This search summary contains the results of a literature search undertaken by the Lincolnshire Knowledge and Resource Service librarians in January 2010.

All of the literature searches we complete are tailored to the specific needs of the individual requester. If you would like this search re-run with a different focus, or updated to accommodate papers published since the search was completed, please let us know.

We hope that you find the information useful. If you would like the full text of any of the abstracts listed, please let us know.

Alison Price alison.price@lpct.nhs.uk
Janet Badcock janet.badcock@lpct.nhs.uk

Librarians, Lincolnshire Knowledge and Resource Service
Please find below the results of your literature search request. If you would like the full text of any of the abstracts included, or would like a further search completed on this topic, please let us know. A feedback form is included with these search results. We would be very grateful if you had the time to complete it for us, so that we can monitor satisfaction with the service we provide.

Thank you!

Disclaimer

Every effort has been made to ensure that this information is accurate, up-to-date, and complete. However it is possible that it is not representative of the whole body of evidence available. All links from this resource are provided for information only. A link does not imply endorsement of that site and the Lincolnshire Knowledge and Resource Service does not accept responsibility for the information displayed there, or for the wording, content and accuracy of the information supplied which has been extracted in good faith from reputable sources.

No responsibility can be accepted for any action taken on the basis of this information. It is the responsibility of the requester to determine the accuracy, validity and interpretation of the search results.

Articles and internet resources may contain errors or out-of-date information.

**Enquiry Details**

Impact of dispersed district nurse teams on patient outcomes and working relationships
Opening Internet Links

The links to internet sites in this document are ‘live’. If you are on a computer with internet access, you can open the documents by using your mouse to place the cursor over the web address. Then hold down the CTRL key on your keyboard and then click on the address. The document, or internet page, should open. For Athens resources, see below:

Full Text Papers

Links are given to full text papers where available. For many of the papers, you will need a free NHS Athens Account. If you do not have an account you can register by following the steps at: https://register.athensams.net/nhs/nhseng/

You can then access the papers by simply entering your username and password. If you do not have easy access to the internet to gain access, please let us know and we can download the papers for you.

Research

A way forward for school nursing: the Jigsaw project.
Author(s): Richardson-Todd B
Citation: Education & Health, 01 July 2005, vol./is. 23/3(37-39), 02651602
Publication Date: 01 July 2005
Abstract: One area in the UK decided to change the way in which school nurses and health visitors traditionally worked. They joined together in teams based on geographical boundaries around school pyramids, called community clusters. This project is called Jigsaw as each team member has a small piece in the bigger picture.

Title: The health impact of changing to geographical working.
Citation: Community Practitioner, October 2004, vol./is. 77/10(376-80), 1462-2815
Author(s): Carlisle, R, Morris, R, Whittle, S
Abstract: Research by health visitors in Doncaster to evaluate the positive and negative health impacts of changing their service from being attached to a GP practice to being organised geographically. The health impact assessment was carried out by a multidisciplinary group after 6 months of geographical working, using evidence gathered from a variety of sources. This research has important implications for other health visiting services who are managing change in the way they provide services. 7 refs.

Title: GP attachment versus geographical working: what's best?.
Citation: Community Practitioner, March 2003, vol./is. 76/3(81-2), 1462-2815
Author(s): Brocklehurst, N, Heaney, J, Pollard, C
Abstract: 2 case studies presenting different approaches to the organisation of health visiting services. 4 refs.

Corporate caseloads: balancing workloads under GP attachment. (An approach to stabilising fluctuating workloads)
Author(s): BROOKS L
Citation: Health Visitor, 1994, vol./is. 67/12(430-431)
Publication Date: 1994
Survey shows ongoing crisis in health visiting.
Author(s): Craig, I, Adams, C
Citation: Community Practitioner, November 2007, vol./is. 80/11(50-3), 1462-2815
Publication Date: November 2007
Abstract: Telephone survey research presented in the Unite/CPHVA Omnibus (2007) from Durdle Davies, describing health visitors' views on how health policy issues are being worked out in practice. Caseload sizes, corporate working, relationships with GPs, satisfaction with the level of skill mix, the challenge of NHS financial pressures, staffing levels, stress and morale are considered. 5 refs.

