any discussions underway around health promotion specialism and standards?*

**Educator**

##### Equality, diversity, and responding to the needs of the community

465. Participants from a range of roles also noted the importance of ensuring practice promotes health equality and meets the needs of the local community and specific communities within this.

##### Critical thinking and data management

466. The ability for a SCPHN to effectively utilise critical thinking (including research, evaluation, and use of evidence-based practice) and data management to contribute to service improvement was also

seen as important by participants across the roles. In addition, a small number of participants mentioned that service improvement (including through use of technology) and working towards targets and goals should also be considered.

### **Safeguarding and risk management**

467. Participants (particularly Health Visitors) also noted the importance of including safeguarding and risk management skills for SCPHNs and understanding the nuances of child protection.

468. *Focus of role must be on delivering children's needs. Safeguarding and child protection can lead to conflicts of interest as that also involves the needs of the parents.*

**Health Visitor**

### **Prescribing**

469. Prescribing was discussed particularly by Health Visitors. Most Health Visitors who commented supported prescribing in the role, only one did not support this. A small number of those in occupational health also discussed prescribing, seeking clarity on what this and social prescribing would involve for their role.

### **Consideration of existing standards and terminology**

470. Participants, mostly from the SCPHN core group, also highlighted the importance of ensuring the new standards were mapped and rationalised with existing standards and frameworks. These included PHSKF, UKPHR/FPH, and key public health principles. It was also noted that terminology used needs to be consistent with existing language and inclusive of those working outside of NHS settings.

### **Work and health considerations**

471. Several participants highlighted specific skills and considerations for those working in occupational health. This includes the need to have business acumen and understanding of the impact of health on delivery; understanding of employment law; skills for full assessments; delivering health surveillance; and devising rehabilitation plans.

### **Partnership working**

472. Some participants commented that the standards should include effective partnership working, both within the profession and with wider partners and agencies.

### **Strategic, commissioning, and commercial understanding**

473. Some participants also noted the standards should include the ability to think and act strategically, particularly with awareness of local and national politics, understanding of the commissioning process, and more commercial acumen. This was of particular importance to those from the SCPHN core group.

474. *Big strategic implications for the future of nursing relates to commissioning. There is mentions of commissioning research, but surely SCPHNs should contribute to commissioning development & delivery of public health services?*

**Stakeholder**

**Mental health, wellness, and early intervention**

475. Several participants, particularly school nurses, thought consideration of mental health should be reflected in the standards. Support for young people and early intervention was key in this. Several participants also noted the importance of advocacy and promoting self-advocacy for patients.

**Recognition and reflection of different nursing roles**

476. Several participants (mostly non-practitioners) mentioned that the standards should recognise and clarify key differences between different nursing roles and specialities, and ensure content and language used reflect this.

477. *Lumping them all as community specialist SCPHNs really does not describe/explain what they do! I think anyone working in the community would and could claim they have specialist community skills.*

**Leadership**

478. More generally, participants (particularly Health Visitors) noted the need for the inclusion of core leadership skills including management of teams and individuals, communication skills, and ability to work autonomously.

**Specific skills**

479. A number of participants also mentioned the standards should consider specific skills for SCPHNs including complex case management, chronic condition management, and palliative care. Others noted the need for specific medical knowledge and clinical skills.

**Programme delivery**

480. A small number of respondents also commented on the need to ensure the course was of high quality, noting the importance of the teaching and learning experience. Others thought more clarity should be built into the admissions process and to ensure existing learning is sufficiently recognised.

## **9.1.2 Specialist Practice Qualifications (SPQ)**

481. A total of 23 participants provided feedback specifically related to the SPQ. While feedback was specific to the individual and their key areas of interest, some clear themes were apparent from their feedback.

**Ensuring clear consideration and distinction for different specialisms**

482. It was important for participants that the overall structure of the SPQs ensure sufficient consideration is given to the specific SPQs that are included and what they comprise. In particular the role of 'Community Nursing' was seen as too broad for some given the diversity in this practice with



specific offshoots including GPs, mental health (particularly among children and young people), Care Home Nursing, Prison Nursing, Homeless Health Nursing. It was also noted by one participant that the language included needs to reflect the wide range of contexts that practitioners may work within.

483. *It is with some dismay that General Practice Nurses have not had bespoke standards as our respective colleagues in school nursing, occupation health nursing and health visitors have. Are the NMC aware of the increasing autonomy that General Practice Nurses are working?*

#### **General Practice Nurse**

##### **Specific training required**

484. Several participants also noted areas of practice where additional training and knowledge should be built-in to the qualifications. This included general public health promotion and education, understanding of mental health, advanced clinical skills, working with older people, palliative care, sexual health, and safeguarding.

##### **Leadership**

485. Several participants commented that the SPQ should include leadership skills, such as leading and managing teams, strategic awareness, autonomy, critical thinking, education of others, and service development/improvement skills.

##### **Providing clear pathways for progression and levels required**

486. It was also important for some participants that there should be clarity regarding ongoing progression routes and the levels at which different skills and care should be required for different roles.

487. *My concern is that if the distinct-ness of the routes is lost, services may no longer support/fund/require for more senior roles. Team leadership should require qualification at this level, not for it to be a choice, otherwise, this will be variable and potentially lost.*

#### **District Nurse**

##### **Mapping to and recognition of existing standards**

488. Ensuring the SPQs took into consideration existing standards and qualifications was also important to a number of participants. This included the Advanced Nurse Practitioner role, Apprenticeship standards, QNI/QNIS Voluntary Standards, and Advanced Clinical Practice.

