Community Health Care Development

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Community Health Care Development

Edited by

DEBORAH HENNESSY

Foreword by Andrew Wall

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Dedicated with love to the Sisters of the Community of St John the Divine, Alum Rock Road, Birmingham, who as an Anglican Religious Nursing Order have given compassionate care in the development of community health since 1848

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Care started in the community. In the most primitive societies there were no alternatives to caring at home. But with the developing sophistication of civilisations health care went beyond the home and people other than the immediate family became involved. And with this came problems which we are now beginning to recognise and are attempting to alleviate.

As care became more institutionalised so the family became more distanced. The normal responses based on day-to-day knowledge of the sick person could no longer be relied upon and nurses and others had to learn to become proxies for the family and learn to understand their patient. In an institution this is difficult because there is no prompting from the patient's own context. We now are attempting to redress the situation both by treating the patient at home for as long as possible and when they have to be admitted encouraging the care staff to acknowledge the patient as a complete individual, not just a set of symptoms.

This regard for the wholeness of the patient is one of the differences between primary care and community care. Primary care is about the time and place of treatment but community care comprehends the person in their own setting. The simplistic divide between primary (good) and secondary (bad) therefore fails to recognise the uniqueness of each individual and how that uniqueness needs to be understood at every point along the continuum of care.

Given the intimate knowledge that all care workers need to have of those they are looking after, values and standards arising from those values need to be articulated. These values have sometimes been politically motivated: community care was thought to be a cheaper option. Or they can lead to dogmatism: community care is always best. But both these views are flawed. Community care can be very expensive – think about twenty-four-hour home care – and treating people at home is beneficial only if their full clinical needs can be met. So the values need to be centred much more on appropriateness.

Community care can create other problems. One of the reasons for preferring institutional settings for care has been to standardise practice. This has of course been the keystone of professionalism. But how can this work in the community? Will the patient be put to unnecessary risk when care workers are relatively unsupervised?

Community care is diffuse and therefore more difficult to manage. This is a challenge to managers who, by their very nature, are concerned with control. They may react unfavourably to what they may see as a sentimental approach to patients which in fact camouflages poor practice and inefficient use of resources.

Community care is at the heart of today's health care rhetoric. What this book does so valuably is to explore the reality of community care and re-establish that, fundamentally, community care is about recognising the supremacy of the patient and the obligations health care workers have to recognise the patient's individuality in the most appropriate manner possible. It is not easy, it is not cheap, but adherence to the highest standards never is!

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Successive governments have indicated their commitment to enhancing the health of the nation and, in recent years, the focus of care delivery has shifted with escalating speed into the community. In so doing, it has become evident that community nurses and health visitors provide the focus for the promotion of health gain, and for the maintenance of positive health status for individuals, groups and local communities. Community nurses and health visitors are destined, therefore, to become leaders in the design, delivery and evaluation of effective health care interventions, informed by academic discovery, and advanced practice skills and competencies.

The changes that confront the contemporary community nursing practitioner are characterised by the diverse nature of the context within which community care is transacted, with an increasing emphasis on inter-sectoral co-operation, interprofessional collaboration, community action and development, and reduced reliance on the acute sector and residential care provision for longer-stay client groups.

The impact of change, pushed by a growing demand for flexible, high-quality services provided within local communities, will inevitably shape the NHS of the future. Resources have already been shifted to the community (although at a pace that is all too often criticised as being grossly inadequate to meet client need). Commissioners and providers are now required to demonstrate that the care they purchase and deliver is effective and responsive to the needs of local practice populations. To complement this, community nurses will be required to ensure that their activities make a significant impact on health gain for their practice population and, as such, should become seriously involved in structuring the political agenda that ultimately governs their practice environment.

In order for the community workforce to respond to these challenges, it will be necessary to ensure that community workers are equipped with the necessary skills and knowledge-base to be able to function effectively in the 'new world of community health practice'. Nurses will be required to develop and change, drawing upon the very best of their past experience, and becoming increasingly reliant upon the production of research evidence to inform their future practice.

This series is aimed at practising community nurses and health visitors, their students, managers, professional colleagues and

commissioners. It has been designed to provide a broad-ranging synthesis and analysis of the major areas of community activity, and to challenge models of traditional practice. The texts have been designed specifically to appeal to a range of professional and academic disciplines. Each volume will integrate contemporary research, recent literature and practice examples relating to the effective delivery of health and social care in the community. Community nurses and health visitors are encouraged towards critical exploration and, if necessary, to change their own contribution to health care delivery – at the same time as extending the scope and boundaries of their own practice.

Authors and contributors have been carefully selected. Whether they are nurses or social scientists (or both), their commitment to the further development and enrichment of health science (and nursing as an academic discipline in particular) is unquestionable. The authors all demonstrate knowledge, experience and excellence in curriculum design, and share a commitment to excellence in service delivery. The result is a distillation of a range of contemporary themes, practice examples and recommendations that aim to extend the working environment for practising community nurses and health visitors and, in so doing, improve the health status of their local consumer.

Community Health Care Development, edited by Dr Deborah Hennessy, has been written by a range of carefully chosen selected authors. Between them, they provide a breadth of creative vision informed by a range of commissioning and practice perspectives. The book challenges community practitioners to replace conventional methods of delivery with a community action/development focus. The authors provide an excellent synopsis of health-needs assessment within the context of the present-day health service and, in so doing, examine the growing importance of clinical and cost-effectiveness in health care. The text is based on a vision of an integrated primary care service and is imbued with examples from clinical practice. Readers will be challenged to adopt a proactive approach to care delivery and to act as change agents in their area of specialist practice.

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