Corporate solutions to caseload management: an evaluation.
Author(s): Hoskins, R, Gow, A, McDowell, J
Citation: Community Practitioner, September 2007, vol./is. 80/9(20-4), 1462-2815
Publication Date: September 2007
Abstract: Research in Glasgow to evaluate if the move from individual to corporate caseload management has resulted in benefits in the health visiting service. The effects on occupational stress levels, public health nursing activities, on the quality of service delivery and on improving health visiting standards are considered. 19 refs.

Effective corporate teamwork.
Author(s): Adams, C, Brocklehurst, N
Citation: Professional Nurse, September 2004, vol./is. 20/1(54-5), 0266-8130
Publication Date: September 2004
Abstract: Benefits and challenges of using a corporate teamwork model within health visiting teams. A workshop was organised by the Community Practitioners’ and Health Visitors' Association and City University to investigate the experiences of staff who had already made the switch to corporate teamwork and to inform staff who were interested in the model. 7 refs.

Embodying modernisation: corporate working.
Author(s): Brocklehurst, N, Adams, C
Citation: Community Practitioner, August 2004, vol./is. 77/8(292-6), 1462-2815
Publication Date: August 2004
Abstract: 5th in series, focusing on a corporate working approach to health visiting, replacing individual caseload allocation with shared caseload. The definition, rationale, risks and benefits of corporate working are discussed and a process management approach to its implementation is described. 18 refs.

Corporate working in health visiting: a concept analysis.
Author(s): Houston, A, Clifton, J
Citation: J Advanced Nursing, May 2001, vol./is. 34/3(356-66), 0309-2402
Publication Date: May 2001
Abstract: Individualised health visiting as against corporate working as used in West Sussex. 63 refs.
Sharing in practice: the corporate caseload.
Author(s): Ferguson, L
Citation: Health Visitor, October 1996, vol./is. 69/10(421-3), 0017-9140
Publication Date: October 1996
Abstract: Team working by health visitors in Telford. 12 refs.

Corporate solutions to caseload management: an evaluation.
Author(s): Hoskins, R, Gow, A, McDowell, J
Citation: Community Practitioner, September 2007, vol./is. 80/9(20-4), 1462-2815
Publication Date: September 2007
Abstract: Research in Glasgow to evaluate if the move from individual to corporate caseload management has resulted in benefits in the health visiting service. The effects on occupational stress levels, public health nursing activities, on the quality of service delivery and on improving health visiting standards are considered. 19 refs.

Embodying modernisation: corporate working.
Author(s): Brocklehurst, N, Adams, C
Citation: Community Practitioner, August 2004, vol./is. 77/8(292-6), 1462-2815
Publication Date: August 2004
Abstract: 5th in series, focusing on a corporate working approach to health visiting, replacing individual caseload allocation with shared caseload. The definition, rationale, risks and benefits of corporate working are discussed and a process management approach to its implementation is described. 18 refs.

Sharing in practice: the corporate caseload.
Author(s): Ferguson, L
Citation: Health Visitor, October 1996, vol./is. 69/10(421-3), 0017-9140
Publication Date: October 1996
Abstract: Team working by health visitors in Telford. 12 refs.

