

Critically explore one of the health and social care paradigm below:

- Patient Focused Care
- Lean Thinking Healthcare
- Community Health Care Nursing
- Community-led Care & Support

In 1942, Sir William Beveridge ensured the nation that he would create ‘medical treatment that covers all requirements and will be provided to all citizens by a national health service’ (Rivett, 2015). The creation of the NHS meant that individuals within society were able to access health care and the introduction of the NHS is very positive especially during the 1940’s shortly after the Second World War (Gorsky, 2008). Therefore, the increase of injuries and need for fast and efficient medical assistance was essential during this time (The Wellcome Trust, 2014). The history of Health Care within the community is ‘the NHS is an organisation established after a century’s discussion on the provision of health services to meet a long-recognised need’ (Rivett, 2015). This suggests that the NHS was originally introduced to ensure that patients receive the efficient care they need to solve their medical problems (NHS Confederation, 2015). The earliest example of Community Health Care Nursing in the 1940’s was Midwives visiting individuals and families in the community ensuring that the pregnancy was going well and the mother and child was in good health (Department of Health, 2014).

The paradigm that is Community Health Care Nursing has changed since the 1940’s because technology has advance immensely since World War Two (The King’s Fund, 2012). This would suggest that due to new technologies Community Health Care Nursing has improved due to the wide range of resources that are available to medical professionals (Côté, Gagnon and Rouleau, 2015). This conveys that medicine and how efficient treatment is given to patients has vastly improved too (General Medical Council, 2015). Therefore, since the 1940’s the way in which medical professionals give patients their treatment and their bed side manner has developed to ensure that all patients are feeling comfortable when receiving care from a medical professional (Cornwell and Firth-Cozens, 2009). However, critics would argue that the new technology costs a substantial amount of money (NHS Confederation, 2017). This would lead to the government having to fund these resources and a lack of funding may be a problem (The King's Fund, 2018). Community Health Care Nursing has also changed since the 1940’s, due to mental health problems being recognised within contemporary society today. Whereas, in the 1940’s the health care system would treat those with mental health problems very unfairly (The King's Fund, 2018). For example, ‘people

were being hospitalized due to mental illness' (Foundations Recovery Network, 2018). However, critics would argue that with society today individuals with mental health issues are hospitalized (Unite for Sight, Inc, 2015). It could be argued that it is not every individual that has mental health problems who is hospitalized, it is in extreme cases this takes place (NHS, 2018).

Within contemporary society today, many individuals have different perceptions on what Community Health Care Nursing can be defined as. Some may say it is 'any nursing care provided outside of an acute hospital, this includes healthcare provided in the home and also in other settings' (The Queen's Nursing Institute Scotland, 2018). This conveys that Community Health Care Nursing is available to all members of society and it should be a convenient service (NHS Community Board, 2011). Alternatively, another definition of Community Health Care Nursing 'refers to a diverse range of nurses and support workers who work in the community, including district nurses, intermediate care nurses, community matrons and hospital at home nurses' (NHS England, 2015). This illustrates that a wide range of health care professionals are available under the known service of Community Health Care Nursing and this enables members of society to have easy access to the health services they need (The NHS Constitution, 2013).

Community Health Care Nursing consists of several aims including 'to support an increasing number of people to live independent lives, preferably in their own homes' (Department of Health, 2003). This conveys that health care professionals are struggling to cope with the number of individuals that use hospitals and health services (The King's Fund, 2014). Therefore, they are trying to provide care and support to ensure that minor injuries can be dealt with at home (American Academy of Paediatrics, 2018). A criticism of this is, some individuals may have a severe medical condition but are afraid to go to hospital because of the lack of beds available and their health deteriorates (Health in Aging, 2018). This will ensure that the in and out patients will efficiently flow if individuals with minor injuries are not attending hospitals and instead receive care from the comfort of their own home (The King's Fund, 2018). Alternatively, another aim of Community Health Care Nursing is to 'develop effective alternatives to hospital care, which are designed to reduce inappropriate admissions and unnecessary lengths of stay' (Department of Health, 2003). This suggests that the NHS and health care professionals are trying to ensure an effective way in which they can treat individuals without them needing hospitalization, which will lead to other individuals not receiving the care they need because of the lack of resources and medical professionals

available to care for them (The NHS Constitution, 2013). Critics would argue what can be defined as an 'inappropriate admission' this can be interpreted in many ways by individuals within society (The King's Fund, 2011). Therefore, this aim has the risk of patients believing that their condition is not serious, when there is a possibility it is and their health can decrease (Dr Tidy, 2016).

