



# Advanced Nursing Practice- the UK perspective

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# Overview

- History of the advanced practitioner in the UK
- What is advanced practice?
- Who is an advanced practitioner and how do we know? (Scope of practice)
- Evidence of APNs contribution to improving patient outcomes
- Barriers & facilitators
- The future of the APN

# Beginnings of advanced practice

- Started in USA in 1965 when Henry Silver introduced a 'nurse practitioner' into a paediatric service.
- Started in UK in 1980s by Barbara Stilwell
- A lack of consensus on what AP is
- No regulation of the role
- Not a protected title

# History of advanced practice

## THEN:

AP role focussed on:

- Core skills
- Values
- Attitudes

Initially advanced roles created to fill gap with a shortage of doctors

*'nurses should value & promote advanced nursing practice...'*

## NOW:

Emphasis is on:

- Medical skills including
- Clinical assessment
- Prescribing

Focus has shifted to health promotion & prevention of long term conditions

# Definition of APN: 2 perspectives

*‘Advanced nursing practice is an umbrella term, which is used to describe a number of specialist roles including clinical nurse specialist & nurse consultant.’*

Nursing & Midwifery Council, 2010.

*‘A registered nurse who has undertaken a specific course of study of at least first degree (Honours) level & who makes professionally autonomous decisions, for which he or she is accountable receives patients with undifferentiated & undiagnosed problems & makes an assessment of their health care needs’.*

Royal College of Nursing

# Specialist nursing roles

- **Nurse Practitioners:** nurses who work at an advanced practice level in primary care (e.g. GP surgeries) or hospitals- Emergency department
- **Specialist Community Public Health Nurses** - traditionally known as District Nurses & Health Visitors, (includes School nurses & Occupational Health Nurses).
- **Clinical Nurse Specialists** - undertaking these roles commonly provide clinical leadership & education for their Staff Nurses.
- **Nurse Consultants** - similar to the clinical nurse specialist, but at a higher level. Responsible for clinical education & training, have active research & publication activities.
- **Lecturer-Practitioners** - these nurses work both in the NHS & in universities (also called Practice Education Facilitators).

# Scope of practice

- Comprehensive clinical assessment & make diagnosis
- Ordering & interpretation of diagnostic tests
- Prescribing medication & therapies
- Referrals to multidisciplinary team
- Health education, health promotion & advice
- Specific clinical skills e.g. endoscopy, intubation etc.
- Managing and leading care
- Admit & discharge patients

# Where the AP roles really work

- Emergency departments (minor injuries & medical assessment units)
- General practice
- Diabetes
- Respiratory
- Midwifery
- Cardiology
- Elective surgery
- Endoscopy
- Aged care
- Sexual health
- Mental health



# The evidence

- 1. Treatment times** (mean 100 minutes) (Lee & Jennings. A comparative study on characteristics of did not wait patients versus those that were seen by the nurse practitioner. Australasian Journal of Emergency Nursing 2006; 9: 179-185)
- 2. Patient satisfaction** (Jennings et al. A survey of patient satisfaction in a metropolitan Emergency Department: comparing nurse practitioners and emergency physicians. International Journal of Nursing Practice 2009; 15 (3): 213-218.)
- 3. Improved clinical outcomes** (Jennings et al. Implementing the Emergency Nurse Practitioner into a major inner city trauma centre. Journal of Clinical Nursing 2008; 17: 1044- 1050)
- 4. Clinical expertise & effectiveness**

Free et al. Literature review of studies on the effectiveness of Nurse Practitioners ability to order and interpret X-rays.

Australasian Journal of Emergency Nursing 2009; 12 (1): 8-15.

Lee et al. The accuracy of adult limb radiograph interpretation by emergency nurse practitioners: A prospective comparative study. International Journal of Nursing Studies 2014; 51(4): 549-554

Moxon A, Lee GA. Non-Invasive ventilation in the emergency department for patients in Type II respiratory failure due to COPD exacerbations. International Emergency Nursing 2015.

