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Nurses in the community

A rapid appraisal of research, evidence, and innovation in practice

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CONTENTS

NURSES IN THE COMMUNITY - A RAPID APPRAISAL OF RESEARCH, EVIDENCE AND INNOVATION IN PRACTICE

AIMS

To investigate research, evidence, and innovation in community nursing practice by exploring:

- Current levels in practice
- Potential enablers and future directions

METHODS

We completed a rapid appraisal, a form of rapid evaluation method or rapid qualitative inquiry that provides a snapshot of a particular context. We listened to 58 Community Nurses across 2 NHS Community Trusts and completed:

- 38 Interviews
- 5 Focus groups

MAIN FINDINGS

SYSTEM; THE NATIONAL CONTEXT OF CURRENT NHS HEALTHCARE IN THE UK

Current context of pressure reduces time and opportunity to be involved

Commissioning structures and performance metrics tend to deprioritise research and improvement activity

Governance structures and current models for research and improvement can be inaccessible and detached from clinical practice

PROFESSION; THE CULTURE AND REGULATION OF THE PROFESSION OF UK COMMUNITY NURSING

There is some ambiguity in accountability and evidence-based practice, particularly in high autonomy roles in the community setting.

Research and improvement activities are not regarded as part of many nursing roles.

It does not always feel like research, evidence and innovation are part of nursing culture

COMMUNITIES; THE LOCAL TEAMS AND ORGANISATIONS WHERE UK COMMUNITY NURSES WORK

Research, evidence, and innovation are currently reliant on individuals with a specific interest in these areas.

Nurse-led autonomy increases engagement and there are also benefits to peer support.

SPOTLIGHTS

RESEARCH

- Community nurses value research
- Delivery of research studies is often separate from clinical teams
- Language of research seen as a barrier
- There is a lack of community-based research
- Visibility, role models, goals and direction would help engagement

EVIDENCE

- Community nurses value and regularly use guidelines
- Nurses fill gaps in evidence with multiple sources
- There is informal sharing of experience and local knowledge
- Support and guidance would help in the application of evidence in practice.

INNOVATION

- Community nurses are very positive about innovation
- Particularly of value with new equipment and devices.
- Innovation is empowering.
- Autonomy and accessibility are important for engagement.

FUTURE DIRECTION

WORKING TOGETHER TO CO-DESIGN A COMMUNITY-BASED INFRASTRUCTURE FOR RESEARCH, EVIDENCE AND INNOVATION

The current infrastructure needs adapting to fit the unique setting of community-based care.

Working together with key stakeholders and partners to reform the infrastructure will create the conditions where research, evidence, and innovation are accessible, supported and encouraged.

LOCAL AUTONOMY TO APPLY AND GENERATE THE EVIDENCE COMMUNITY NURSES NEED TO SUPPORT THEIR LOCAL PRACTICE

- There is a diversity of roles and settings that community nurses work in.
- There is a need to generate more environments where nurses feel safe to lead autonomously to apply and create research, evidence, and innovation to fit their local community needs.

Foreward

Community nurses are naturally innovative because of the unique environments in which they practice. For the community nursing profession to continue to progress and flourish as a high-quality profession, clinical practice should be underpinned by a strong evidence base. This is particularly challenging when working remotely in autonomous roles but more so recently with the added pressures following the pandemic.

This rapid evaluation between two community trusts is the beginning of us understanding what those challenges look like and how the system can respond. Key to our understanding is commentary from nurses describing how research and innovation is seen within their roles. This paper lays down the foundation from which to work to progress opportunities to increase capacity and capability for nurses at all levels to engage in the generation of evidence.

I would like to thank all of the community nurses who took time to contribute their thoughts and reflections on research, evidence and innovation in practice, their honesty will support us to progress further work in this area. Thank you too to Solent NHS Trust Academy of Research and Improvement for their leadership and completion of this evaluation and to Kent Community Health NHS Foundation Trust for supporting with data collection. Both trusts worked quickly together to achieve this in a short space of time.

I am proud that this piece of work from the South East region focusing on community nursing in response to the CNO Strategic Plan for research will allow us to progress Action Area 2 of the National Community Nursing Plan and make research, evidence and innovation everybody's business.