##### **Prescribing**

489. Some participants mentioned the including prescribing in the role, with one emphasising the value of social prescribing.

##### **Equality and diversity**

490. A small number of participants discussed reflecting the diverse needs of specific communities and individuals, and for SPQ the role and practice to include this.

### 9.1.3 Programme Standards

491. A total of 9 participants provided feedback specifically relating to the programme standards. Due to the low number of responses specifically relating to this element of the consultation very few clear themes emerged among participants. However, key points for consideration include:

#### Teaching and learning

492. Most participants focused on the importance of ensuring a high-quality teaching and learning experience. This included: through 360-degree learning between teachers and students; having clear guidance for quality assurance and monitoring; ensuring courses are developed to reflect the specific context and needs of the different learner types and specialities; and ensuring a good balance of theory and clinical practice.

#### Admissions criteria

493. A small number of participants noted that admissions criteria for those registering on SCPHN need to establish minimum levels of applied experience and qualifications. One participant also mentioned that the admissions should consider experience and learning gained outside of the UK.

#### Number of standards that will be developed

494. A small number of practitioners commented on the extent to which SCPHN and SPQ could be developed with one set of programme standards. One participant was clear that they felt the differences between the roles need to be very apparent and two sets of standards may be appropriate; however, they acknowledged that there were opportunities for some crossover and joint teaching so long as specific routes were identified within this and maintained professional identity. Another participant felt one set of standards would be appropriate if there was clarity between the commonalities and differences in the different roles.

## 9.2 Analysis of the virtual postcard responses

495. The following sections provide an overview of the key themes following analysis of open response data from 252 participants who submitted virtual postcards.

496. Broad quantifiers are included in this analysis to provide an indication of the scale of certain themes in the responses; however, these should not be considered to be statistically robust due to the open and qualitative nature of the responses e.g. a respondent not mentioning a particular theme does not mean they would share or not share similar sentiments if asked.

497. It should be noted that in some instances participants have discussed similar themes of interest to them in both questions, and as such there is some crossover in these findings.

## **9.2.1 Question 1. Important factors that should be taken into account for community and public health nursing practice when developing new post-registration standards**

498. In keeping with feedback across the consultation, a wide range of priorities were raised by participants that need to be kept in mind when developing new post-registration standards. The main areas of focus are explored in the following sections.

499. Where possible we explore the key differences observed based on role and area. Low numbers on some of the themes (fewer than 20) mean observations on differences by role and location are limited to some of the more prevalent themes including reflecting the changing nature of the role, recognising how the standards fit with existing systems, general leadership skills, collaborative working, equality and diversity, public health education and ensuring individual and family-focused care.

### **Ensuring the standards reflect the nature of the role**

500. Many (approx. 1 in 5) of the participants noted that the standards should reflect the increasing importance of the role, its complexity, the high level of specialism needed, and its changing nature (for example, through the changing needs of communities and the integration of 0-19 School Nursing and Health Visiting services). It was felt by some that a strong workforce needed to be developed to reflect this and to raise the profile of what they deliver.

501. *The specialist role and the extended practice skills underpinned by dynamic theory that fits with a specialist nursing role.*

**Lecturer/Education role, Wales**

502. *That they are contemporary and reflect the roles that DN are undertaking.*

**Lecturer/Education role, England**

503. *To recognise the value and importance of the roles and the added extra that they bring to community teams.*

**Lecturer/Education role, England**

504. This theme was particularly discussed by lecturers and educators, and managers. Among practitioners (particularly those based in England), several discussed the need to better define and promote the role of school nurses.

### **Ensuring the standards are clearly defined and rationalised with existing structures**

505. Linked to the previous section, many participants (approx. 1 in 5) noted the importance of ensuring the role was clearly defined, with protection and clarity for job titles, and consideration about how the new standards fit in with other existing frameworks and qualifications.

506. *Not repeating standards, keep them precise. Current standards are repetitive.*

**Practitioner**

507. *A clear pathway is needed to demonstrate how practitioner should move from novice to expert, so defining expert level practice.*

**Lecture, Wales**

508. Again, this theme was of particular importance for lecturers and educators, and managers. A small number drew attention to existing frameworks that needed to be considered including national frameworks for learning disabilities nursing, the NHS Education Scotland Post Registration Career Development Framework, and Apprenticeship standards.

### **Leadership**

509. Leadership skills were also highlighted by participants (approx. 1 in 6) as a key factor for consideration. Within this they particularly noted the importance of communication skills (both in person and using social media), team management (including management of differing skillsets and different management approaches), legal understanding, ability to support service improvement, and accountability.

510. *They need to reflect the leadership role and managing large staff numbers in teams.*

**Lecturer, England**

511. *Communication across discipline and management boundaries - which includes advocacy, self-belief, challenging the 'status quo'.*

**Lecturer, England**

512. Leadership was most likely to be mentioned by lecturers and educators (particularly those in Scotland). Among practitioners this was a particular area of interest for those with school-facing roles.

