

A system to suit the patient?

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Readers could be forgiven for thinking that JCN is leading a 'Tony Carr for Prime Minister' campaign — I have mentioned his thoughts in an earlier column with reference to district nurse training and last month we carried his speech at the Queen's Institute AGM.

I make no apologies for referring to Mr Carr of Newcastle upon Tyne AHA again this month. District nursing needs all the friends it can muster and it will only gain these friends if people are prepared to talk lucidly in the profession's defence — and propose new, rational and exciting ideas for the future good of district nursing.

Mr Carr has been prepared to do this — he is not alone in his promotion of district nursing's cause but one idea of his that needs further airing in the hope of promoting discussion in the profession and, hopefully, among the powers-that-be, is that of a 'super' district nurse.

This nurse will head a team within the normal health care team, of people trained in not only the regular nursing skills, but also specialist skills.

Not just for élite

And the training would not only be for nursing's élite, says Mr Carr. He adds: 'I think the whole idea would need a working party to study it closely, but I would envisage a core module of education for every member of the team — SRN, SEN, and nursing auxiliary.

'In this way everybody would understand the work and problems of his or her neighbour on the team.

'In community nursing I feel we are only touching the tip of the iceberg in the way we are coping with the problems — by forming a team and using our manpower resources more effectively, I feel we can go deeper. I am not suggesting that we would necessarily keep more hospital beds free — but at least those being cared for in the home

would receive the best possible treatment with the minimum of wastage of nursing power.'

Mr Carr suggests that, at present, the doctor has a subconscious care 'threshold.' When he goes into a house he may not think immediately that a patient could do with a regular visit from the district nurse. He may instead think first that the district nurse has rather a lot to do at present and this patient can probably manage without.

'By introducing a complete team,' says Mr Carr, 'he need not think in this way — the patient's well-being could be at the front and back of his mind. Instead of tailoring the patient's needs to suit the system, it would be tailoring the system to suit the patient.

'Super' district nurse

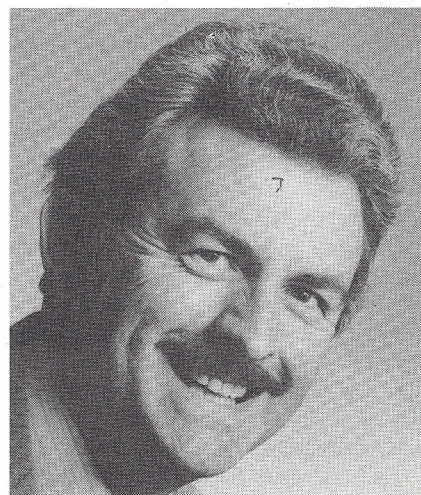
At the head of this team would be the 'super' district nurse. This nurse would act as team manager and instead of filling her day by taking a blood pressure here, giving a bath there and advising on stoma care somewhere else, she would assess the needs of the patient.

Then, from her team, she could appoint, say, a nursing auxiliary to take care of one patient and an SRN with specialist stoma training to care elsewhere.

He suggests that, by introducing this team work, more nurses who may be afraid of the responsibilities of being completely on their own in the community, would be encouraged to join this branch of the profession.

He admits that fewer people want to train for longer periods these days, but if the core training module was restricted to something similar to a 12-week staff nurse course, then nurses would not be put off applying. Specialised training could follow.

At present Mr Carr is involved with the working party which is studying SEN training, similar to the SRN training working party which



Carr: thorough SEN training

reported last year. Although the working party has no deadline to work to, it has already held two meetings, received more than 100 submissions and anticipates producing a report by the autumn.

Should the idea of a health care nursing team under a district nurse be adopted, the SEN would have a very important role to play and as such, says Mr Carr, the training here should be mandatory and thorough.

At the Queen's Nursing Institute recently it was said that SRN training should be adopted by AHAs and the authorities should be told that they could not employ anybody in a district nursing capacity without the correct qualifications. (Mandatory training.) The suggestion was qualified to provide a five-year delay during which no new unqualified staff could be taken on, but those already in service would have the opportunity to train.

'I see no reason why this could not apply to SENs as well,' says Mr Carr.

So, is 1978 to be the year of the team... the year when the district nurse is provided with the qualified help she needs and the service receives its much-needed staff boost?

Or will it be 'Procrastinate in '78'... again?