Acosia Nyanin
Regional Chief Nurse – South East

Introduction

Nurses who work in community settings are a key and essential part of the NHS workforce. With over 100 million patient contacts a year, the contribution that community nurses are making is enormous. Consisting of over 86,000 registered nurses, community nurses work across many different settings and many different roles, each playing a vital part in keeping people and communities healthy, preventing hospital admission, and supporting throughout 'every phase of life' (NHS England 2021). The NHS Long Term Plan (2019) continues to set out the position of UK healthcare policy, placing community and out of hospital care as central to the delivery of UK policy ambition. The increased investment, support and development of community settings solidifies the importance of community nurses in delivering the high quality and world-class care of the future.

Research, evidence, and innovation are vital to the delivery of excellent clinical care. Community-based research is a core strategic aim, placing the development of both community-based workforce and research infrastructure as national priorities (National Institute for Health Research (NIHR) 2021). The scale, diversity and importance of community nursing presents a huge source of opportunity and potential, not only in the delivery of excellent care but in the development of the care of the future. This report has heard the voices of community nurses and begins to uncover what community nurses need to showcase their practice and to enable nurses to lead and drive forward excellent community nursing care.

The Solent NHS Trust Academy of Research and Improvement was commissioned to conduct an independent rapid appraisal of the current use of evidence, research, and innovation within community nursing settings. This involved key informant interviews with community nurses and focus group sessions to explore:

- Current levels of research activity in community nursing teams including: Quality Improvement initiatives, innovation, delivery of National Institute for Health studies and academic engagement.
- Enablers to enhance research and innovation within community nursing practice

Background

In July 2021 The National Community Nursing Plan draft document for engagement was launched. Linking to the NHS Long Term Plan, the vital resource of community nursing was recognised. The National Community Nursing Plan sets out intentions to ensure the success of community nursing by addressing seven key action areas, with Community Nursing Fellows aligned to each action area. This report was commissioned as part of Action Area 2, Advance research, and innovation.

- Action area one: deliver diverse career pathways.
- Action area two: advance research and innovation.
- Action area three: build capacity of integrated care systems.

- Action area four: drive use of digital and data.
- Action area five: expand role in population health management.
- Action area six: raise the profile and celebrate success.
- Action area seven: demonstrate value and understand the economics.

(NHS England 2021)

Who are community nurses?

Community nurses are any registered nurse who works in a community (out of acute hospital) setting. There are numerous different nursing roles in a community setting they include but are not limited to:

- district nurses
- family partnership nurses
- general practice nurses
- mental health nurses
- community matrons
- public health nurses
- occupational health nurses
- health visitors
- school nurses
- executive nurses
- nurse educators
- hospice nurses
- palliative care nurses
- frailty nurses
- neurology nurses
- children's nurses
- learning disability nurses
- ambulance nurses
- hospital avoidance nurses
- blood and transport nurses
- respiratory and heart failure nurses
- continuing healthcare nurses
- sexual health nurses
- tissue viability nurses
- prison outreach nurses
- homeless health nurses
- community in-patient ward nurses

(NHS England 2022

What do community nurses do?

Often delivering and coordinating the complexity of 24/7 care and supervising the management of multiple long-term conditions, they ensure that people maximise their independence and, wherever possible, avoid going into hospital or a care home. Many people would be unable to live at home without the support they receive from community nurses and their teams.

Nurses in the community provide complex care throughout life:

1. Safe and health birth and early years development.
2. Maintaining population health and wellbeing.
3. Avoiding hospital admission, delivering acute care at home.
4. Enabling rapid hospital discharge.
5. Long term care.
6. End of life care.

(NHS England 2021)

About this rapid appraisal...

Overview

This rapid appraisal took place between January 2022 and March 2022 across two community healthcare sites: Kent Community Health NHS Foundation Trust and Solent NHS Trust. The two sites were selected based on convenience sampling. A core project team of 15 people, both clinical and non-clinical working at both Kent Community Health NHS Foundation Trust and Solent NHS Trust were involved in both data collection and data analysis. As part of this rapid appraisal, we welcomed and included people at any stage of their research development, ranging from the very experienced to people just starting their research and improvement journey. The team included patients\lay interviewers. We used training and buddy support systems to maximise the potential of building confidence, capacity and capability in research and rapid appraisal methods. The team completed 38 interviews and 5 focus groups using both face to face and remote methods. Interviews and focus groups took between 20-45 minutes and were recorded and transcribed or selectively transcribed based on the rapid appraisal aims.

Data Collection

Interviews and focus groups were based on quality improvement (continuous and methodical improvement) and appreciative inquiry (looking at what works well and why, learning from excellence) structure looking at current and future practice in three areas: research, evidence, and innovation. Interviews and focus groups focused on 3 key questions:

- What is current practice?
- What would future practice look like?
- What do you need? - the barriers and enables to achieving the future

What do we mean by research?

