THE EFN'S SECRETARY GENERAL, PAUL DE RAEVE, AND POLICY AND LEGAL ADVISOR, KONSTANTINOS ALIGIANNIS, OUTLINE THE ROLE OF NURSES IN THE UPSCALING OF INTEGRATED CARE MODELS

Upscaling integrated care

One of the major challenges faced in the delivery of healthcare in Europe is the increase in the number of people living with chronic conditions; this is partly the result of the ageing global population. As the citizens of Europe grow older, they live longer with their conditions and require ongoing access to and support from health services. Members of the European Federation of Nurses' Associations believe that positioning citizens and patients in the centre of developing innovative care solutions is fundamental, and nurses are ideally placed to ensure this happens.

Nurse-led initiatives

EU nurses are concerned that too much focus is being placed on the medicalisation of chronic illness and ageing. A paradigm shift is needed to move the political discussion away from medical treatment and towards care, prevention and patient empowerment. Nurses lead this area, and current examples from EFN members include: community nurses delivering home nursing and involving patients and their caregivers in all procedures in order to get over the barriers of their disabilities and enhance their independence; diabetic nurses working in diabetic clinics to educate and engage people in their care; and community nursing for older adults involving counselling and guidance to promote independence and greater quality of life, while at the same time reducing healthcare costs.

EFN members have made substantial progress in addressing some of the challenges both faced and posed by the traditional medical model. Sweden was one of the first European countries to create nurse-led clinics for patients with long-term conditions such as diabetes and heart failure, but these clinics are now becoming integrated in many countries: they are present in Denmark (municipality health clinics are mainly led by nurses and provide prevention and rehabilitation care), England, Estonia, Finland, France, Sweden and two regions of Spain (Andalucía and Catalonia).[1] In Iceland, nurse-led clinics have been developing where there is a special emphasis on assisting patients and their families towards greater self-management, particularly in relation to the treatment of chronic illnesses.

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Nurse-led clinics are operated either in collaboration with hospitals or primary healthcare centres as outpatient clinics for a range of patient groups and their families. The body of evidence from across Europe on the benefits of such nurse-led initiatives is growing.

While nurses are ideally positioned to both lead and support such developments, there is limited nursing research in this area, and while the EFN acknowledges the support of the commission to date, we believe that more European support is needed for nurse-led initiatives as well as for nursing's contribution to multidisciplinary research.

Leading dementia care

A representative example of such chronic conditions, rather than disease, is dementia. Nurses play a crucial role in caring for patients with this condition. Across the world, an estimated 44 million people now live with dementia; this number is set to double by 2030, and triple by 2050.[2]

Dementia is one of the most debilitating conditions in modern society with huge health, social and financial implications.[3] People's lives, families and communities can be disrupted from the onset of dementia, while dementia is also increasingly considered as one of the leading causes of death amongst older adults.

The direct financial cost of dementia to the EU is estimated to exceed €130bn a year.[4] It is significant that the majority of people with dementia are women, which compromises the

caring capacity of society. In the EU, more than seven million people suffer from dementia, with five million being women.[5] While substantial, these figures considerably underestimate the scale of the issue because dementia continues to remain under-diagnosed in the EU today.[6]

Governments need to continue to develop strategies that deal with dementia holistically, focusing on prevention and risk reduction, as well as on the provision of quality care for people with dementia and their families. The three million nurses deployed across 35 countries in Europe, represented through the EFN, are in a unique and privileged position of having direct access to the daily care needs of people with dementia, and having a key role to play both in managing and preventing this condition. Nurses' unique insight into the patient conditions and familiarity with people's social and family contexts enables them to form a comprehensive assessment and to develop a more holistic picture of needs that form the input for 'personalised care'.[7] Policy makers and researchers should recognise this.

Nurses have unparalleled access to people's care plan and treatment profiles and, through regular reviews, they can ensure their medications are fit for purpose (medication reconciliation) and respond to the complexities of co-morbidities. Nurse-prescribers have a key function in supporting people with dementia to cope with their (at times) overloaded medication regimes by: safeguarding the appropriateness and accuracy of prescriptions, providing education on medication safety and its proper administration to people with dementia, their families and carers, and by reviewing medications regularly so that the needs of the individual are met and that referral is timely when relevant investigations are needed to ensure the safety of prescriptions.[8] Nurses as health coaches and as care co-ordinators have proven to be effective in meeting this challenge.[9]

Redistribute healthcare expenditure

As described above, scientific research and practical examples of empowering nurses demonstrate how they can contribute to a better and more efficient health and social care system. At the same time, we see the completely opposite policy decisions.

