Advanced Nursing Practice- the UK perspective

Gerry Lee
King’s College London
Jan 2016
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.’

‘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**  

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.  


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
Clinical Lead

NORTH TEAM:
- 2 X Matron
- Clinical Nurse Specialist
- Senior Nurse Practitioner
- Staff Nurse
- Senior Nurse Assistant
- PT/OT
- Pharmacist
- Social Worker

SOUTH TEAM:
- 2 X Matron
- Clinical Nurse Specialist
- Senior Nurse Practitioner
- Staff Nurse
- Senior Nurse Assistant
- PT/OT
- Pharmacist

KCH: Clinical Nurse Specialist

2 X Consultant

North Ward GP

South Ward GP

@home
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

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-pin of recession, austerity and demographic change...”

Austerity measures 'bad for nation's health'

GPs forced to close practice lists
Jan 2016

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