Research was defined as 'the attempt to derive generalisable or transferable new knowledge to answer questions with scientifically sound methods (Health Research Authority (HRA), 2022). Community nurses were encouraged to discuss any research studies, links with universities and clinical academics as part of this section.

What do we mean by evidence?

The remit for what we described as evidence was led by the Chief Nursing Officer's Strategic Plan for Research (2021). We encouraged community nurses to discuss the use of guidelines, policies, standard operating procedures, journal clubs as well as audit and evaluation. Nurses were encouraged to think about how community nurses know what to do in practice.

What do we mean by innovation?

The remit for what we described as innovation was led by the Chief Nursing Officer's Strategic Plan for Research (2021). We encouraged community nurses to discuss quality improvement (QI) initiatives, new equipment, treatments or devices and new ways of working.

Rapid appraisal

Rapid evaluation methods provide a basis for identifying operational challenges and generating a platform for taking action (Vindrola- Padros 2021). Rapid appraisal is a form of rapid evaluation method or rapid qualitative inquiry that provides a snapshot of a particular context. Based on intensive and team-based data collection, rapid evaluation methods gain in-depth data from multiple sources over a short and intense data collection period. Data is analysed iteratively, informing subsequent cycles of data collection and emerging findings. The timeliness of rapid methods lend themselves to the fast-paced context of the NHS, enabling evidence for both policy and applied intervention. There is also the wider value of the team-based and participant focus of the methods by increasing capacity and capability and centring value on the participant voice. Since 2020, Solent' NHS Trust's Academy of Research and Improvement, under the mentorship and guidance of University College London (UCL) Rapid Research, Evaluation and Appraisal Lab, has established an Evaluation hub providing both internal and external expertise, training, and delivery of rapid evaluation methods in health and community settings.

The people who took part..

58 community nurses took part in this rapid appraisal. Nurses worked across a diverse number of roles in numerous settings including adults, children's, and mental health settings, in people's homes, clinics and community in-patient wards. People who took part were approached purposively either face to face or by email based on our sampling framework aimed at achieving diversity.

Level of Nursing	No.
Band 5	7
Band 6	28
Band 7	16
Band 8	6
Not recorded	1
Total	58

	Level of Nursing					
	Band 5	Band 6	Band 7	Band 8	Unkown	Total
Diploma	1	1	2	0	0	4
Degree	6	18	4	2	1	31
Masters Lv	0	6	6	1	0	13
Masters	0	3	3	3	0	7
PHD	0	0	0	0	0	1
Not Recorded	0	1	1	0	0	2

Key themes...

This rapid appraisal explored three key areas: research, evidence, and innovation. Each of these were analysed and are presented in detail in the three spotlights below.

Underpinning all three areas were three key themes:

1. System; the national context of current NHS healthcare in the UK.
2. Profession; the culture and regulation of the profession of UK community nursing.
3. Communities; the local teams and organisations where UK community nurses work.

1. System: the national context of current community NHS healthcare in the UK

Current context of clinical care delivery

Central to almost all community nurses' responses was the current context of NHS healthcare in the UK. Almost all nurses referred to the ongoing climate of what often feels like the unrelenting pressure of clinical service delivery. Nurses related pressure to reducing the opportunities to be involved in research, evidence or innovation often presenting limited time as a barrier to engagement.

> "It's such a shame because I'm sure there's things out there, well there are things out there that probably could be researched which I think would help you in your role, but you just don't have the time to do it"

Clinical commissioning

At a broader level, the current pressures also affected the priorities and expectations of care delivery. Community nurses described how the commissioning of services was linked to clinical delivery and performance measured by clinical efficiency, leaving little room for research and improvement activities.

> "At the moment I feel as though we are on this constant hamster wheel, with so many people (patients) we need to see and have to hit the KPI targets. Nurses don't really have the voice they should to develop educationally, from a research perspective, and you get so bogged down with your caseload, and can't see the wood for the trees, so you don't want to take anything else on."

Research and improvement infrastructure

Governance structures of research and improvement activities were also mentioned as limitations. In particular, the research model of governance and peer-reviewed

publication was highlighted as a source of inaccessibility. For many community nurses, these limitations reduced the timeliness of research and improvement activities in providing real-world and practical solutions.