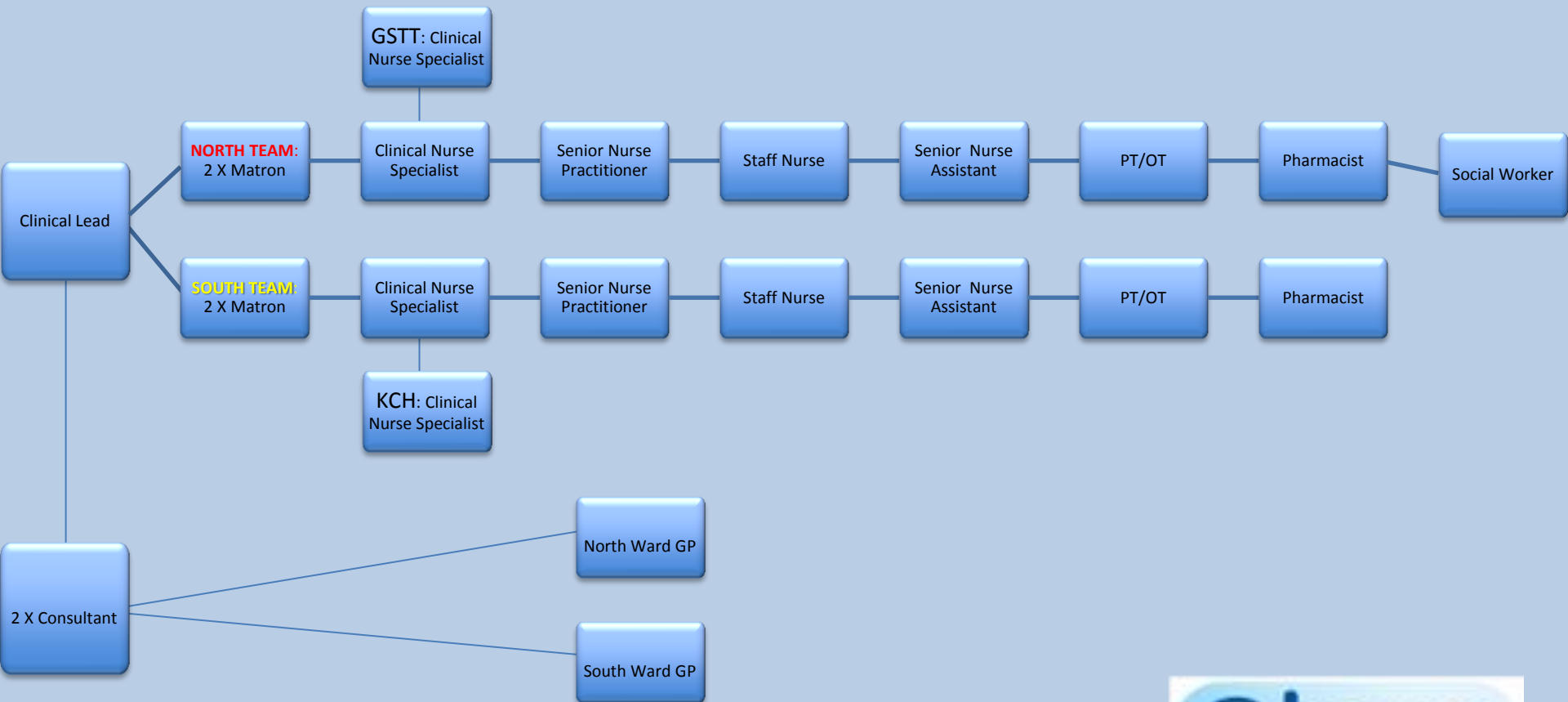
# Are there examples of collaborative AP work with other AHPs?

- Yes, move towards avoiding hospital admissions & reducing length of hospital stay (i.e. promoting early discharge from hospital)
  - New model of care via the @Home programme
- ‘Bringing hospital care to your home’**



# What @Home does

- @home is a Hospital in the Home service for patients living in South London over the age of 18 who would otherwise be or be at risk of a hospital admission
- provides **acute healthcare** at home
- supports **early discharge** from hospital
- **prevents** avoidable **admissions , readmissions**
- **saves** valuable hospital bed days
- **reduces** length of stay (LOS)
- Provides overnight palliative care for End-of-Life patients



# The service:

Multidisciplinary team that offers:

- Patient-centred acute care in their place of residence
- Practitioner to practitioner referral via single point access
- 2 hour response for urgent medical assessment
- Shared or total medical responsibility for patient
- Team operates 365 days, 24 hours a day
- Domilicary visits by consultant or **@home** GP when required
- Provide daily visits up to 4 times a day for 3-7 days
- Intensive Nursing, PT,OT input during intervention

# Conditions treated

- Cellulitis
- Falls
- Chronic Obstructive Pulmonary Disease
- Unstable Diabetes
- Dehydration
- Palliative Care
- Gastroenteritis
- Community Acquired Pneumonia
- Heart Failure
- Deep Vein Thrombosis
- Infected Foot Ulcers
- Hyperemesis Gravidum
- Post-operative surgery
- Pyelonephritis
- Urinary Tract Infection
- Viral Illness

# Interventions offered

- Rapid assessment, diagnosis, treatment and evaluation
- Home assessment and input by community geriatrician (providing team with support and treatment plans)
- Medication Titration
- Intravenous/Subcutaneous fluids
- Intravenous antibiotics
- Intravenous Frusemide
- Treatment for respiratory disorders including nebulisers, antibiotics, physiotherapy
- Bladder scans for patients post gynaecological surgery
- Trial without catheter (post-operatively)

## The following can be offered to patients

- High intensity clinical monitoring, with short-term intervention in an acute episode of ill health in a safe & timely manner
- Provide urgent clinical assessment for acutely unwell patients, ECG, urgent bloods
- Initiating treatment & ongoing monitoring, IV therapy, subcutaneous hydration, ongoing blood, oxygen therapy, nebulisers
- Physiotherapy & Occupational Therapy intervention
- Environment check



# Benefits to patients

- Meets preference for home care over hospital (& reduced length of stay & acquired complications)
- Enhances patient choice
- Psychological & social benefits of comfort own home with reduced pain & anxiety & reduced confusion & delirium
- Increases inpatient capacity and resources with reduced functional disturbance
- Improved or same clinical outcomes for the patient
- Supports overall Trust and CCG objectives
- Helps improve hospital and community processes
- Contributes to health service sustainability

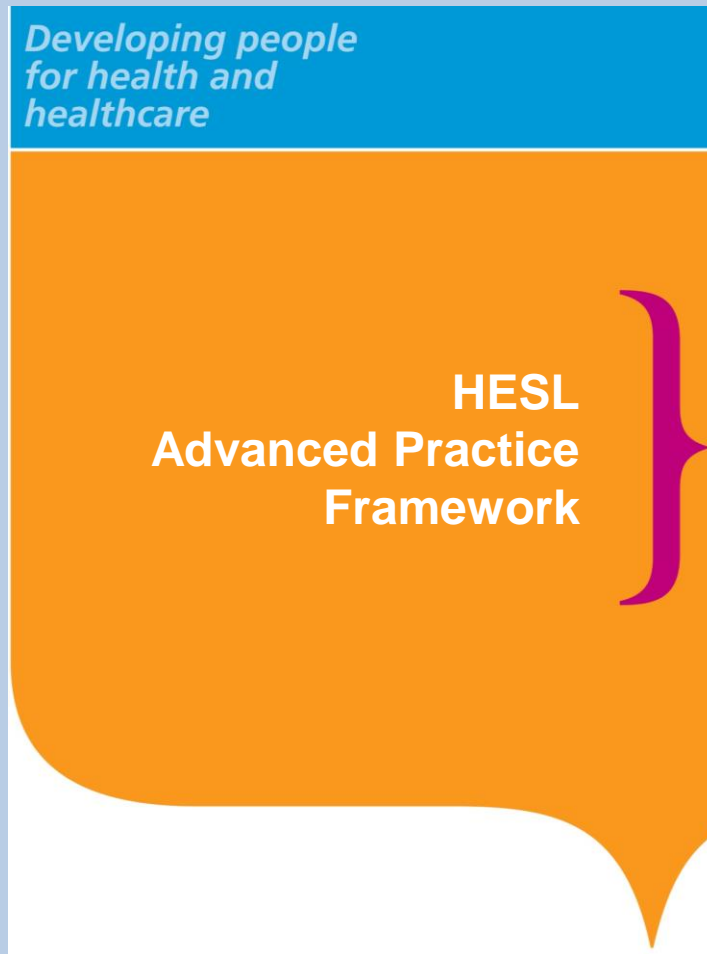
## In summary

- Integrated local NHS 'acute' provider (264-341 patients per month)
- Safe, responsive and flexible service
- Provides choice for patient and referrer
- Enables better utilisation of in-patient resources
- Delivers good clinical outcomes
- Excellent patient experience
- Without @home a hospital bed would be inevitable