513. In addition, some participants (approx. 1 in 13) noted that as part of this the role needed to consider awareness and understanding of political priorities, in both the local and national context. It was felt this should include awareness and understanding of changes to budgets and commissioning.

### **Collaborative working and integration activities**

514. A significant number of participants (approx. 1 in 8) also noted the importance of the need to conduct collaborative working effectively with a range of partners (including community leaders, the voluntary sector, and other health and social care representative). Some noted this was particularly important to ensure successful outcomes.

515. A small number also specifically noted the importance of working within newly integrated structures such as primary care networks.

516. *Need to link closely with Primary Care Networks to develop fit for purpose workforce in an Integrated Care system model.*

**Manager, England**

517. The themes and priorities emerging for collaboration were broadly consistent among different role-types, although among practitioners it was particularly important for those who were more generalist in practice and community-based.

518. Collaboration was also seen as a particularly key theme for those from Wales, who were the most likely to mention this.

**Equality and diversity**

519. Equality and diversity was a key factor for a significant number of participants (approx. 1 in 8) to ensure positive outcomes and health equality for all groups. This included the ability to work with diverse and hard to reach populations, as well as those with protected characteristics, and effectively understanding and meeting the needs of specific populations.

520. *Working with vulnerable families, understanding the community requirements.*

**Practitioner, Wales**

521. *Looking for/awareness of health inequalities and reducing them.*

**Practitioner, England**

522. Ensuring consideration of quality and diversity was most likely to be mentioned by more senior or strategic respondents, and those with managerial responsibilities. Those in Wales were also more likely to discuss this theme.

**Ongoing education and qualifications**

523. Some participants (approx. 1 in 10) also emphasised the need for the standards to consider the importance of ongoing education and qualifications to ensure practitioners continue to develop, respond to changing demands, and allow the flexibility to progress in their role. Lecturers and educators were the most likely group to mention this theme.

524. *I believe that future practitioners should continue to be able to move between roles through additional study. So much of public health work is transferrable between the different roles.*

**Practitioner, England**

525. A small number also noted the importance for practitioners to also have the skills to provide education and support for their colleagues.

**Public health**

526. Participants (approx. 1:10) also believed a key area to be reflected in the design of the standards was the ability to provide support to improve public health in the long-term. This would include education, promotion, and prevention activities such as good hygiene practices, healthy eating, and self-care.

527. *Self-care, health promotion, holistic care and seeing beyond a clinical need or task.*

**Practitioner**

528. *The focus of public health education appears to be more significant not just due to Covid-19 but other potential pandemics and microbial resistance affecting disease recovery. In addition 'epidemics' relating to lifestyle factors such as obesity, diabetes, stress, abuse and ensuring we develop specialists that can tackle these challenges in a creative way, looking at robust evidence and having the skills to test out theories for change that suit the communities they are working within.*

**Lecturer, England**

529. General public health education was most likely to be mentioned by educators and those from Wales. Among practitioners it was particularly important for those who were more generalist in practice and community based.

### **Person-centred care and family work**

530. Linked to the need for ongoing education and prevention of public health, some participants (approx. 1 in 11) emphasised the importance of ensuring the standards reflect the need for community-based work to provide tailored support to individuals, often working with the whole family to improve overall outcomes. This was seen as particularly important for those working with children and young people.

531. *Empowering parents to make informed choices by building solid relationships and creative skills to incorporate evidence-based practice.*

**Practitioner, England**

532. *To ensure that HVs are equipped with the relevant skills to effectively engage with service users and work in partnership to promote healthy behaviours.*

**Lecturer, Scotland**

533. Again, similarly to the focus on general public health, individual and family-focused work was most likely to be mentioned by educators and those from Wales. Among practitioners it was particularly important for those who were more generalist in practice and community-based and those in school-settings.

### **Case management**

534. Some participants (approx. 1 in 13) noted the importance of case management and in particular the ability to manage more complex cases including chronic and palliative care.

535. *Palliative care and end of life care seen as an essential component of the training.*

**Lecturer, England**

536. *Complexity of patients and advanced assessment skills required.*

**Practitioner, England**

### **Lone working and autonomy**

537. Another area highlighted for consideration by a small number of participants (1:14) was ensuring the standards reflect the needs of practitioners who often work alone and to ensure that they had sufficient autonomy to be able to do this effectively.

538. *Increasing the confidence of becoming even more autonomous practitioners especially able to adapt to remote working.*

**Lecturer, England**

### **Mental health and emotional wellbeing**

539. A small number of participants (approx. 1 in 15) also highlighted the importance of ensuring the standards considered supporting patients with mental health difficulties and worked with them to improve resilience. Several particularly noted the importance of mental health in relation to children and young people.

### **Critical thinking and data management**

540. Critical thinking and data management skills, including understanding of evaluation and evidence-based practice, were also considered key factors for consideration in the standards (mentioned by approx. 1 in 15 respondents). It was felt this would support overall improvement.

541. *Critical analytic thinking - so we can disseminate and apply research findings in adjunct with 'lived' practical clinical experience as well as lived 'patient' experience & expertise; this will help us to deliver evidenced based 'care' to our communities.*

**Practitioner, England**

### **Prescribing**

542. A small number (approx. 1 in 16 of participants) discussed the need for the standards to consider prescribing, both medically and socially. Most were in favour of the need for prescribing and specifically for the use of the V300 level, although one Northern Ireland-based respondent did wonder if this may be off-putting to some students.