> "It's my belief that people try to be evidence-based and want to conduct research. But this needs to be within a safe, well-staffed and resourced service, which is not what Community Nursing (CN) is right now"

2. Profession: the culture and regulation of the profession of UK community nursing.

Professional culture

For many community nurses, the professional culture does not lend itself to nurses being involved in research and improvement activities. Nurses compared other professions, particularly allied health professionals and medics as having cultures where research and improvement were part of the professional expectation. Some nurses attributed this to the models in which nursing clinical services are delivered, with limited scope for waiting lists and time to absorb activities beyond clinical care.

> "Research is very embedded in therapists but not embedded in nursing, nurses wouldn't think about doing it themselves. Because we're knackered you know you're not going to get protected time to do it. In our culture it has never been a priority."

Professional Regulation

In discussion of evidence, nurses highlighted ambiguity in the accountability of evidenced-based practice and clinical decision making, unclear of how sources of evidence should be applied with clinical judgment.

> "People need to go and look for changes in NICE guidance etc. Things change so rapidly, it's the only way to stay safe, look at the evidence"

Professional expectation

Lastly, many community nurses spoke of the limited expectation of research and improvement activities within their roles. Many nurses at band 5 and band 6 levels felt that it was an extremely limited part of their role. Specialist practitioners and Advanced Clinical Practitioners did recognise the need for research and improvement activities within their role but acknowledged weakness in competence and confidence in these areas compared to the other pillars of advanced clinical practice. Many nurses linked expectation to the lack of visibility of career options with limited role models in research and improvement within clinical practice.

> "The mindset is not there around innovative practice. People are frightened of change and it can unsettle the workforce. We need a forward-thinking culture in the workforce - which is a challenge."

3. Communities; the local teams and organisations where UK community nurses work

Reliance on individuals

Across research, evidence, and innovation there was a stark observation that research and innovation was heavily reliant on individual community nurses. For many, this relied on an individual nurse having a particular interest to seize opportunities or individual nurse responsibility in choosing, selecting, and applying the most appropriate evidence.

> "It takes a key person to share, we need the key people, it's vital for the functioning of services – to translate it into common man terms, otherwise it's meaningless."

Local research, evidence, and innovation hubs

A few community nurses mentioned the benefits of peer support in research and improvement activities, particularly in sharing evidence and best practice. In contrast, many nurses discussed the hierarchical aspect of top-down research improvement activities. For many, this reduced autonomy reduced engagement with both methods and projects.

> "Personally, and what I have seen, innovation is not always for the better and does not always come from the ground up, especially within health services. There is a hierarchy that things are done to nurses rather than being given the chance to innovate."

Summary

System Level

- Unrelenting pressure
- Reduced time and opportunity
- Not seen as priority or expectation
- Efficiency based commissioning structures
- Slow governance and slow results
- Not always practical solutions

Local Level

- Reliance on individuals
- Peer support beneficial
- Autonomy increases engagement

Professional Level

- Not part of professional expectation
- No scope beyond clinical aspects of role
- Not a safe environment to push boundaries
- Not seen as part of nursing role – particularly for nurses at band 5 or band 6 level
- Lack of visibility of career options and role model

Spotlight on research...

What is research?

In the interviews we asked community nurses to discuss how research related to their current and future practice. Research was defined as 'the attempt to derive generalisable or transferable new knowledge to answer questions with scientifically sound methods (Health Research Authority (HRA), 2022). Nurses were encouraged to discuss any research studies, links with universities and clinical academics as part of this section.

There were two key themes related to research:

1. A different world - the disconnect of research practice
2. Searching for research - the elusive nature of community-based research

1. A different world - the disconnect of research practice

Disconnect of research delivery

Community nurses were very positive about the role of research within nursing practice. Many nurses discussed the value of research in supplying much needed evidence to community nursing practice. In our discussions, very few nurses identified themselves as being 'clinical academics' or research aware. There was a strong sense of disconnection between the roles of front-line research. For example, many nurses described the role of research nurses in delivering National Institute of Health Research (NIHR) portfolio studies but then being unsure of the study, the outcomes or process of research delivery.

> "Really, I think it's not a position that I'd want to do because I like that face-to-face contact with patients, but I think you know they're doing a good job and we need someone to do that"

Disconnection to University and Academia

This disconnection was also true of academia with many nurses recognising the value but 'letting someone else do the research'. Being involved in research was often referred to as a choice. Many community nurses said opportunities for research were offered by email with only individuals with a particular interest taking it forward. Many discussed from a management point of view research is not seen as a priority as they are measured on clinical targets and performance This disconnection was often attributed to the language and with some people describing a sense of inaccessibility. Many nurses described how they are not 'academic' and perceived this as a barrier to research.

