

# Older People's Specialist Nurse

A joint statement from  
the Royal College of Nursing and  
the British Geriatrics Society



Royal College  
of Nursing



### **The British Geriatrics Society**

Geriatric medicine (geriatrics) *“is that branch of general medicine concerned with the clinical, preventative, remedial and social aspects of illness of older people. Their high morbidity rates, different patterns of disease presentation, slower response to treatment and requirements for social support, call for special medical skills”*. The purpose is to restore an ill and disabled person to a level of maximum ability and, wherever possible, return the person to an independent life at home.

The British Geriatrics Society (BGS) was founded in 1947 for *“the relief of suffering and distress amongst the aged and infirm by the improvement of standards of medical care for such persons, the holding of meetings and the encouragement of research”*.

The Society is a professional association of physicians, paramedical staff and scientists. It is the only society in the UK offering specialist medical expertise in the whole range of health care needs of older people, from acute hospital care to high quality long-term care in the community. It now has over 2,000 members worldwide.



### **The Royal College of Nursing**

#### **About the Royal College of Nursing**

With a membership of over a third of a million, the RCN is the largest professional association and union of nursing staff and students in the UK. As such, it is an influential voice for nursing at home and abroad. The RCN promotes nursing interests on a wide range of issues by working closely with the Government, parliament, unions, professional bodies and voluntary organisations.

The RCN campaigns on behalf of its members and the people they care for, and is a leading player in the development of nursing policy and practice, and standards of care. It provides a comprehensive range of services and benefits for its members, including: advice and support on a range of clinical and employment issues; the foremost nursing library in Europe; and RCN Direct, the 24 hour telephone information and advice service for members. The RCN also provides continuing professional development opportunities through its distance learning and short course programme, and promotes research, quality and practice development through the RCN Institute.

#### **About the RCN Gerontological Nursing Programme**

The RCN Gerontological Nursing Programme brings together all the RCN's work on nursing and older people and integrates learning, policy, research and practice development activities. The programme works in partnership with the RCN's membership led specialist policy and practice groups and the older peoples field of practice for nursing and older people. The programme has a philosophy of:

- ◆ User Involvement: ensure that a user perspective is central to all activity;
- ◆ Person-centredness: the value of older people's contributions to society is viewed on the basis of reciprocity;
- ◆ Integration of learning, practice development, research and policy;
- ◆ A focus on care processes rather than location of care delivery;
- ◆ Nursing within a multi-agency context; and
- ◆ Practice that emphasises re-enablement.

# Older People's Specialist Nurse

## A JOINT STATEMENT FROM THE ROYAL COLLEGE OF NURSING AND THE BRITISH GERIATRICS SOCIETY

### Summary

This statement is aimed at those who collaborate to form policy with respect to health and social services for older people with complex needs. It describes the difficulties in providing smoothly coordinated care focused on older people as individuals and proposes the introduction of a new type of post - the Older People's Specialist Nurse.

The provision of health and social care for older people has become increasingly complex. Impediments to the continuity of care and the maintenance of any philosophy of empowerment arise at every organisational boundary. The Royal College of Nursing (RCN) and the British Geriatrics Society (BGS) believe that an Older People's Specialist Nurse is needed to work across the service interfaces in order to meet the needs of older people as they move through the system and to improve the skills and attitudes of those providing care.

Some provider trusts and commissioning bodies have already established specialist nurse posts for older people, but their structures vary reflecting local need and preference. This statement provides authoritative backing for the development of Older People's Specialist Nurses. It illustrates how these posts can benefit individual service users and the system of care as a whole using examples from a range of settings.

Development of such posts will be encouraged by collaborative working, undertaking the RCN BSc (Hons) in Gerontological Nursing and evaluation of both services and roles. This statement describes the key components of the BSc (Hons) in Gerontological Nursing and concludes with a discussion on how to best evaluate these posts.

### Introduction

This paper describes the need for Older People's Specialist Nurses and is the result of collaboration between the RCN and the BGS. It is set against a background of substantial change in the provision of health and social care for older people, characterised by shorter, more medically intense spells in hospitals, expansion of care in the community, and a massive increase in independent sector care homes. The current policy drive is the promotion of independence within the community care framework through an emphasis on rehabilitation and re-enablement.