There are several differences and similarities when comparing Community Health Care Nursing and hospitals (PMC, 2010). These services differ due to the quality of care patients receive from either of the medical agencies (Sonfield, 2005). For example, Community Health Care Nurses should provide a friendly personalized service due to the setting of the appointment (Regents of the University of Minnesota, 2016). Whereas, hospitals may not provide a personal service because of the number of patients they have to treat in a day (Citizens Advice, 2018). Additionally, they differentiate because Community Health Care Nurses will form a bond with the patients that they visit due to the reoccurring nature of the visit (Research Gate, 2018). Whereas, nurses within hospitals may not form a bond with patients due to shift patterns and lack of time to give them their full attention (The People-to-People Health Foundation, 2018).

These two roles are similar because both nurses carry out testing on patients before doctors diagnose patients with their health problem (Patient Platform Limited, 2016). Therefore, the roles that the nurses carry out are vital in order to come to a prognosis and deliver the correct treatment to patients in order to regain their health (National Institute for Health and Clinical Excellence, 2007). However, critics may argue that the role nurses abide to can only efficiently be carried out within hospitals because all of the equipment and resources they could need are available to them (Dr Boxall, 2011). Whereas, within the community if a medical professional forgets a piece of equipment it will affect the proceedings of the medical treatment (General Medical Council, 2018). The two roles are also similar due to both agencies having the same aim of treating those who are unwell as efficiently and quickly as possible for them to regain their health (NHS Wales, 2017). However, critics may argue that within a hospital setting patients may only receive quick care and it not being completely effective due to the lack of funding that hospitals face and the need of bed turnovers (The King's Fund, 2018).

Examples of Community Health Care Nursing are medical professionals attending primary schools and comprehensive schools to educate children and young people about health and how to remain healthy (Barnet Enfield and Haringey Mental Health Trust, 2018). This is a very

important factor for Community Health Care Nurses to carry out because teaching children and young people the significance of eating healthily, exercising and how to maintain their general health as this may enable these individuals to retain their health for as long as possible and reduce the number of patients entering hospitals, experiencing medical problems (Dixey, 1998). However, a criticism of Community Health Care Nurses entering schools is that it is not always an effective approach due to not all children and young people listening to the health advice given and some may even do the complete opposite to what they are told due to peer pressure from the children and young people they know (Health, Risk & Society, 2013). Overall, this scheme is positive due to children and young people being educated at a young age about their health and the importance of maintaining good health (Parks & Recreation, 2015). However, it is a slightly negative approach due to the children and young people being very young and therefore, some of them may not listen or even rebel due to them not wanting to conform to what they are being taught (Berry, Davis, Merrin, *et al*, 2018).

Another example of Community Health Care Nursing is, 'Community Health Screening and Preventative Health Services provides health education, screening and clinical preventative care services for seniors in several diverse communities' (Cedars-Sinai, 2018). 'In partnership with public and private agencies, this program promotes health, assists in preventing disease and offers early detection' (Cedars-Sinai, 2018). Therefore, this part of Community Health Care Nursing is essential in order to detect serious conditions and will increase the likelihood of the patient receiving treatment and getting better if early detected (NHS, 2018). However, some critics would argue there is a stigmatization attached to screening tests and some individuals may feel embarrassed if they have to go into a centre within the community to have these tests completed (NHS, 2018). Therefore, some individuals may feel more comfortable attending a hospital appointment to have their screening completed but this may affect patients if they do have a medical problem, going to hospital will lead to a waiting list and they may not detect the illness in enough time (Scope, 2018). Some individuals may argue that by completing screening tests within the community it is a lot more convenient for those individuals who have busy schedules (Patient Platform Limited, 2016). Overall, the screening tests within the community is a very positive aspect of Community Health Care Nursing because early detection is key if a patient is experiencing severe illnesses (The Cochrane Collaboration, 2018). This is supported by the fact that 'cervical screening prevents 70 per cent of cervical cancer deaths' (Spectator Health, 2018). This fact conveys the importance that individuals have their screening completed to ensure that they are healthy or if they do have an

illness then it is detected early to increase their chances of survival (Public Health England, 2018).