"Research is like someone living in the Eiffel Tower that people can't access - so it's just how to bring it down to the right level."

"Language, pompous, intimidating culture, it's just not accessible"

2. Searching for research - the elusive nature of community-based research

Visibility of research and opportunity

Community nurses were positive about seizing any future opportunities for training and development in nursing research. Many felt unsure of the opportunities that were available and some nurses felt that opportunities were aimed at acute settings.

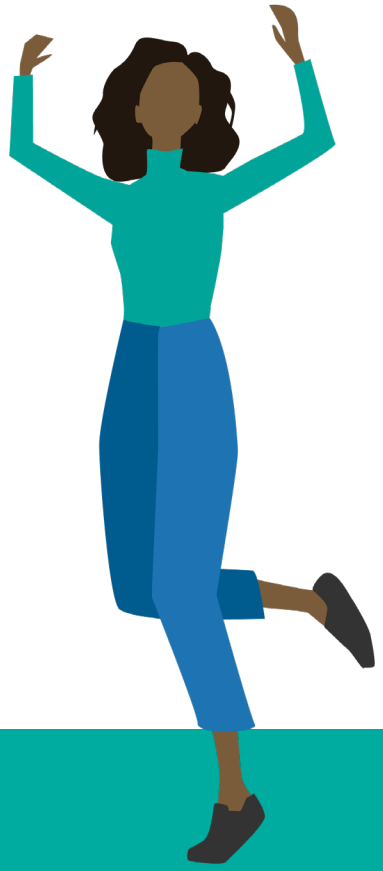
"Without knowing what's out there, I don't how I go about it"

Visibility of role models and vision

Visibility was also discussed in relation to role models. Community nurses felt they were unaware of nurses in community settings doing research and wanted to hear success stories to set out a possible future vision. Some nurses felt that the situation was a 'catch 22' that more nurses were needed to generate community nursing research but without nurses to role model the pathway it is difficult to know where to begin.

"Role modelling is so personalised. There is a bottle neck in gaining knowledge and skills, expertise over the years"

"Vision is lacking. We need to look up to role models, not sure that we have any"



Key Learning points

- Community nurses see the benefit and need for research in community nursing practice.
- Currently, research is not embedded within clinical care and is seen as separate and detached.
- Nurses want training, methods and outcomes that are proportionate and are routed into clinical practice and clinical outcomes.
- Nurses need an infrastructure that is accessible and enables involvement – the current infrastructure is seen as inaccessible.
- Embedding research delivery staff within clinical teams is one way of increasing connection.
- The generation of community-based research is important in increasing visibility and generating pathways and role models for nurses in practice.
- Specific community-based opportunities, role models and success stories may increase engagement.
- There is a need for a clear vision for community-based research at the national level establishing expectations, goals, and direction that can be supported by organisations and local leaders.
- A clear vision is needed nationally for community-based research establishing expectations, goals, and direction that can be supported by organisations and local leaders.

Summary box

What we heard about research

- Value research
- Not all nurses see research as part of their job role
- Research Delivery is often separate from clinical teams
- Research is often seen as a choice
- Opportunities are often communicated by email
- Not a priority in service delivery
- Language of research seen as a barrier
- Lack of community-based research
- Lack of role models
- Lack of vision

Spotlight on evidence...

What is evidence?

We asked community nurses how evidence related to their current and future practice. The remit for what we described as evidence was led by the Chief Nursing Officer's Strategic Plan for Research (2021). We encouraged nurses to discuss the use of guidelines, policies, standard operating procedures, journal clubs as well as audit and rapid appraisal. Nurses were encouraged to think about how they know what to do in practice.

There were two key themes related to evidence:

1. One size fits all? Guidelines in clinical practice
2. Mind the gap- when evidence stops, and clinical judgment takes over

1. One size fits all? Guidelines in clinical practice

The value of guidelines

Almost all community nurses mentioned the value and use of guidelines in their clinical practice. Nurses spoke of the huge value of guidelines in informing practice and providing 'instant access' to evidence and best practice. Nurses valued the practical implementation of guidelines bridging the gap between research and practice. Most nurses discussed the National Institute for Health and Care Excellence (NICE) guidelines, but specialist nurses referred to supplementary guidelines in their areas of expertise. Some nurses discussed the role of guidelines in providing a rationale for practice providing evidence of clinical decision making.