Corporate solutions to caseload management -- an evaluation.
Author(s): Hoskins R, Gow A, McDowell J
Citation: Community Practitioner, 01 September 2007, vol./is. 80/9(20-24), 14622815
Abstract: This paper describes an evaluation of a change in health visiting service delivery from GP caseload management to corporate caseload working, in one inner city health centre located in a deprived area of Glasgow. The aim of the study was to identify if moving to corporate caseload working provides the reported benefits cited in the limited literature available. A purposive sample consisting of ten health visitors, one GP, one manager and three clients volunteered to participate in this mixed methods evaluation study. Data were collected by means of a stress questionnaire, public health nursing diary, focus groups and semi-structured interviews. Findings show that immediate improvements were seen in team working, staff communication, sharing practice, enhanced clinical reflection and standards of documentation. However, corporate caseload working did not appear to reduce staff stress levels, increase public health nursing activity or improve quality of client service. Further research conducted over a longer time period with a full staffing complement is needed to validate these findings.
Changing practice using a model of clinical effectiveness.
Author(s): Glover T
Citation: Community Practitioner, 01 December 2004, vol./is. 77/12(465-468), 14622815
Publication Date: 01 December 2004
Abstract: Primary care trusts (PCTs) have been challenged with placing greater emphasis on addressing public health issues and tackling health inequalities, which has implications for the way in which community practitioners deliver their service. Health visitors recognise that they need to be able to work more flexibly, so that they can more readily respond to change and also have the opportunity to work alongside other agencies to enable them to address health inequalities in a meaningful way. This has encouraged the health visitors on the Isle of Sheppey, Kent, to examine their practice and the way in which they deliver their service. They have identified where changes could be made in order to afford them the time and resources that they might contribute to the government's and the PCT’s vision regarding public health. A model of clinical effectiveness underpinned this process. A number of issues relating to health visiting practice were raised and debated within this process, and these include the merits of providing a universal service or a more targeted service, home visiting or groupwork and working with a corporate case-load or single case-load. This paper describes the initial stages of a change process designed to enable a refocusing of health visiting practice in order to create opportunities for new community-based initiatives.

Corporate working in health visiting: a concept analysis.
Author(s): Houston AM, Clifton J
Citation: Journal of Advanced Nursing, 01 May 2001, vol./is. 34/3(356-366), 03092402
Abstract: AIM OF THE PAPER: The aim of this paper is to examine individualized health visiting care and compare it to corporate working within a consensual management style. Corporate working has been discussed and used in many different ways since the idea first came to light at the end of the 1980s. Resource management makes it an appealing model, however, analysing how corporate working functions in the practice setting reveals the complexity of this method of service provision. BACKGROUND: This paper is based on a method of practice developed by health visitors in Haywards Heath, West Sussex, who implemented the process. The article examines individualized health visiting care and compares it to corporate working within a consensual management style. Important in this analysis are the elements of reflexivity, active listening, reflection and the application of 'praxis' within the corporate caseload approach. METHODS: Rogers' evolutionary concept model was used to illuminate and explain the different ways of delivering the health visiting service. FINDINGS: There are benefits in working corporately: shared workload, increased professional support and improved accountability. Alongside the integrated supervision of this model is the opportunity offered to practitioners to innovate. This offsets any initial difficulty experienced in setting up this method and makes it a worthwhile change of style in health visiting practice. Improved service delivery, enhanced professional growth and increased opportunity for public health work can be demonstrated as outcomes of this model. For professionals this method may prevent 'burn-out', enhance practice and increase innovation in health visiting practice. Using this method as a blueprint, practitioners can develop their own style of corporate working that offers a service that is equitable, proactive, efficient and accessible to clients.
**GPs' and health visitors' views on the diagnosis and management of postnatal depression: a qualitative study.**

Author(s): Chew-Graham C, Chamberlain E, Turner K, Folkes L, Caulfield L, Sharp D

Citation: British Journal of General Practice, March 2008, vol./is. 58/548(169-76),