### **Other considerations**

543. A number of other issues were discussed by a small number of participants (where these amounted to between 10 and 15 respondents), this included ensuring the standards considered:

544. use of technology for improvement;

545. advanced assessment and clinical skills;

546. safeguarding;

547. specialist skills required for occupational health such as knowledge of the law and different employer-types and contexts; and
548. specialist skills required for those delivering support for children and young people.

### **9.2.2 Question 2. Themes that the new standards for community and public health nursing should cover**

549. As noted previously, the themes participants believed the standards should cover are broadly consistent with the factors they felt the design should take into account, although without discussion of the complexities or the role and how the standards will work within existing systems. These themes and their prevalence are discussed further below. Again, where possible we explore the key differences observed based on role and area.

#### **Leadership**

550. Approximately 1 in 3 respondents mentioned general or specific leadership skills they believed the standards should include, such as team and caseload management, business management, general professionalism, communication skills (both face-to-face and on social media), and awareness of local and national politics and ecosystems).

551. *Professionalism, leadership, accountability.*

**Practitioner, Scotland**

552. *Something around business management or project management skills.*

**Manager, England**

553. *Leadership, practice development, specialist knowledge and role as educator.*

**Practitioner, Northern Ireland**

554. Lecturers, educators and managers were the most likely to discuss the need for leadership skills. Among practitioners, those who were school-facing were particularly likely to discuss this. When country is considered, those from Wales are the most likely to discuss leadership skills.

#### **Collaborative working**

555. Approximately 1 in 4 participants highlighted the importance of collaborative working with various partners, including the community and voluntary sector, and health and social care partners.

556. *Inter-professional, interdisciplinary and inter-specialist working, partnership working.*

**Stakeholder, Scotland**



557. *Multidisciplinary-cross boundary working.*

**Practitioner, England**

558. Highlighting the need for collaborative working was broadly consistent among respondents; however, practitioners who are school-facing were more likely than others to mention this. Participants from Scotland were the least likely to discuss the need for collaborative working in their responses.

### **Equality and diversity**

559. Approximately 1:5 participants believed the standards should include equality and diversity, in particular working with diverse and hard to reach individuals and communities, including community development work.

560. *Social Inequalities / Responding to the needs of BAME communities / Cultural Awareness.*

**Lecturer, England**

561. *Working with vulnerable groups...families who are homeless, asylum seeking, drug and alcohol abuse.*

**Lecturer, England**

562. Lecturers and educators were the most likely to discuss the need for equality and diversity skills to be included, particularly those from Wales. Among practitioners, those who were community or school-facing were particularly likely to discuss this.

### **Public health**

Approximately 1:5 participants believed the standards should include consideration of general public health behaviours (including hygiene, healthy eating and exercise, and self-care). They believed practitioners should be involved through education and promotion to help prevent health issues.

563. *Health promotion, disease prevention, early identification and improving early years outcomes.*

**Manager, England**

564. *Promotion of public health and self-care (personalisation and giving control back to the patient without fear of recrimination / litigation).*

**Manager, England**

565. Lecturers and educators were also the most likely to discuss the need for consideration of long-term public health themes. Among practitioners, those who were school-facing were particularly likely to discuss this. By country participants from Wales are the most likely to discuss this and those from Scotland the least likely.

### **Person-centred care and family work**

566. Linked to public health, approximately 1 in 6 participants discussed the need to ensure the standards included a focus on delivering individual and family-specific support to help tackle their specific needs and improve outcomes.

567. *Developing personal and family resilience to tackle and build on good health.*

**Lecturer, England**

568. The focus on the family and individual was of particular importance to practitioners who were community or school-facing and those based in England.

### **Safeguarding**

569. Approximately 1 in 6 participants believed safeguarding should be considered in the standards, typically this involved safeguarding children and young people and the vulnerable, as well as an understanding of risk and how the practitioner may also remain safe.

570. *Safeguarding key and ever-growing complexities. Will be more important in predicted falling economy which will also affect widening of inequalities.*

**Manager, Wales**

571. *Legal frameworks and risk assessment and management while keeping a safe relationship.*

**Practitioner**

572. Lecturers and educators were the most likely to discuss safeguarding considerations, among practitioners it was also particularly important to those involved in school-based delivery, those in communities, and those with mental health roles. When country is explored, respondents from Wales are the most likely to discuss safeguarding.

### **Mental health and emotional wellbeing**

573. Approximately 1 in 7 participants felt the standards need to ensure consideration of patient mental health and wellbeing, this was particularly the case for children and young people.

574. Practitioners are the most likely to discuss the need for the standards to include consideration of mental health needs, particularly those who are schools-facing. By country, respondents from Wales are the most likely to discuss mental health.

575. A small number also noted the importance of practitioner health and wellbeing.

576. *Building a culture of staff wellbeing and resilience.*

**Practitioner, Scotland**

### Critical thinking

577. Approximately 1 in 8 participants noted that the standards need to ensure practitioners have an understanding and awareness of research, evaluation, data, and targets to support evidence-based practice and improvement.

578. *Protecting and promoting health through clinical evaluative work.*

**Practitioner, Wales**

579. *Service development (audit, change management, evaluation of impacts on patient care).*

**Manager, England**

580. Lecturers, educators and managers were the most likely to discuss the need for critical thinking skills. When country is considered, those from Wales are the most likely to discuss this.