The Social Services and Wellbeing (Wales) Act 2014 was introduced to provide ‘the wellbeing of people who need care and support, and carers who need support, and for transforming social services in Wales’ (Social Care Wales, 2017). This conveys that this Act will enable Community Health Care Nurses with guidance on how to ensure that their patients receive efficient and correct care (Public Health Agency, 2018). This Act also allows patients to have an opinion about the care they receive and they can express if they are not content with the treatment they are receiving (NICE, 2018). Also, this Act focusses on wellbeing which is essential for patients to have in order to maintain complete, effective health (Skills for Care, 2014). Studies have shown that if patients’ wellbeing is content then they are more likely to live a longer, happier life due to not only their physical health being maintained but their mental health which can affect their overall general health (State of Victoria, 2018). However, some critics may argue that the Social Services and Wellbeing (Wales) Act 2014 is not effective because if a patient disagrees with an action or opinion of the health professional under this Act, they are able to have an opinion towards their health care (Paediatr, 2014). Therefore, if a patient disagrees with the professionals this may lead to the procedure or treatment not taking place which could affect the individual severely in the long-term (NHS, 2016).

The ‘Health and Social Care (Safety and Quality) Act 2015 aims to improve safety and quality of care’ for individuals with medical issues (GOV.UK, 2015). This conveys that this Act is trying to ensure that patients receive efficient care but also allows them to ensure they are always safe (Freeman and Hughes, 2010). Additionally, another aim of this Act is that ‘doctors and other professionals providing a person’s care and treatment will have the information they need so they can treat patients more effectively’ (GOV.UK, 2015). This Act is effective due to all the medical professionals being aware of the patients’ needs, which will allow them to have all the context they need to treat the patient (Patient Platform Limited, 2015). However, some critics may argue that the aims of this Act may make some patients feel uncomfortable if they receive care from many health professionals, especially if the problem they are experiencing is very sensitive (Robert Wood Johnson Foundation, 2018).

Additionally, Maslow’s Theory of Hierarchy of Needs is where he ‘formulated a list of basic human needs that had to be fulfilled for maximum human psychological health’ (Pursuit of Happiness, Inc, 2018). This suggests that Community Health Care Nursing is trying to achieve

the ‘Self-actualization’ level of the pyramid because by providing convenient health care to patients this ensures that they move up the pyramid by receiving effective care (Changing Works, 2018). Maslow’s Theory of Hierarchy of Needs also supports Community Health Care Nursing due to their primary aim ‘to support an increasing number of people to live independent lives, preferably in their own homes’ (Department of Health, 2003). Therefore, this conveys that if Community Health Care Nurses abide by Maslow’s Theory of Hierarchy of Needs, then the likelihood of their patients reaching the top of the pyramid is enhanced and their overall lives will become improved (Answers Media Company, LLC, 2018). However, a criticism of Maslow’s Hierarchy of Needs is that the main topic of Community Health Care Nurses is ‘health’ and therefore, these nurses may only focus on achieving the second layer of the pyramid for their patients (National Academy of Sciences, 2018). This would then affect their patients’ lives in the long term because Community Health Care Nurses should focus on other aspects of their patients’ lives in order to achieve ‘Self-actualization’ (Health Foundation, 2018).

When comparing Maslow’s Theory of Hierarchy of Needs to the Social Services and Wellbeing (Wales) Act 2014, they do possess some similarities (Department of Health, 2014). For example, Maslow’s theory and the Act have the same aim of trying to achieve complete wellbeing for patients and individuals (Dr Boeree, 2006). Also, they are both similar due to their belief that if an individual’s wellbeing is intact then the other aspects of their lives will benefit from this and the individual will feel content (Public Health England, 2018). However, some critics may argue that by Maslow’s Theory and the Act focusing heavily on wellbeing some of the other important factors to an individual’s happiness may be overlooked (American Psychological Association, 2011). For example, if an individual is overweight and does not exercise, is eating unhealthily and feeling self-conscious due to these factors (National Institutes of Health, 2015). If this individual listens to Maslow’s Theory and the Act and applies it to his/her life, then the individual is not going to feel a sense of wellbeing due to his/her physical and most likely mental health being compromised (PMC, 2016).

To conclude, Community Health Care Nursing has very much improved since the 1940’s due to developing technology and the vast improvement of the resources that medical professionals are able to use (History Learning Site, 2018). Also, Community Health Care Nursing is a positive concept because of the personal care that patients receive from the medical professionals that visit them (The King’s Fund, 2016). Additionally, it is positive because this service allows those individuals who are unable to get to hospital, the convenience of the

medical professional coming to them (Community Health Care, 2018). Another positive aspect of this is that screening tests are provided to individuals to give them the best opportunity to fight an illness and early detection is key in these situations (World Health Organization, 2014). However, Community Health Care Nursing is negative when comparing it to Maslow's Theory of Hierarchy of Needs and the Social Services and Wellbeing (Wales) Act 2014 because the main focus of these two principles is an individual's wellbeing rather than focusing on their mental, physical and general health (The Open University, 2018).

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