As a result of the global economic downturn of 2008-9, of which the impact is still present today, health and social budgets in many European countries were reduced with austerity measures impacting on nurses' posts and salaries.

At the time, the EFN warned that such reactions were short-sighted and urged the EU to invest in health instead. While some warnings were heeded, others were not. The consequences of ignoring the professional voice of nurses remain clear today.

Europe has witnessed an unprecedented number of nurses leaving the profession, becoming unemployed or migrating to North America. For those who decided to stay and continue to practice in Europe, difficult working conditions (triggered in part by low staffing levels) have compromised their capacity to deliver high quality and safe care. Effectively, this situation has resulted in nurses all over Europe having to work harder than ever before in order to maintain safe care; they are being asked to provide more with less. Crucially, nurses face the dilemma of providing safe and quality care in an environment dominated by a cost containment discourse that carelessly overlooks the real implications for patient care.

The EU is facing a challenging future that consists of continuous decreases in health budgets which do not facilitate the creation of innovation and the uptake of new technologies supporting the organisational aspects of daily practice (continuity of care). Investing in the design of systems that can provide integrated care, moving care outside of hospitals and into community care, establishing interprofessional education and working, and innovating with e-health solutions are necessary ways forward for sustainable and cost-effective health and social care provisions in the EU and Europe.

Upscaling integrated care

'Integrated care' refers to the management and delivery of health and social care services so that citizens receive a continuum of preventive and curative services according to their needs over time and across different levels of the health and social system.

It is generally accepted that failure to better integrate or co-ordinate health and social care services between primary and secondary care can result in suboptimal patient/health outcomes, such as unnecessary or avoidable hospital re-admissions or adverse drug events. Integrated care along the care continuum is essential to ensuring optimal health and social outcomes being achieved for all people living in the EU, and especially those burdened with chronic disease and complex care needs who require attention from a range of professionals from primary and secondary health and social care sectors.

Integrated care can improve the continuity of care for individuals by breaking down any barriers between primary and secondary care settings, thereby ensuring a smooth patient trajectory through the simulation of health and social care pathways. Integrated working of acute, community, primary and social care services is critical to reducing fragmentation within the health and social care systems and the delivery of improved patient/health outcomes.

In many countries in Europe, integrated care is at the very early stages of development due to the fact that bringing care closer to citizens is not yet perceived as contributing to the sustainability of health and social systems. The current models being piloted have a patchwork of

components, and there is a distinct sense of anxiety surrounding the perceived giving up of power.

By contrast, investing in community care and in its nursing workforce will help to deliver positive health and wellbeing outcomes and increase the quality of care while improving cost-effectiveness, as well as freeing up hospitals to provide more acute and specialised care when needed. Community care is not a competitor of hospital care; instead, both ecosystems are complementary and should merge into an integrated ecosystem driven by continuity of care.

A renewed focus on delivering health and social care in the community implies the need for an appropriately designed frontline community nursing workforce composition at the interface of health and social care services. This is instrumental in co-ordinating care pathways and promoting a healthier population that is empowered and able to live independently.

Managing complexity

Within the contexts of tighter health budgets and rising demands for high quality and safe care, advanced roles for nurses have proven to be necessary to make the best use of the available resources while enhancing quality. Advanced roles are seen as the way forward to improving access to care and patient outcomes, containing provider-related costs, and improving recruitment and retention rates through enhanced career prospects for nurses.

Research identifies a range of positive outcomes from Advanced Nurse Practitioners (ANPs), particularly on patients' health status, quality of life, quality of care, patient satisfaction, length of stay and costs.[10] A study commissioned by the Organisation for Economic Co-operation and Development (OECD),[11] including 12 European countries, showed that there is an increasing uptake of advanced roles in Europe. APNs are seen as good value for money and a solution to bridging short-term workforce challenges.

The majority of countries in Europe already have ANPs working within their health and social care systems, even if most of the time this category is not recognised/regulated as such. To date, three European countries have established regulations for APNs: Finland, Ireland and the Netherlands.