### Education

581. Approximately 1 in 9 participants noted that the standards should include commitment to providing and receiving education, training, and support. It was felt this would help with overall workforce development, and advance practice.

582. *Equitable, evidenced based, life /profession long learning with appropriate specialist skills and learning/academic opportunities including research.*

**Lecturer, England**

583. Lecturers and educators were the most likely to discuss education, among practitioners this was most likely to be mentioned by those in community-facing roles.

### Prescribing

584. Approximately 1 in 9 participants believed the standards should cover prescribing (with some specifically mentioning the V300 standard). A small number also mentioned non-medical and social prescribing within this.

585. *I think that the independent prescribing should replace the V100 qualification which has very little value in general practice. I feel the independent prescribing would be a better tool to enable the specialist practitioner to be more autonomous and have a better understanding of both chronic disease management and acute minor illnesses.*

**Manager, Wales**

586. *V300 included in programme not as additional study.*

**Lecturer, England**

587. The need for prescribing to be included in the standards was most likely to be discussed by managers.

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### **Medical needs and management**

588. Approximately 1 in 12 respondents believed the standards should include requirements specifically for complex and chronic case management, and for palliative care.

589. *Chronic Disease management/vaccinations/wound management.*

590. *Proactive planning and supporting patients identified as palliative or at the end of their life.*

**Lecturer, England**

591. The need to include medical needs and management in the standards was most likely to be discussed by practitioners from community and school-based settings, and particular among those in England.

### **Other considerations**

592. A small number of participants also noted wider considerations for the standards including, IT and remote working skills, enabling autonomy, ensuring clinical skills and expertise, sexual health, peri/ante/post-natal health, infectious diseases and immunisation, and understanding of employment law.

## 10. Summary

### Focus of the events

593. The 39 webinars, roundtable events and other engagement events that took place between June and September 2020 generated a wealth of information from a wide range of participants who shared their opinions, experiences, questions and views on the SCPHN and SPQ programmes and the specific public health and community nursing professions. Participants ranged from frontline practitioners, educators, employers and advocacy groups.

594. The focus of each event was to consider the competencies and proficiencies required for specialist nurse practitioners to ensure they are equipped with the knowledge and skills they need to deliver high quality care in the future. This focus sometimes got a little lost during the discussions, mainly with practitioners, who commented on their current practice and current issues. Gentle reminders were sometimes needed in order to encourage participants to think much more widely than the here and now, and to explain exactly what is meant when someone labels a skill or attribute as 'advanced' or 'specialist' – i.e. what do you need to do in order to communicate at an advanced level?

### Covid-19

595. The webinars, roundtable events and other engagement events took place during lockdown and the easing of restrictions across the UK as the health service started to recover slightly from the Coronavirus pandemic. This unprecedented experience sometimes shaped the discussions particularly around the use of digital technologies and redeployment.

### NMC regulation

596. The majority of participants believe that both SCPHN and SPQ qualified nurses are already practicing at an advanced and specialist level and therefore they should be recognised as such. Regulation maintains standards, quality, consistency and protects the public. Many participants however are concerned that some nurses can call themselves a District Nurse or a School Nurse without completing a SCPHN or SPQ programme and see this as an issue concerning public trust and safety. Some participants would like to see nurse titles regulated by the NMC in the future.

### Core Standards

597. Many different stakeholders believe that SCPHN and SPQ programmes could have one set of core standards due to similar areas of learning and the fact some programmes are taught together. However, participants passionately defended each specialism identifying advanced and unique skill sets and areas of knowledge that, they believe, if not included in a core set of standards, would be side-lined and thus have a significant impact on each specialist profession and the care they provide. This was particularly evident from District Nurses who manage large caseloads and teams. They held concerns about losing the title of the District Nurse due to the value this profession holds. Therefore, a good many participants want to keep the standards separate.

However, the preferred option overall would be to have a shared set of core standards with pathways for each specialism with separate sets of standards that could really focus on those specific skills needed for each role.

### **Common Themes**

598. Six common themes emerged during the webinars, roundtable events and other engagement events, virtual postcards and email responses covering both SCPHN and SPQ areas of practice. These are:

Advanced communication skills

Collaborative working

Leadership

Prescribing

Public health

Safeguarding

Each specialist nursing role boasts its own set of themes that may be completely unique or may appear in other specialist nursing roles.

### **Prescribing**

599. An extremely pertinent topic generating a lot of discussion during the webinars, roundtable events and other engagement events, including the virtual postcards and email responses is prescribing. Some nurse practitioners did not feel that prescribing was a requirement for their role based on the fact that they don't need to prescribe currently, or they have a prescribing qualification but hardly use it. This was certainly the case with Community Health Nurses, and with Community Mental Health Nurses especially.

600. There were other areas of nursing that are in favour of prescribing, mainly independent prescribing, as this would offer a timely and holistic service to patients and would be extremely beneficial to those practitioners in rural and hard to reach areas. For many participants, prescribing is viewed as an advanced skill that would elevate their nursing profession and complement their autonomous role.

601. However, other practitioners were concerned that prescribing might be seen as an 'easy option', especially amongst those working within mental health and learning disabilities services. Therefore, these practitioners require demonstrable knowledge of therapeutic interventions instead of solely relying on their ability to prescribe.