> "Guidelines are used to support practical tasks within nursing, and it is important to link practice and research together at every step. Evidence including NICE guidelines are regularly used."

> "Once you are in the job it's not about research, but more about following guidelines and policies"

The problems with guidelines

Whilst most community nurses were positive about the use of guidelines some nurses felt that guidelines dismissed the role of questioning, sometimes leaving nurses relying on guidelines that are based on old or out of date evidence. A few nurses referred to guidelines in relation to audits. Whilst audits were seen to drive best practice, some nurses felt that they were punitive and seen as a way of 'being checked up on'.

> "Going along with what you are meant to know - guidelines take out questioning"

2. Mind the gap- when evidence stops, and clinical judgment takes over

Gaps in guidelines

Although most community nurses discussed the use of guidelines informing practice, many nurses highlighted the gaps in guidelines. These gaps were sometimes related to the quality of the evidence with some nurses referring to the evidence being out of date highlighting the timeliness of guideline review and dissemination. A few nurses also expressed concerns about the gaps in quantitative evidence informing the guidelines. Nurses also discussed the gaps in guidelines being applied in community or local settings, with some nurses referring to the acute focus of some guidelines.

> "There is one thing just going along with what you are 'meant' to do but another actually knowing why you are doing it and where that evidence came from"

How community nurses fill the gaps in evidence

Gaps in evidence were often filled by individual community nurses and by multiple sources. For example, nurses discussed individually searching for evidence, using clinical experience, local policies, shared discussions, product reps or the lived experience of patients and carers. Many nurses felt unclear about which evidence to use when and the fine line between evidence-based practice and clinical judgment. A few nurses discussed this in relation to accountability, if the evidence isn't there or a nurse chooses to go against guidelines how is that justified in professional practice?

> "Evidence might be used a bit more loosely than research, and you don't necessarily need to be qualified to have the evidence, but it can be something that you as a practitioner knows works better, or as a service more locally. That is evidence-in-practice. "

> "Evidence is quite subjective, which evidence we choose to select."

Key learning points

- Guidelines are a heavily utilised resource in clinical practice.
- Ease of access to a rationale for evidence-based clinical decision making were clear positives of guidelines in practice.
- Guidelines can't address everything leaving evidence gaps in local and individual implementation.
- Community nurses are often overwhelmed with sources of evidence. There is a need to provide guidance to nurses on how evidence should inform clinical decision making and how this links to professional accountability.
- Nurses felt there was innovation and clinical decision making in their role, which may not come from formal guidance but from experience and local knowledge. This was rarely formalised.

Summary Box

What we heard about evidence

- Nurses value guidelines
- Gaps in the usefulness of guidelines
- Nurses fill gaps in evidence with multiple sources
- Guidance is needed to help nurses apply evidence in practice

Spotlight on innovation...

What is innovation?

We asked community nurses how innovation related to their current and future practice. The remit for what we described as innovation was led by the Chief Nursing Officer's Strategic Plan for Research (2021). We encouraged nurses to discuss quality improvement (QI) initiatives, new equipment, treatments or devices and new ways of working.

There was one theme related to innovation:

1. Empowering change – forward thinking for frontline nurses.

1. Empowering change – forward thinking for frontline nurses.

Nurse-led innovation and empowerment

Most community nurses felt very positive about innovation in community nursing practice. Nurses spoke of the positive benefits of nurse-led innovation, this was particularly apparent in innovations related to new equipment and devices where nurses valued the practical benefits to nursing practice as well as potential time saving benefits. For many nurses, innovation was empowering, nurses related innovation to positive and forward-thinking change. Innovation wasn't always formalised in methods, many nurses described sharing innovative practice amongst peers.

> "We need to empower the teams to be innovative. Once people feel valued – they get more engaged and involved, take on more and become more innovative – open doors."

> "Nurses are very good at innovation- if people don't want a hospital bed they can adapt, if someone doesn't have a drip stand, they'll make one. I think we're the kings and queens of innovation in the community and we have to be"

Accessibility and autonomy

Methods such as QI were regarded as more accessible than research. This accessibility was often related to the level of training required as well as the timeliness of results. For some, innovation was something that managers did, with senior managers prescribing change leading to some community nurses describing QI as a 'tick box' exercise as opposed to a meaningful activity. A few nurses expressed concerns about the sustainability of quick change which for some led to concerns of change fatigue.

> "I think it's OK when you've volunteered yourself to join in with things, but if you haven't, you know these things aren't gonna make any difference. To me it feels like a tick box exercise."