In the midst of this sea of change is the vulnerable older person whose complex needs are met by a variety of providers. The more vulnerable a person is, the more power resides with the various providers; the person becomes a passive recipient of services rather than an

active participant in decisions about care. The National Service Framework for Older People (NSF) [1] emphasises the necessity to put older people, their needs and those of their families and carers, at the heart of policy and practice. To translate this deliberate policy of "empowerment" into everyday reality is a considerable challenge.

Efforts by individual practitioners can only go so far. A major obstacle to empowerment is the very complexity of the health and social care system. Hurried admission to hospital, transfers from ward to ward occasioned by bed crises, discharge back home or to a care home, short spells in intermediate care, a move from a residential to a nursing home - are all threats to the ideal of continuity of care and empowerment of the individual. Poor quality transfers harm individuals and waste resources.

A dual need has arisen: to improve the attitudes and knowledge base of those providing care; and to improve the older person's pathway and experience as they move through a wide range of ever changing provisions. The RCN and BGS believe that the skills of nursing are crucial in meeting these needs but to do so requires a new professional remit working across the boundaries of the fragmented service. In short, a new type of post - the Older People's Specialist Nurse (OPSN). Some National Health Service (NHS) trusts have already recognised this and advertised such posts. This statement builds on an initiative by the RCN to provide a programme of education to underpin this new role. It aims to provide an authoritative context for OPSN posts and to stimulate interest and investment by outlining the benefits to individuals and to services.

### Background and evolving policy

The rise in the numbers of older people, especially those aged 85 or above, is well documented. Older people are the major users of health and social care. Numerous factors have changed the pattern of this use in recent decades. Greater access to more effective medical treatments, improved housing conditions, more comprehensive social care provision and closure of the traditional long term care NHS hospitals have all played their part in this transformation. For many older people, and particularly the most frail, the pattern of need is of some level of continuing care, interspersed with acute episodes that require rapid access to medical treatment, nursing and therapy.

The post war trend has been to reduce the use of institutions for long term care. The decade before the implementation, in 1993, of the Community Care Act bucked this trend. Hospital spells shortened, rehabilita-

tion facilities were inadequate and the independent sector care homes expanded to fill the gap. The initial impact of the Act was to refocus public funds towards domiciliary social care provision rather than improving the recovery and independence of individuals. A range of reports [2] and national audits [3,4,5] in the late 1990s demonstrated that total facilities for rehabilitation were inadequate and how the fragmentation of care was leading to systematic inefficiency. The need to join up services in a coherent fashion, under the general strategic direction of promoting independence and autonomy, has become the recurring theme.

The consultation document based on the National Beds Inquiry (NBI) [6] showed clearly that a pattern of health and social care provision had developed which was ill suited to deliver this strategy. See Table 1.

The data demonstrate that older people use hospital beds more frequently but for shorter periods of time. The NBI suggested that the increasing acute hospital admission rate was partly related to inappropriate admissions and partly to admissions related to previously incomplete rehabilitation, and therefore potentially preventable. Along with the figures showing that increasingly intensive packages are provided to maintain people at home, the key conclusion drawn was that additional resources for rehabilitation and recuperation of older people were needed. The 1997 Audit Commission report on management of hip fracture also highlighted the importance of integrated treatment and rehabilitation and its potential for reducing hospital lengths of stay and institutionalisation rates [7].

The NHS Plan [8] set out the agenda for change with the development of community based services in general and Intermediate Care in particular [9] being essential components. One of the must-do Public Service Agreement targets identified in the NHS Plan was for the NHS in partnership with Social Services to, 'provide high quality pre-admission and rehabilitation care to older people to help them live as independently as possible by reducing preventable hospitalisation and ensuring year on year reductions in delays in moving people over 75 on from hospital'.

Several key publications have described the sort of services that are needed to at least minimise the effects of service inflexibility and fragmentation on the individual older person using services [10,11]. In response partly to widespread concern about the care of older people in hospitals, particularly in departments without specialist expertise in care of older people, the NSF has now set out a series of targets and milestones for service development, within hospitals and beyond. Central to the approach of the NSF is the promotion of dignity and autonomy of the individual and the deployment of effective treatments and care by adequately trained staff including specialist doctors, nurses and therapists up to

consultant level.