602. Educators, although concerned with how a prescribing qualification would fit within the one-year courses, were largely in favour of specialist nurse practitioners being recognised as independent prescribers. The ability to independently prescribe was regarded as a skill these nurses would need in their future toolkit to deliver holistic, autonomous care. They did acknowledge, however, that some students, practitioners and employers may need further encouragement to recognise this.

603. The pre-engagement online events, virtual postcards and email responses provide an incredible and vast collection of what current frontline practitioners, educators, employers and other stakeholders believe are the core and unique qualities, skills and attributes of SCPHN public health nurses and SPQ community nurses. As stated previously, this report and accompanying spreadsheet prepared by Pye Tait Consulting (with over 2,120 rows of information and 250 themes gained through extensive virtual engagement activity) presents the NMC with a wealth of qualitative data. The data will help influence and shape the new draft standards of proficiency and accompanying programme standards in preparation for public consultation as part of the process to determine what future specialist practitioners need to know and be able to do to fulfil SCPHN and SPQ roles.

## Appendix – List of all webinars

**Table 1: A chronological list of all webinars that Pye Tait Consulting attended and thematically analysed**

	Programme	Date	Event Title
1	SCPHN	29 <sup>th</sup> June 2020	SCPHN webinar
2	SPQ	30 <sup>th</sup> June 2020	SPQ webinar
3	SCPHN	10 <sup>th</sup> July 2020	School Nursing webinar
4	SCPHN	15 <sup>th</sup> July 2020	Occupational Health Nursing webinar
5	SCPHN	20 <sup>th</sup> July 2020	Follow up Roundtable: SCPHN Core
6	SCPHN	21 <sup>st</sup> July 2020	Health Visiting webinar
7	SPQ	22 <sup>nd</sup> July 2020	Follow up roundtable with frontline practitioners
8	SCPHN	23 <sup>rd</sup> July 2020	Roundtable with educators
9	SCPHN	24 <sup>th</sup> July 2020	Roundtable with School Nurses
10	SCPHN & SPQ	27 <sup>th</sup> July 2020	Roundtable with educators and students
11	SCPHN	28 <sup>th</sup> July 2020	Prescribing meeting
12	SCPHN	29 <sup>th</sup> July 2020	Roundtable with Health Visitors
13	SPQ	30 <sup>th</sup> July 2020	SPQ IDG 2



14	SPQ	30 <sup>th</sup> July 2020	Follow up roundtable with Advocacy Groups – Disabilities and Long-Term Conditions
15	SCPHN	31 <sup>st</sup> July 2020	Health Visiting standards discussion group meeting
16	SPQ	31 <sup>st</sup> July 2020	SPQ IDG 3
17	SCPHN & SPQ	31 <sup>st</sup> July 2020	Follow up round table with Advocacy Groups – Older People
18	SPQ	3 <sup>rd</sup> August 2020	Specialism Discussion Group with 5 breakout groups: Community Children’s Nursing
19	SPQ	3 <sup>rd</sup> August 2020	Specialism Discussion Group with 5 breakout groups: Mental Health Nursing
20	SPQ	3 <sup>rd</sup> August 2020	Specialism Discussion Group with 5 breakout groups: Learning Disabilities Nursing
21	SPQ	3 <sup>rd</sup> August 2020	Specialism Discussion Group with 5 breakout groups: General Practice Nursing
22	SPQ	3 <sup>rd</sup> August 2020	Specialism Discussion Group with 5 breakout group: District Nursing
23	SCPHN & SPQ	3 <sup>rd</sup> August 2020	Roundtable with other professions
24	SCPHN	4 <sup>th</sup> August 2020	Roundtable with Occupational Health Nurses
25	SCPHN	5 <sup>th</sup> August 2020	Programme Standards Meeting

26	SCPHN & SPQ	6 <sup>th</sup> August 2020	Roundtable – Children and Young People
27	SCPHN	7 <sup>th</sup> August 2020	Occupational Health Nursing SDG Meeting
28	SCPHN	7 <sup>th</sup> August 2020	Research and Evidence meeting
29	SCPHN	12 <sup>th</sup> August 2020	Roundtable with employers
30	SPQ	13 <sup>th</sup> August 2020	Additional SPQ discussion
31	SCPHN	14 <sup>th</sup> August 2020	Roundtable with Advocacy Groups – Mental Health and Learning Disabilities
32	SCPHN & SPQ	20 <sup>th</sup> August 2020	Social Care Roundtable
33	SCPHN & SPQ	25 <sup>th</sup> August 2020	Roundtable with employer reps and commissioners
34	SCPHN & SPQ	25 <sup>th</sup> August 2020	Prescribing meeting
35	SPQ	1 <sup>st</sup> September 2020	Webinar: General Practice Nursing
36	SPQ	9 <sup>th</sup> September 2020	Webinar: Community Mental Health Nursing
37	SPQ	9 <sup>th</sup> September 2020	Webinar: Community Learning Disabilities Nursing
38	SPQ	10 <sup>th</sup> September 2020	Webinar: Community Children’s Nursing
39	SPQ	10 <sup>th</sup> September 2020	Webinar: District Nursing