# Facilitators, obstacles and barriers to Advanced Practice Nursing

# Facilitators to APN:



## 4 themes of advanced practice

The Department of Health have developed themes in relation to advanced clinical practice & comprises of 28 elements clustered under the following 4 themes (as agreed by expert practitioners):

1. clinical/direct care practice,
2. leadership & collaborative practice,
3. improving quality & developing practice; and
4. developing self & others.

# Use of technology

- Achieving the best possible outcomes & experience for patients by using the available resources in a sustainable manner
- Enablers- telemedicine
- Evidence now to support use of technology including Skype & internet delivered interventions
- Ref: Barley et al. Development and assessment of preliminary feasibility and acceptability of the 'Space from Heart Disease' Intervention for People Cardiovascular Disease and Distress: a mixed methods study. JMIR Research Protocols. Doi: <http://dx.doi.org.10.2196/resprot.4280>

# Multidisciplinary approach

- Pharmacist-led clinics
- Paramedics working in emergency departments
- Allied Health Professionals gaining more skills and undertaking MSc in advanced Practice
- Moving care into the community
- Strategy to develop the capacity, impact & profile of allied health professionals in public health (Public Health England)

# Obstacles/barriers to APN

1. Ageing population with greater healthcare needs
2. Chronic disease is prevalent & usually in the presence of other co-morbidities
3. Mental health issues:
4. Move towards providing more care in community settings without adequate resources available
5. Access block – patients fit for discharge but nowhere to go



# Ageing population

- People are living longer
- With chronic illnesses that need ongoing healthcare
- Diabetes & obesity are major long term conditions
- Healthcare costs continue to rise
- Many chronic diseases are due to poor behaviours (lack of exercise, diet high in saturated fats, etc)
- Dementia will become a huge health problem

# Chronic diseases

- In the UK, 15 million living with long-term conditions such as cardiovascular disease, diabetes, respiratory disease, cancer, obesity & depression.
- Common risk factors: hypertension, raised plasma cholesterol, overweight, lack of physical activity & cigarette smoking.
- **Mental health problems** (including anxiety & depression)
- Specialist knowledge & skills are essential
- Need specifically-funded PREVENTATIVE programmes that are community based & politically driven

# Access block

- Major issue with patients medically well but unable to be discharged from hospital due to lack of appropriate social care.
- Not enough beds
- Not enough resources in the community to support patients after discharge from hospital
- Need rapid assessment

Ref Evans, B. et al (2015). A SYSTEMATIC REVIEW OF RAPID ACCESS MODELS OF CARE AND THEIR EFFECTS ON DELAYS IN EMERGENCY DEPARTMENTS. *Emerg Med J* 2015;**32**:e15-e16 doi:10.1136/emmermed-2015-204980.12

# Stevens report



**FIVE YEAR  
FORWARD VIEW**

# Issues in the UK for the NHS

- Need to do more on prevention & public health
- Need national action on obesity, smoking & alcohol
- Patients need to gain far greater control of their own care
- Need to reduce barriers on how care is provided
- Need changes to urgent & emergency care
- Mismatch of funding of £30 billion a year by 2020
- There are viable options for sustaining & improving the NHS over next 5 years

# NHS: in sickness and austerity

“The NHS at 65 is facing a triple-pinch of recession, austerity and demographic change...”

**GPs forced to close practice lists**

**Jan 2016**

**Austerity measures 'bad for nation's health'**

**NHS 'buckling under pressure' of austerity, finds report  
British Medical Association, 2014**



**Industrial action:  
junior doctors provide  
emergency-only care**

## In summary

- APN has come a long way since the 1980s
- We are dealing with ever-changing healthcare needs
- There are many pressures on health care providers
- Standardising what and how the APN works will be useful
- The @Home model shows successful collaboration