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Neighbourhood Nursing

Examining the needs of a population can greatly enhance the potential to plan care and prevent illness. Anthony Carr considers the importance of this approach – both for today's patients and tomorrow's nurses

IN June 1986, just six months after the Community Nursing Review report[1] was submitted to the DHSS, a further report was released by the Faculty of Community Medicine. This confirmed much of what the Community Nursing Review Team had felt and seen.

The findings included the following facts:

(a) that the further expectation of life at the age of 45 years in this country was among the worst in the world.

(b) The incidence of heart disease was the worst in the world.

(c) Incidence of cervical cancer had not changed over fifteen years in the United Kingdom, although it had been halved in other European countries.

(d) The uptake of immunisation and vaccination was the worst of any developed country. This gave the high incidence of three handicapped children to every 1,000 born.

(e) The incidence of mortality and morbidity in lower social classes is higher than that found in other European countries. These findings confirm that our Health Service is basically an 'Illness Service', as opposed to a preventative one.

Consumers

Our report, the Community Nursing Review Report, concentrated on consumers of the Health Service. Its aim was to enable the services to become more sensitive to the whole health needs of the people. It was not written for nurses or doctors or even health authorities – it was written for people.

In compiling our report, we visited at least two districts in each English region. We met with many nurses, health visitors and midwives at management and field level together with general practitioners, social workers and most importantly the consumer, their carers and those working in the voluntary organisations. With a few exceptions, primary health care teams were concepts rather than realities. Health visitors and district nurses rarely worked together with the same patient/client or family. Practice nurses and school nurses also seemed divorced from the main stream of care.

The report highlighted the following:

(1) That there are dependent people at home.
The reasons were developing handicap by reason of age, mental handicap, or chronic illness.

(2) That there are sick people at home or in hospital who would prefer to be cared for at home if the necessary services were available.

(3) There are also healthy people at home requiring advice on how to prevent illness and promote wellness. This group requires much more advice and education than is currently on offer.

There was evidence in the report that most of the service concentrated on individuals with the general practitioner having his contract with the individual patient and the Family Practitioner Comittee. Although health visitors stated that they were qualified to care for the family, we found that much of their work was undertaken with mothers and children aged 0-3 years. Our examination of well-defined communities revealed planning processes and management arrangements to be in short supply – except in the context of a few well known projects.

Sensitive services

We searched for an overall statement of principle, and chose the word 'sensitivity'. The services should be sensitive to the needs of families, individuals and communities. We then agreed six aims:

- Informed Choice
- Promotion of Health and Prevention of Illness
- Fostering of independence
- Developing a partnership with carers
- Using a network of care
- Involvement of local people

AVERAGE POPULATIONS DIVIDED INTO NEIGHBOURHOODS (England)

Age in years (Est: 1986)	% of population	Numbers of people contained in various sized neighbourhoods 10,000 : 15,000 : 20,000 : 25,000			
0-4	6%	600	900	1,200	1,500
5-14	13%	1,300	1.950	2,600	3,250
15-24	16%	1,600	2,400	3,200	4,000
25-34	14%	1,400	2,100	2,800	3,500
35-54	25%	2,500	3,750	5,000	6,250
55-64	11%	1,100	1,650	2,200	2,750
65-74	9%	900	1,350	1,800	2,250
75-84	5%	500	750	1,000	1,250
85+	1%	100	150	200	250
	100%	1,000	15,000	20,000	25,000

Population Source: OPCs Monitor (1983)

Meeting needs

As a team, we have been encouraged by the response of the professions to our proposals and in particular the basic concept of organisation of the community services into Neighbourhoods. Our view is that it is only by dividing each district into populations of between 10,000 to 25,000 that the problems associated with that area can be properly identified and dealt with successfully. It follows from there that nursing services organised on the same basis will more readily meet the needs of the people living in that particular community.

The table shows the average age of the population in England divided into neighbourhoods of 10,000 to 25,000. It will be noticed that 6 per cent were aged 75 years or over. Translating these figures into neighbourhoods it can be seen that the lowest recommended population would have about 600 young children while the largest would have some 1,500. The difference of scale and type of service is clearly seen.

It will be open to the Neighbourhood nurse manager to obtain as much information on the Neighbourhood as possible. I have extracted the census information for my own district as illustrative of information radily available for all who would care to review it. It allows for a much more sensitive review of changes than on a district basis.

Among the findings are these:

- **Decrease of population**
  The total district population has decreased by 4.7% between 1971 and 1981. In individual wards however, the extremes are a reduction of 31% to a growth of 99%.
- **Pre and school population**
  Overall reduction of 20%
  range is from −50% to a +86%.
- **Number of elderly in each ward**
  Overall figure for the district is 12% over the age of 60 for women and 65 for men.
  Variations included an increase in ten years of 72% to a reduction of 24% in different wards.
- **Houses only having pensioners as occupants.**
  Average for district is 24.8%
  The range is from 29% to 17%.
- **Single parent families**
  Average for district is 5.4%
  The range is from 10.6% to 3.1%.

There is much more information available – for example, the percentage of the working population in different age groups. Unemployment rates, home and car ownership, statistical details of local amenities etc, should also be available.

It is only when the district's figures are divided into clear communities that the real problems of environmental and social need become clear.

Influence

Finally, I feel I have to ask the nurse educationalists of today this series of questions.

- Do nurses care for people only or support people to realise their full health potential?
- Do nurses do, or listen and do?
- Do nurses give or hide knowledge from people, or through learning about the patient and his environment hear the hidden agenda and enrich the situation by assisting in its interpretation.

I ask you because you have the major influence over the nurses of tomorrow. How are they doing? ■

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