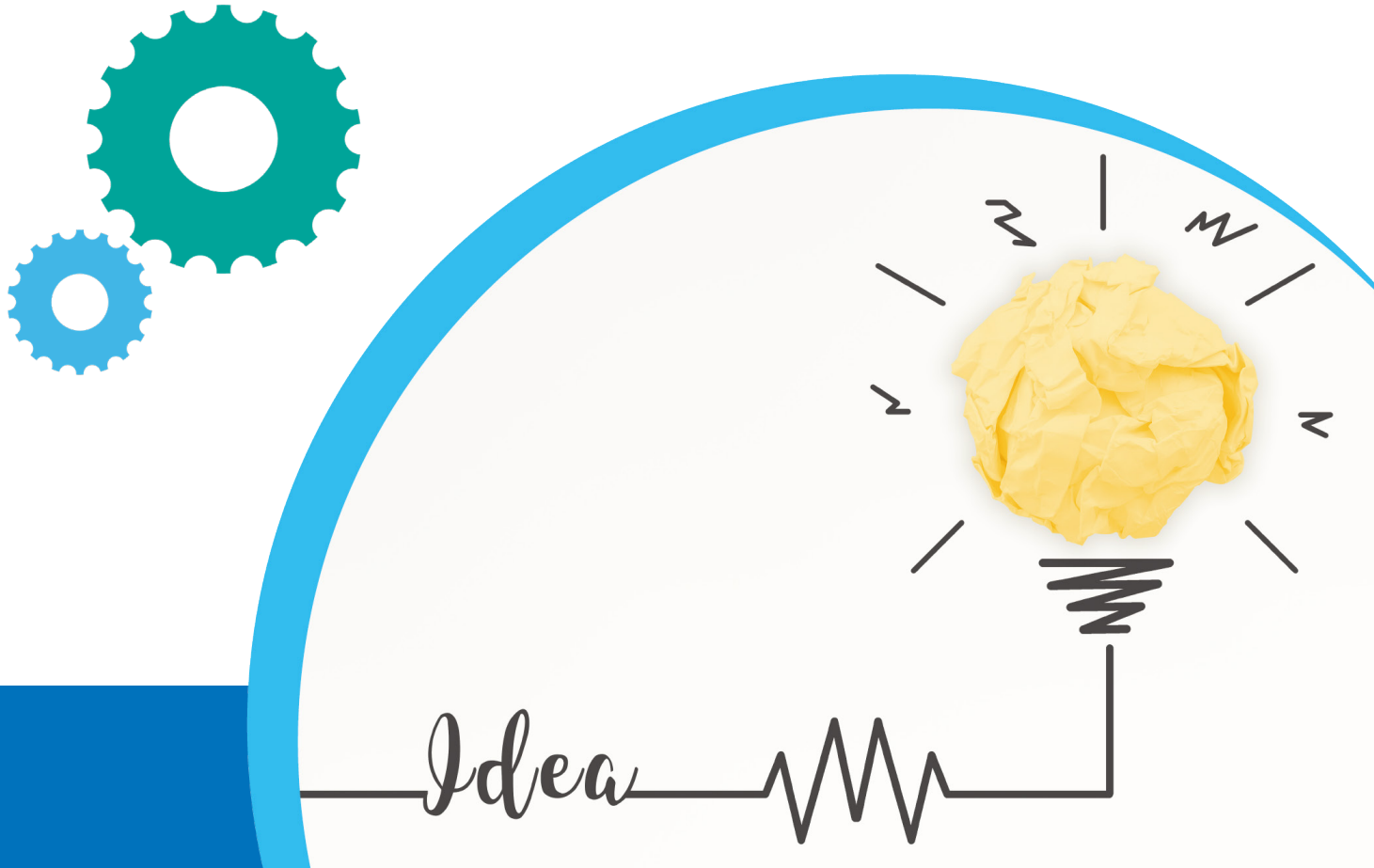
Key learning points

- Community nurse led innovation can be empowering in practice where nurses have autonomy to lead and develop change.
- Nurses informally share innovations between peers leading to in practice change.
- Methods with fewer training requirements and that provide timely and practical results are more beneficial and accessible to nursing practice.