However, most countries have already developed relevant postgraduate education for registered nurses to enable them to develop their competencies and advance their career. Master's degrees in advanced practice nursing are now available in most countries, although these do not always lead to registration as APNs.

The advanced competencies acquired by APNs go way beyond the competencies for general care nurses in the Directive on Recognition of Professional Qualifications and include leadership and management skills, autonomous practice and decision making, collaborative working, chronic disease management, expert clinical knowledge, and commitment to education, research and development. In some member states, APNs have extended roles with a legally defined scope of practice, such as prescribing. Notably, the practice of nurse prescribing – which has been successfully developed in a number of countries – clearly requires advanced skills for nurses, including e-skills.

Nurse e-prescribing

The main objective of nurse e-prescribing is to improve patient and drug safety and to make the prescribing and dispensing of medicines easier and more efficient, slowing down the unattainable demand for physicians.

Ireland was the first EU country to propose and endorse nurse e-prescribing (2006). The process across member states is still in its infancy and, to date, Finland, Ireland, the Netherlands, Sweden, Spain and the UK have implemented or have started the implementation process. This demonstrates an increasing acknowledgement of the benefits of having nurse prescribers within national healthcare systems. Few EU countries report that they have a fully operational e-prescribing system implemented at a national level, yet it would appear that most are in various stages of deployment, although jurisdictional conditions relating to prescribing varies across member states.

Nurse prescribing has numerous benefits, including improved services to patients through reduced waiting times and the more efficient and effective utilisation of the skills of nurses, all of which lead to better patient outcomes. With the introduction of e-prescribing solutions this movement is expected to grow further, although policy makers and politicians educated in the old medical model could be perceived as a barrier to innovation.

Different workforce planning configurations, as well as a shift in professional scope of practice, predict the expanding role of the nurse to come to include registered nurse prescribers, and to include e-prescribing, as a priority. Whilst legal, organisational and educational conditions are required to be in place across differing countries, shared challenges relating to efficiency, tackling the shortage of physicians and unmet medication needs necessitate the expansion of nurse prescribing in Europe. Furthermore, nurse prescribing can have a positive impact on combatting antimicrobial resistance (AMR), a huge challenge for all health systems in the EU and Europe.

Gender sensitive policy design

Developing greater cohesion in models of integrated and continuity of care implies giving a gender approach to the scaling-up of its design. Traditionally, healthcare has not taken any gender aspects into account, and

technology has equally disregarded special gender lenses.

When designing a gender sensitive integrated ecosystem it is necessary to connect the sphere of EU research and innovation to where people live and work. This implies commitment from the highest political authority in health and social care, as well as the analysis of policies and political strategies to make integrated health and social ecosystems work together, sharing one budget to increase cohesion, and therefore leading to better health and social outcomes, which are the building blocks for a sustainable ecosystem.

We need to be in the business of health and not in the business of illness and diseases. This requires a balance between illness-focused, primarily hospital-based care, and health promotion and wellness strategies in the community. The financing of healthcare still follows the traditional model of medicalised care, and investments must now be aimed at building adequate structures within the communities to bring health closer to EU citizens.

Conclusions

For the past decade, European institutions –the European Commission in particular – have been championing a range of initiatives and making steady steps towards improving the quality, safety and efficiency of health service delivery in Europe; however, success has been variable. The European Federation of Nurses' Associations has endorsed those initiatives supporting the nursing profession and, indeed, has monitored their impact on frontline nurses.

As the single largest occupational group in healthcare, nurses have a critical and constructive role to play in innovation which is 'fit for practice'. The way forward is simple: promote continuity and the integration of care through the investment and upscaling of nursing-led care co-ordination models; foster the efficiency of health and social systems through deploying e-health services and advanced roles (ANPs); empower the nursing workforce to tackle major societal challenges such as dementia and AMR; design gender sensitive policies to improve the quality, safety and cost-effectiveness of the health and social care ecosystem; and develop nursing research underpinning the health and social care policy making processes.

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Through regular data collection from the frontline nursing workforce across Europe, the EFN is in a position to take the pulse of daily practice and remain informed of the reality of health and social service delivery. This collective knowledge can make a significant contribution to the development of evidence-based policies towards an effective integrated care ecosystem in Europe.

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