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The future of specialist nursing

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Reading through this month's issue, the study by Gowani et al (p. 586) caught my eye. This qualitative piece looks at the experience of people living with heart failure in Pakistan, and is based on in-depth interviews with a small but varied group of patients. Many of the findings mirror those of UK studies; patients report physical, social and economic limitations as a result of their illness, and describe how they have struggled to manage their condition and adapt to change. What struck me most was the difficulty that patients had in accessing health care, and in getting professional support to manage their condition at home.

Self-care is a cornerstone of heart failure management in this country, and reflects an ethos of patient centred care delivery (Lainscak et al, 2011). This approach enables patients to manage and monitor their own health, and has been shown to reduce heart failure-related hospital admissions by more than half (Jovic et al, 2006). Its main limitation, as Gowani et al (2017) clearly illustrate, is access to education and professional support. In the UK, these aspects of care are often delivered by heart failure specialist nurses (HFSNs).

HFSNs are one of the success stories of cardiac nursing, and have grown from a handful of early pioneers to an extensive network of highly trained individuals found in many NHS hospital trusts and community services. These nurses play a central role in the management of patients diagnosed with heart failure, providing education and support, as well as ongoing monitoring, medication titration, and case-management. Contact with an HFSN ensures that individuals are on optimal doses of life-prolonging drugs, and have the information needed to manage their health effectively. It can improve quality of life, facilitate communication within the healthcare team, and reduce NHS costs (British Heart Foundation (BHF), 2017).

Unfortunately, not every patient with heart failure in the UK has access to an HFSN (Donkor et al, 2015). While this reflects limitations in the operating budgets of NHS trusts, another worrying trend is the loss of experienced nurses from the profession, and the year-on-year reduction in money for continuing professional development (CPD). This year, the central budget was slashed again by 20%, and anyone working on an NHS ward will tell you that places on training courses have been cut as a result. From the other side of the coin, universities are seeing fewer students applying for courses, and more modules cancelled due to insufficient numbers. This is not a sustainable situation; without the training and development they need, today's junior nurses will not stay in the profession, and those that do will not be able to step into specialist roles. The government needs to wake up; without urgent action on funding, specialist nursing in the UK will no longer be the standard that developing countries aspire to—but rather a cautionary tale of missed opportunity and executive neglect.

References

British Heart Foundation. Managing Heart Failure in the community [Internet]. 2017. Available from [http:// tinyurl.com/gupbpbk](http://tinyurl.com/gupbpbk)

Donkor A, McDonagh T, Hardman S. National Heart Failure Audit, April 2014-March 2015. 2015. Available from <http://tinyurl.com/y8ct64ok>

Jovicic A, Holroyd-Leduc JM, Straus S. Effects of self-management intervention on health outcomes of patients with heart failure: a systematic review of randomized controlled trials. *BMC Cardiovasc Disord.* 2006;6(1):43.

Lainscak M, Blue L, Clark AL et al. Self-care management of heart failure: practical recommendations from the Patient Care Committee of the Heart Failure Association of the European Society of Cardiology. *Eur J Heart Fail.* 2011;13(2):115–126