Summary box

What we heard about innovation

- Positive about innovation
- Seen as timesaving
- Valued especially with new equipment and devices
- Innovation empowering
- Innovation can be both formal and informal
- Autonomy is important for engagement
- Accessibility of methods is important for engagement



Future directions

The unique setting of community nursing practice

Communities are unique. Each community has its own population with their own needs in its own setting. Community nursing reflects this, they are a profession of diversity, comprising of multiple different roles, providing care in multiple different settings, and working as part of the community with a host of different partners in health as well as social and third-sector care.

This rapid appraisal has begun to reveal the importance of recognising the unique setting of community nursing by demonstrating the need for:

1. The co-development of community-based infrastructure for research, evidence, and innovation.
2. Local autonomy to apply and generate the evidence nurses need to support their local practice.

1. Community-based infrastructure for research, evidence, and innovation

This rapid appraisal has highlighted that community nurses value research and value evidence, but the current infrastructure needs adapting to fit the unique setting of community-based care. Working together with key partners and stakeholders across the system will help to reform the infrastructure to create the conditions where research, evidence, and innovation are accessible, supported and encouraged. To generate a community-based infrastructure consideration is required at a system and professional level.

System level considerations

- Working with key partners and stake holders to review the current systems which may help generate structures that promote competence and encourage growth in engagement.
- Exploring commissioning structures alongside our key partners at a national level to include activity beyond clinical service delivery, may create space for community nurses to be involved. Generating business cases demonstrating the value of community nurse involvement may help propose solutions beyond short term efficiencies for longer term improvements.
- Exploring the current governance structures for research, particularly where there are multiple agencies involved (for example, social care and health care research ethics are different). Working with The Health Research Authority who are well placed to promote enhanced accessibility and proportionality of ethics and governance structure of health research.

- Develop viable and respected options for evidence sharing beyond peer-reviewed and academic publications to ensure timely and pragmatic application of research in practice.
- Working with key stakeholders to bring research and improvements out of academic institutions utilising the knowledge of academics but ensuring nurse-led research and improvement with a focus on applied and timely outputs.

Professional level considerations

- The professional culture of community nursing could do more to encourage involvement in research, evidence, and innovation.
- Creating a professional expectation that research, evidence, and innovation belong as part of nursing practice may help change nurse expectations.
- Working with the Nursing and Midwifery Council (NMC) to review registration, appraisal and re-validation structures may help establish expectations across the careers of nurses in the community.
- Exploring existing models of research, evidence, and innovation within wider NHS professionals beyond nursing such as allied health professionals and medics
- Clarification, reassurance, and awareness from the NMC on evidence, accountability and clinical decision making may help clarify clinical expectations and create a safe space for nurses to enhance confidence and competence in applying and generating evidence in practice.
- Raising the profile and visibility of research, evidence, and innovation in community nursing practice at a national level to promote role models, enhance pathways, clarify, and unify a goal and vision for community nurses to follow.

2. Local autonomy to apply and generate the evidence community nurses need to support their local practice

This rapid appraisal has highlighted the diversity of roles and settings that community nurses work in. The research, evidence and innovation need for each community nurse in each different role and in each different setting will be different, there is not a one-sized fits all approach. This rapid appraisal has begun to reveal the need for environments where nurses feel safe to lead autonomously, applying and creating research, evidence, and innovation to fit their local community needs.

- Autonomy is an important part of community nurse engagement. Empowering nurses to recognise the needs of their communities and equipping nurses with the skills to generate the research, evidence, and innovation that they need.
- Ensure that the research, evidence, and innovation infrastructure promotes an environment where nurses feel safe, encouraged, and supported to work autonomously.
- Building on a community-based infrastructure, ensure that there are local nursing leaders within organisations and teams with a remit to support, nurture, and empower nurses to lead autonomously.

- Increasing group opportunities for research, evidence and innovation funding and development may be a way to increase uptake acknowledging the benefit of shared skills, time, and support.

Community nurses are inspiring. Every day hundreds of thousands of people in the UK will have contact with one of the 86,000 registered nurses working in the community setting. Despite their size and diversity, much of the community work is hidden, behind closed doors working out in our communities in clinics, wards and in people's homes. This rapid appraisal has highlighted the contribution that community nurses are making as well as the huge potential that community nurses have in leading the future of community-based care. Research, evidence, and innovation provide nurses with the tools to drive improvement, generate evidence, and shape the community nursing future. Community nurses are best placed to know what research, evidence, and innovation they need for their communities, they are also best placed to lead it. We need to work together to create the infrastructure and conditions where not only community nurses recognise their potential but are enabled to fulfil their potential and lead the research, evidence, and innovation of the future.

Reference list and Acknowledgements

Reference List

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