**Table 2: events re-presented by SCPHN and SPQ**

1	SCPHN	29 <sup>th</sup> June 2020	SCPHN webinar
3	SCPHN	10 <sup>th</sup> July 2020	School Nursing webinar
4	SCPHN	15 <sup>th</sup> July 2020	Occupational Health Nursing webinar
5	SCPHN	20 <sup>th</sup> July 2020	Follow up Roundtable: SCPHN Core
6	SCPHN	21 <sup>st</sup> July 2020	Health Visiting webinar
8	SCPHN	23 <sup>rd</sup> July 2020	Roundtable with educators
9	SCPHN	24 <sup>th</sup> July 2020	Roundtable with School Nurses
11	SCPHN	28 <sup>th</sup> July 2020	Prescribing meeting
12	SCPHN	29 <sup>th</sup> July 2020	Roundtable with Health Visitors
15	SCPHN	31 <sup>st</sup> July 2020	Health Visiting standards discussion group meeting
24	SCPHN	4 <sup>th</sup> August 2020	Roundtable with Occupational Health Nurses
25	SCPHN	5 <sup>th</sup> August 2020	Programme Standards Meeting
27	SCPHN	7 <sup>th</sup> August 2020	Occupational Health Nursing SDG Meeting
28	SCPHN	7 <sup>th</sup> August 2020	Research and Evidence meeting
29	SCPHN	12 <sup>th</sup> August 2020	Roundtable with employers

31	SCPHN	14 <sup>th</sup> August 2020	Roundtable with Advocacy Groups – Mental Health and Learning Disabilities
10	SCPHN & SPQ	27 <sup>th</sup> July 2020	Roundtable with educators and students
17	SCPHN & SPQ	31 <sup>st</sup> July 2020	Follow up round table with Advocacy Groups – Older People
23	SCPHN & SPQ	3 <sup>rd</sup> August 2020	Roundtable with other professions
26	SCPHN & SPQ	6 <sup>th</sup> August 2020	Roundtable – Children and Young People
32	SCPHN & SPQ	20 <sup>th</sup> August 2020	Social Care Roundtable
33	SCPHN & SPQ	25 <sup>th</sup> August 2020	Roundtable with employer reps and commissioners
34	SCPHN & SPQ	25 <sup>th</sup> August 2020	Prescribing meeting
2	SPQ	30 <sup>th</sup> June 2020	SPQ webinar
7	SPQ	22 <sup>nd</sup> July 2020	Follow up roundtable with frontline practitioners
13	SPQ	30 <sup>th</sup> July 2020	SPQ IDG 2
14	SPQ	30 <sup>th</sup> July 2020	Follow up roundtable with Advocacy Groups – Disabilities and Long-Term Conditions
16	SPQ	31 <sup>st</sup> July 2020	SPQ IDG 3
18	SPQ	3 <sup>rd</sup> August 2020	Specialism Discussion Group with 5

			breakout groups: Community Children's Nursing
19	SPQ	3 <sup>rd</sup> August 2020	Specialism Discussion Group with 5 breakout groups: Mental Health Nursing
20	SPQ	3 <sup>rd</sup> August 2020	Specialism Discussion Group with 5 breakout groups: Learning Disabilities Nursing
21	SPQ	3 <sup>rd</sup> August 2020	Specialism Discussion Group with 5 breakout groups: General Practice Nursing
22	SPQ	3 <sup>rd</sup> August 2020	Specialism Discussion Group with 5 breakout group: District Nursing
30	SPQ	13 <sup>th</sup> August 2020	Additional SPQ discussion
35	SPQ	1 <sup>st</sup> September 2020	Webinar: General Practice Nursing
36	SPQ	9 <sup>th</sup> September 2020	Webinar: Community Mental Health Nursing
37	SPQ	9 <sup>th</sup> September 2020	Webinar: Community Learning Disabilities Nursing
38	SPQ	10 <sup>th</sup> September 2020	Webinar: Community Children's Nursing
39	SPQ	10 <sup>th</sup> September 2020	Webinar: District Nursing

**Table 3: structure of report detailing the amount of themes in each**

Section	Content	Coverage	Note
3	Themes of special interest	SCPHN and/or SPQ	<a href="#">3. Themes</a> of special interest
4	Common themes	SCPHN and/or SPQ	<a href="#">4. Common</a> themes 4. Common themes 4. Common themes
5.1	SCPHN	General summary	<a href="#">5. Specialist Community Public Health Nursing (SCPHN)</a>
5.1.1	SCPHN	Practitioners and stakeholder	<a href="#">4 themes analysed</a>
5.1.2	SCPHN	Educators	<a href="#">2 themes analysed</a>
5.1.3	SCPHN	Employers	<a href="#">2 themes analysed</a>
5.2	SCPHN – Health Visiting	General summary	<a href="#">28 themes in total</a>
5.2.1	SCPHN- Health Visiting	Practitioners and stakeholders	<a href="#">8 themes analysed</a>
5.2.2	SCPHN – Health Visiting	Educators	<a href="#">2 themes analysed</a>
5.3	SCPHN – Occupational	General summary	<a href="#">43 themes in total</a>