In the care home sector, equally concerning evidence of deficient standards has been addressed in the Care Standards Act 2001 that sets out physical and care standards. The RCN, in collaboration with the Royal College of Physicians and the BGS has produced a comprehensive statement [12] describing how health care input to the independent care home sector could be improved. An underlying assumption is that the independent sector will remain the predominant provider of residential and nursing home places in England and Wales but the specialist skills of geriatric medicine and nursing must be reapplied in that setting as part of a

public private partnership approach.

We believe that the Older People's Specialist Nurse is an important part of the strategy to improve care of older people,

in hospitals, in the community, in care homes and across the service interfaces.

**Table 1: Changing pattern of use of acute hospital beds**

Year	Number of NHS beds (thousands)		Admissions, excl. maternity (millions)	Average hospital length of stay (days)	
	All specialties	Geriatrics		General medicine	Geriatrics
1978	155	56	4.6	10	60
1998	108	30	6.5	5	19

### Older People's Specialist Nurse (OPSN)

The NHS Plan highlighted the development of the new role of Older People's Specialist Nurse. The primary role of a specialist nurse is that of an expert clinical practitioner working with older people and their families. The role includes clinical research, consultation, teaching and leadership [12,13,14]. To be formally recognised as a specialist practitioner, nurses are expected to have undertaken a programme of education to a standard set by the UKCC of at least first degree level and demonstrate achievement in the areas of clinical practice, leadership, practice development and care and programme management.

Appropriate preparation for the OPSN requires:

- ◆ sufficient and sound clinical experience working with older people;
- ◆ post-registration development in the distinct and 'special' aspects of older people's health and social circumstances and needs (pre-registration preparation is generally acknowledged to be inadequate in these areas);
- ◆ post-registration development in understanding the specific issues of later life eg the social and gerontological literature on older peoples' experiences of later life, the range of living circumstances and personal and social networks; and
- ◆ attributes and competencies which enable the nurse to respond expertly to the needs of the older person and professional colleagues.

The BSc (Hons) in Gerontological Nursing (Manchester University) has been developed by the Gerontological Nursing Programme of the RCN to meet the specific needs of nurses working with older people in a range of settings. It is the first degree of its kind in the UK and is designed for nurses choosing to specialise in geronto-

logical nursing who wish to develop their knowledge and skills towards an advanced or higher level by distance learning. It reflects the RCN's commitment to the development of the speciality of gerontological nursing and the delivery of excellence in care for older people. It is anticipated that, as a result of studying for this degree, the OPSN will be able to provide, promote and develop skilled holistic care to older people across boundaries in a variety of contexts.

### **The Older People's Specialist Nurse within a whole systems approach**

Modernising the NHS and social services requires greater integration between separate parts of the system of care so that, from the point of view of the user, the service is seamless. The NSF has proposed service models with standards for falls, stroke, and intermediate care. In some cases care pathways will facilitate their implementation. The range of skills needed by the workforce to deliver this approach to care does not exist in any particular profession or part of the service. Those traditionally found in hospital based departments (i.e. in specialist departments) will increasingly be needed in the community. Working in an interdisciplinary fashion presents challenges to all. At present, few staff work across sectors. The flexibilities provided by the Health Act 1999, such as pooled budgets and integrated provision, could facilitate more dynamic and creative ways of working.

A key service development central both to the NHS Plan and the NSF is the single process of assessment, which must be in place by April 2002 for vulnerable older adults. The scope of this generic assessment process was described in the NSF. It is envisaged that nurses, social workers, and therapists will be trained to perform these generic assessments, which may then link in to basic service provision or to further specialist assessments and specialist services. For the user, the single assessment process can be seen as a key component of whole systems working. At present the workforce is insufficient, probably in number and certainly in skills, to deliver this aspiration. The OPSN could be a key resource to provide leadership for nursing and contribute to cross boundary working. The location of OPSN posts should be determined locally reflecting community development needs. The OPSN working as part of a specialist team with geriatricians, therapists, social workers and others across all settings, would share a vision and accountability for the comprehensive delivery of services as well as developing good practice in nursing older people.

