**Editorial for May edition of British Journal of Community Nursing:**

**Covid-19: what is the impact on District and Community Nursing Teams?**

The Covid-19 pandemic is challenging the delivery of nursing care in every environment, not least the provision of care within the patient’s own home. District and Community Nurses are reporting daily challenges that include a lack of Personal Protective Equipment (PPE), inconsistent and shifting national guidance on PPE usage alongside negative comments from patients, relatives and members of the public. This pandemic is having an impact that we would never before have imagined possible; our population, apart from key workers, is locked down and socially distanced apart from essential activity, there are devastating nightly reports of tragedies, alarming mortality rates and upsetting reports of the loss of colleagues from all disciplines of healthcare. It is a truly appalling situation.

Emergency Departments and Critical Care Units have rightly received a major focus of media attention; ventilators have been rapidly sourced and new Nightingale Hospitals speedily developed. However, the ‘oft-forgotten’ care, delivered by community teams, in 'wards without walls', seems to have missed the spotlight, despite being essential and at the very heart of care provision for patients at home. District and Community Nursing Teams provide complex person centred care; freeing up vital hospital beds and providing care for the now burgeoning 'housebound' population; this is alongside end of life care, complex dressings and providing support for patients with a range of complex conditions. Caseloads have expanded exponentially with numerous, hurried hospital discharges, often with the added uncertainty of Covid-19 status. The withdrawal of routine face to face care by other services, the closure of ambulatory care and the current ‘stay at home’ directive have all added, significantly, to caseload pressures.

There is confusion and inconsistency in national guidance in relation to PPE alongside a lack of availability of PPE and a feeling that what is recommended inadequate, especially within the home environment. Community staff have been heckled, abused and labelled 'disease spreaders' for travelling in uniform between visits. What choice do they have? The use of family cars to travel between visits has never been so challenging; the transportation of clinical waste, returning home in uniform, training on donning and doffing are all processes complicated by the varied and often inadequate community environment in which our care is delivered. The non-clinical home setting presents many threats to personal safety for our community healthcare workforce.

Despite these challenges, there are many positives as a result of these essential changes to the way we are working. Technology has come to the fore; online team meetings and virtual ‘huddles’ support care delivery, team working and staff morale. 'Critically cleansed' caseloads ensure care is delivered only where it is essential; self-care has increased, with support for patients from extended families enhanced. Some patients, ironically, are choosing to decline nursing visits, preferring to avoid any potential risks posed by clinical staff, and, as a result, are self-managing conditions like never before. This, if nothing else, needs to be something we take from this crisis; caseload cleansing and person centred care only for ‘appropriate’ patients should be the District and Community Nursing Team mantra when things eventually return to normal.

District and Community Teams are often an unseen workforce; Covid-19 may well have raised our profile and that of the essential and complex care delivered behind closed doors. There are positives; enhanced, supportive team working, deployed colleagues supporting community teams, effective, successful promotion of self-management, the delivery of care and medication by family members and integration of new technologies. When this pandemic has abated, we need to ensure that nursing in the community effectively capitalises on these positives.

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