Abstract: BACKGROUND: In the UK, 8-15% of women suffer from postnatal depression, with long-term consequences for maternal mood and child development. Previous literature suggests that health visitors struggle with their conflicting roles with respect to mother and infant. Current policy is redirecting the emphasis and organisation of health visitor work, but guidelines state that health visitors and GPs should continue to have a major role in the detection and management of postnatal depression. AIM: To explore the views of GPs and health visitors on the diagnosis and management of postnatal depression. DESIGN OF STUDY: A qualitative study nested within a multicentre randomised controlled trial. SETTING: Nine primary care trusts in Bristol, Manchester, and London. METHOD: In-depth interviews with GPs and health visitors from primary care trusts participating in a randomised controlled trial of antidepressants versus health visitor-delivered non-directive counselling. Interviews were audiotaped and fully transcribed. Thematic analysis with an iterative approach was used to develop conceptual categories from the transcripts. RESULTS: Nineteen GPs and 14 health visitors were interviewed. GPs and health visitors described their work in making and negotiating the diagnosis of postnatal depression, the value of a long-term relationship with the woman, and how labelling affects management of women with postnatal depression. Responders described how they viewed others' roles in the management of postnatal depression, and how national policy and local organisational changes had an impact on patient care, so that no one health professional was assuming overall responsibility for the care of women with postnatal depression. CONCLUSION: Ongoing organisational changes within primary care, such as the implementation of corporate working by health visitors, affect care provided to women after birth, which in turn has an impact on the diagnosis and management of postnatal depression.

**Teamwork, myth or reality: community nurses’ experience with general practice attachment.** Author(s): McClure LM

Citation: Journal of Epidemiology & Community Health, March 1984, vol./is. 38/1(68-74),

Abstract: A survey of 93 community nurses, 48 health visitors, and 45 district nurses was carried out in one area health authority where nurses had been attached to general practice schemes for up to 10 years. The purpose of the study was to determine the nurses’ impression of teamwork within their attachment arrangements. Half the group surveyed had either a geographical area or other area health authority responsibilities, or both, in addition to their primary attachment commitment. No structured plan for preparing or evaluating attachment groups had been carried out by the area health authority. Only one third of attached nurses were working from premises shared with other members of the attachment group, and often facilities were poorly designed for teamwork. Health visitors were generally less enthusiastic about attachment and identified more obstacles in developing teamwork than did district nurses. Health visitors also tended to stay with individual attachment groups for shorter periods than did district nurses. Most nurses communicated frequently with attachment group members, but these opportunities were unplanned and usually limited to immediate problems of patient care. In a few attachments patterns of communication and collaboration appeared to be non-existent. Despite the problems identified in this study, most respondents prefer attachment to working solely in a geographical area and value their links the area health authority. Evaluation and positive direction is needed if the primary care team is to develop.
1. A market research company, Durdle Davies, has conducted detailed telephone surveys on behalf of Unite/CPHVA for 14 years. These form the annual Unite/CPHVA Omnibus, which informs the organisation about the views of the members and provides a window regarding health policy issues in practice.

2. This year’s questions concentrated on the effects of reductions in health visiting numbers. A total of 1000 health visitors - were interviewed by telephone, each having been randomly drawn from the Unite/CPHVA membership database. Only those working full or part time, and with a current general caseload were included in the final sample. The sample also included health visitors working in Scotland and Wales. Their data has been separated out for the purposes of this report which only includes data from the 829 English sample.

3. This year’s survey is yet to be fully analysed but we feel it is important to share some very disturbing top line results now. They confirm our suspicions that health visiting is a service in crisis. For example 69.2% of health visitors are saying that they no-longer have the resources to respond to the needs of the most vulnerable children. Furthermore it is unable to deliver the required evidence based inputs in relation to government policy to protect the health of children and tackle health inequalities.

4. Reductions in the health visiting workforce have resulted from locally held health budgets and local decision making, which tends to prioritise or interventions for existing illness over public or preventative health. As these results show powerfully, so called 'modernisation' approaches to put health visitors into grade mix teams with shared caseloads have been a disaster with respect to delivering comprehensive services, particularly for vulnerable children. Health visitors in these teams seem to be expected to take responsibility for three times as many families as those holding their own caseload.

5. Unite believes budgets for health visiting and school nursing should be ring fenced and separated out from the general NHS budget. Unless this happens we will lose confidence that the government’s policy objectives to tackle inequalities in childhood and boost the health and wellbeing of all children and families can be achieved.