### **Examples of how Older People's Specialist Nurse posts could function**

Specialist nurses can work in a variety of settings and across boundaries as illustrated by four examples. The examples are characterised by service provision for older people who are deemed to be vulnerable and who require highly skilled staff input to respond to their complex needs. Each OPSN would work with a specific community of older people i.e. they will know the ageing population in their locality.

#### **Example 1: Nursing Home**

The OPSN would work with a group of care homes on a

consultative basis to provide expert skills and knowledge in relation to specific residents and in terms of care services within the homes in general. S/he would work with the nursing staff to develop practice within the homes based on good practice, evidence drawn from the literature and the expressed needs, wants and aspirations of the residents, and be able to offer clinical supervision and perhaps establish action learning in the homes.

The nursing staff would feel less isolated in terms of their professional practice, be able to communicate their views and think through possible courses of action and their consequences and become better equipped to discuss and agree responses to particular clinical situations and incorporate the decisions into clear care plans. Any anticipated deterioration in health of a resident could then be better managed, if necessary with the help of specialist community teams for example palliative care.

Such care plans would be of particular help to those dealing with residents for the first time, possibly out of hours, for example agency staff calling a general practitioner from a deputising service. Together they would be equipped to make better decisions, possibly avoiding unwanted and futile hospital admissions that could so easily be the outcome when clear care plans are lacking.

#### **Example 2: NHS Trust - intermediate care setting**

The OPSN would work with older people at home on a caseload/consultative basis, to ensure they receive the care and services they need. This would involve working collaboratively with other practitioners such as therapists and doctors, overseeing assessment, care planning and delivery, discharge planning and monitoring outcomes. The OPSN would be available to advise, educate and coach colleagues. Such approaches would be part of 'whole systems' of care for older people in a locality and may prevent crisis admissions to hospital. S/he would participate actively in the assessment process.

#### **Example 3: NHS Trust - acute setting**

The OPSN would work in partnership with the older person, assessing their needs and targeting interventions such as specific areas of nursing care, involvement of therapists and social workers. The OPSN would work closely with nursing, junior medical, therapy and social work colleagues on the wards, and with geriatricians and other specialists. S/he would work with the patient, relatives and supporters, challenging ageist assumptions in care and ensuring that older people had access to the range of hospital services available on the same basis as other patients. S/he is likely to work in specialist and non-specialist wards and departments, across services, developing practice, providing expert skills and knowledge and offering support in the assessment process.

#### **Example 4: Primary Care Trust**

The OPSN might work as a local 'older person's champion'. S/he could work to link the single assessment process described in the NSF, with a range of health and social care interventions that promote health,

autonomy and functional independence. S/he will have a range of skills and knowledge across health and social care interfaces.

The examples given are not intended to be definitive, rather to provide a 'flavour' of some of the core aspects of the OPSN role. This role will develop with the needs and circumstances of each neighbourhood or locality and certain areas and responsibilities are likely to vary from post to post and within the same post over time, in order to reflect the changing needs of older people in each locality.

### Evaluation

The government is committed to ensuring a high quality healthcare workforce in the right numbers, with the right skills and diversity, organised in the right way, to deliver the service objectives. The new role of Older People's Specialist Nurse could become a key part of this commitment. To date however, such roles have often lacked rigorous evaluation [15]. Although this is due in part to the ad hoc nature of many of the developments, their route of funding, and the often expedient nature of their implementation, it is also a reflection of the methodological challenges involved [16]. The evaluation of new roles can be hampered by the variety of ways in which they are emerging which means that even when roles

have the same title they can vary significantly in terms of remit and functions [17,18].

Evaluation therefore needs to focus on identifying both process and outcomes issues, as is the case for any complex health care intervention and a variety of approaches will be necessary. This might include action research, qualitative evaluation of processes and impressions of users, and measures of service processes and outcomes. Causality is difficult to ascribe in a complex and changing service. Simple before and after comparisons might be helpful but application of randomised controlled trials would be problematic as both the context and interventions are ill defined. The value of learning through experience and critical reflection should not be underestimated [19]. Conducting a rigorous evaluation of any new role will result not only in the direct learning of the outcome of the evaluation but will also provide a source of considerable learning for those who have been involved in the evaluative process.

In order to deliver on the government's targets set out in Working Together [20] the BGS and RCN believe that a significant investment in evaluation is required to ensure that workforce developments reflect patients' needs rather than professional aspirations.

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