	Health Nursing		
5.3.1	SCPHN – Occupational Health Nursing	Practitioners and stakeholders	<a href="#">8 themes analysed</a>
5.3.2	SCPHN – Occupational Health Nursing	Educators	<a href="#">5.3.2 Educators on Occupational Health Nursing</a>
5.4	SCPHN – School Nursing	General summary	<a href="#">35 themes in total</a>
5.4.1	SCPHN – School Nursing	Practitioners and stakeholders	<a href="#">7 themes analysed</a>
5.4.2	SCPHN – School Nursing	Educators	<a href="#">3 themes analysed</a>
6.1	SPQ	General summary	<a href="#">36 themes in total</a>
6.1.2	SPQ	Practitioners and stakeholders	<a href="#">4 themes analysed</a>
6.1.3	SPQ	Educators	<a href="#">1 theme analysed</a>
6.2	SPQ – Community Children’s Nursing	General summary	<a href="#">26 themes in total</a>
6.2.1	SPQ – Community Children’s Nursing	Practitioners and stakeholders	<a href="#">3 themes analysed</a>
6.3	SPQ – District Nursing	General summary	<a href="#">43 themes in total</a>
6.3.1	SPQ – District Nursing	Practitioners and stakeholders	<a href="#">5 themes analysed</a>

6.3.2	SPQ – District Nursing	Educators	<a href="#">3 themes analysed</a>
6.4	SPQ – General Practice Nursing	General summary	<a href="#">32 themes in total</a>
6.4.1	SPQ – General Practice Nursing	Practitioners and stakeholders	<a href="#">4 themes analysed</a>
6.4.2	SPQ – General Practice Nursing	Educators	<a href="#">2 themes analysed</a>
6.5	SPQ – Community Learning Disabilities Nursing	General summary	<a href="#">26 themes in total</a>
6.5.1	SPQ – Community Learning Disabilities Nursing	Practitioners and stakeholders	<a href="#">4 themes analysed</a>
6.5.2	SPQ – Community Learning Disabilities Nursing	Educators	<a href="#">1 theme analysed</a>
6.6	SPQ – Community Mental Health Nursing	General summary	<a href="#">22 themes in total</a>
6.6.1	SPQ – Community Mental Health Nursing	Practitioners and stakeholders	<a href="#">4 themes analysed</a>
6.6.2	SPQ – Community Mental Health Nursing	Educators	<a href="#">3 themes analysed</a>
7.1	Joint commentary SCPHN and SPQ	Educators	<a href="#">10 themes in total, 5 themes analysed</a>
7.2	Joint commentary	Educators and students	<a href="#">11 themes in total, 3 themes</a>



	SCPHN and SPQ		<a href="#">analysed</a>
7.3	Joint commentary SCPHN and SPQ	Employer reps and commissioners	<a href="#">7 themes in total, 3 themes analysed</a>
7.4	Joint commentary SCPHN and SPQ	Social care professionals	<a href="#">19 themes in total, 4 themes analysed</a>
7.5	Joint commentary SCPHN and SPQ	Other professions	<a href="#">10 themes in total, 2 analysed</a>
7.6	Joint commentary SCPHN and SPQ	Advocacy groups	<a href="#">58 themes in total, 10 themes analysed</a>
8.1	Programme standards	SCPHN programme standards	<a href="#">8 themes in total, 4 themes analysed</a>
8.2	Programme standards	Research and Evidence	<a href="#">15 themes in total, 6 themes analysed</a>
8.3	Programme standards	SCPHN Post-registration standards: Health Visiting	<a href="#">10 themes in total, 3 themes analysed</a>
8.4	Programme standards	SCPHN Post-registration standards: Occupational Health Nursing	<a href="#">19 themes in total, 7 themes analysed</a>
8.5	Programme standards	SPQ Programme standards	<a href="#">12 themes in total, 3 analysed</a>
9.1.1	Email analysis	SCPHN	<a href="#">15 themes</a>
9.1.2	Email analysis	SPQ	<a href="#">7 themes</a>

9.1.3	Email analysis	Programme standards	<a href="#">3 themes</a>
9.2.1	Virtual postcard analysis	Question 1	<a href="#">13 themes</a>
9.2.2	Virtual p analysis	Question 2	<a href="#">11 themes</a>
10.	Summary		

**Table 4**

**Standard 1.1:**

**Ensure that the applicant is a registered nurse (level 1), a registered midwife or a SCPHN before being considered as eligible to apply for entry onto an NMC approved prescribing programme.**

**Table 5**

**Standard 1.2:**

**Provide opportunities that enable all nurse (level 1), midwife or SCPHN registrants (including NHS, self-employed or non-NHS employed registrants) to apply for entry onto an NMC approved prescribing programme.**

**Table 6**

**Standard 1.3:**

**Confirm that the necessary governance structures are in place (including clinical support, access to protected learning time and employer support where appropriate) to enable students to undertake, and be adequately supported**

**Table 7**

**Standard 1.6:**

**Confirm that the applicant is capable of safe and effective practice at a level of proficiency appropriate to the programme to be undertaken and their intended area of prescribing practice.**

## Appendix – Summary of updates to this report

Para/page no.	Amendment	Responsibility	Date
Final para/p10 and p111	Paragraph split into two sentences; final sentence extended.	NMC	27/11/2020
Para 1/p11	November '2019' amended to '2020'.	NMC	27/11/2020
Para 307/p64	Correction: 'Community Learning Mental Health Nursing' amended to: 'Community Mental Health Nursing'.	Pye Tait (author)	16/03/2021
Para 16 and 17/p13	Correct explanation of the structure of the report.	Pye Tait (author)	16/03/2021