6. In 1998 a review into health inequalities chaired by Sir Donald Acheson concluded that there were several interventions which should be invested in to reduce health inequalities in childhood. Specifically, we quote: ‘We recommend the further development of the role and capacity of health visitors to provide social and emotional support to expectant parents and parents with young children’ (Acheson, 1998). This has been ignored despite all the research evidence reflecting the importance of emotional and social health early years
which has become available since 1998. Local disinvestment in the health visiting profession has continued unchecked.

5. In the recently published biennial analysis of serious case reviews 2003-2005 one of the key findings from this research report by Brandon et al (2008) was that 2/3 of the 161 children studied died and a 1/3 were seriously injured. 47% of these were children under 1 but only 12% of the 161 children were on the child protection register. This emphasises the necessity of a robust universal health visiting service delivered by highly trained skilled professionals who are alert to potentially vulnerable children and the ways in which difficulties and protective factors interact so they may take measures early to prevent significant harm which could arise.

Background

6. This organisation, Unite, has repeatedly raised concerns, that the lack of investment in health visiting will lead to negative consequences for service delivery and for the health of children and families. In particular every year since 2005, we have seen a deterioration in the services health visitors have been able to deliver, but this year the findings are particularly stark as indicated below. The government is committed to addressing the inequality agenda and promoting the health of children. Therefore, it is disturbing and worrying that it continues to allow its local health care organisations to disinvest in the one service which is able to target its activity at those families where children may be most vulnerable.

7. The strength of the health visiting service should lie in its universal non-stigmatising nature and delivery of high quality health needs assessment through home visiting. This allows the family to be assessed within the context of their environment and for a therapeutic relationship to be established with the professional. It is from the platform of a robust universal service that additional services can be targeted according to need and vulnerable children, who might not otherwise be found can be protected. It is a fact that the majority of vulnerable children in our society are not amongst those in social class V where vulnerability is often most conspicuous and hence attracts additional services.

8. It is clear from the results of this year’s Omnibus survey that health visitors are no-longer able to deliver this type of service, either in teams of fully qualified health visitors, or even less so or within an increasing number of grade mix teams. The report clearly indicates that health visitors in the survey believe that vulnerable children are already suffering as a consequence and other health needs are not being addressed.

9. The fact that many health visitors now feel that they cannot either deliver a minimum core universal service or fulfil their responsibilities to safeguard children must be taken very seriously. The impact of this will be felt down the line through school and workplace failure, criminal statistics and spending on mental illness. It is particularly serious that the scale of disinvestment in health visiting has now delivered a situation where one in five health visitors believe that there is a serious risk of a child death; as arose in the case of Victoria Climbie.
10. We have written to Ministers to share this data and urge them to take urgent action by intervening to ensure that the contribution of the health visiting service to the most vulnerable in our society is valued and rebuilt. It is clear that its policy of local decision making with regards to public health spending has not worked. Budgets for health visiting must be increased and ring fenced or it won’t be able to achieve its policies for vulnerable children. There must also be urgent reinvestment in health visiting training. These Unite/CPHVA Omnibus results make clear that investment in junior or less qualified staff has not delivered the desired outcomes.

Other PCTs experiences and evaluation/reviews

An Equity Profile of Sedgefield PCT’s Health Visiting Service
Angela Davidson Philippa Thompson
http://www.sedgefield.gov.uk/dms/resources/includes/file.php?id=1296

Developing Public Health Nursing In Tayside
This has quite an extensive discussion on corporate caseloads

An evaluation of the transition of health visiting service delivery from individual caseload holding to corporate working
Authors: Robert Hoskins, RMN, RGN HV Cert MSc BA Lecturer, Division of Nursing & Health Care, University of Glasgow G12 8LW.
http://www.phru.net/phn/healthvisitingreview/Literature%20Review%20and%20Evidence/CorporateCaseloadreport.doc

NHS Greater Glasgow and Clyde Health Visiting Review: Critique of the Evidence Base
August 2007
This is well worth a read – it covers corporate caseloads in great depth. Their reference list is also extensive in all areas health visiting