

Advanced Nurse Practice Strategy 2021-2025



Title – Advanced Practice Strategy	
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Category 1 –	Version control V1.0 Janet Corcoran 2017 V 2.0 Margot McCulloch 2020
Status Draft/Final : Final	Review Date – December 2025
Authoriser – Alex McMahon	Date Authorisation
Date added to intranet	
Key Words – Advanced practice strategy/Advanced practitioner	
Comments – Agreed by Advanced Practice Strategic group – NHSL	

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Introduction

The Advanced Nurse Practitioner (ANP) workforce is well established in NHS Lothian and has been developed through a structured education programme for the past 15 years. ANPs form an integral part of many clinical services and enable the delivery of enhanced patient care by supporting existing workforce models. The generalist and flexible nature of the ANP role enables it to bring value to a range of different clinical services in both secondary and primary care. This has been particularly evident during 2020, where rapid mobilisation plans for care delivery has relied on transferable advanced nursing skills within all clinical health and social care settings.

In 2016, The Scottish Government published Advanced Nurse Practice guidance for all Health Boards via Transforming Nursing Roles: Developing Advanced Practice in NHS Scotland (SG 2016) which outlined the ANP role definition, educational preparation, career framework level and clinical supervision. This provided a governance framework for NHS Boards to develop and maintain their ANP work force, underpinning the current NHS Lothian Advanced Nurse Strategy (2017-2020) and will continue to inform the foundation of the revised ANP strategic vision for 2021-2025.

Key aim

The aim of this strategy is to guide the continued development of Advanced Nursing Practice across the Board by providing a consistent approach to strengthening governance arrangements, including workforce planning, education and training and education. NHS Lothian's vision for Advanced Practice builds on a number of key principles and recommendations from NES Advanced Practice toolkit, The Scottish Government Guidance for Health Boards on Advanced Nursing Practice Roles, and the Scottish Government work on Transforming Nursing Roles.

Board oversight for planning and delivery of this strategy will be from NHS Lothian Advanced Practice Strategic Group, with support from the following groups:

- East of Scotland Advanced Practice Academy
- NHS Lothian Acute Advanced Practice Group
- NHS Lothian Primary Care Advanced Practice Group
- NHS Lothian Advanced Practice Education Group

This strategy is for use across NHS Lothian managed services and relates exclusively to *clinical* Advanced Nurse Practitioners

1. Definition, core competencies and underpinning principles of Advanced Practice

1.1 Definition

“An Advanced Nurse Practitioner (ANP) is an experienced and highly educated Registered Nurse who manages the complete clinical care for their patient, not solely any specific condition. Advanced practice is a level of practice, rather than a type or speciality of practice.

ANPs are educated at Masters Level in advanced practice and are assessed as competent in this level of practice. As a clinical leader they have the freedom and authority to act and accept the responsibility and accountability for those actions. This level of practice is characterised by high level autonomous decision making, including assessment, diagnosis, treatment including prescribing, of patients with complex multi-dimensional problems. Decisions are made using high level expert, knowledge and skills. This includes the authority to refer, admit and discharge within appropriate clinical areas.

Working as part of the multidisciplinary team ANPs can work in or across all clinical settings, dependant on their area of expertise.”

(Scottish Government 2016)

1.2 Core Competencies

In 2016 the Scottish Government identified the following as core clinical competencies for the ANP role:

Comprehensive history taking

Clinical assessment

Carries out comprehensive clinical examination of the patient in their entirety, inclusive of:

- Physical examination of all systems
- Mental health assessment

Differential diagnosis

Applies high level decision-making and assessment skills to formulate appropriate differential diagnoses based on synthesis of clinical findings. This takes account of managing clinical risk in dealing with undifferentiated client groups across the age spectrum.

Investigations

- Has the freedom and authority to request, where indicated using judgement and clinical reasoning, appropriate diagnostic tests / investigations based on differential diagnoses.
- Interprets and analyses previously ordered results of tests/investigations and work collaboratively with other healthcare professionals when needed.
- Acts on the results to confirm diagnosis and thereby optimise treatment and management outcomes.

Treatment

- Formulates an action plan for the treatment of the patient, synthesising clinical information based on the patient's presentation, history, clinical assessment and findings from relevant investigations, using appropriate evidence based practice.
- Is an independent non medical prescriber
- Implements non-pharmacological related interventions/therapies, dependent on situation and technical requirements of care

Admission, discharge and referral

- Has the freedom and authority to admit and discharge from identified clinical areas, dependent on patient need at time of review. This includes the freedom and authority to refer to all appropriate health care professional groups and agencies, working collaboratively with them.

However, whilst the ANP role has a particular clinical focus, Advanced Nursing Practice has four pillars of practice and the ANP must include all as parts of their core role and function. The pillars are:

- Clinical practice
- Leadership
- Facilitation of learning
- Evidence of research and development

In addition to the core competencies, The Transforming Nursing Roles (TNR) group published high level specialist competencies, in acute, primary and mental health care, in addition to neonates and children (appendix 1). A set of metrics with which clinical services could measure outcomes for ANPs were also published in 2018 (appendix 2).

1.3 Underpinning Principles of Advanced Practice¹

Autonomous practice

Advanced Practitioners practice autonomously; have the freedom to exercise judgement about actions, in turn accepting responsibility and being held accountable for them.

Critical thinking

Practising autonomously requires 'self-regulatory judgement that results in demonstrating the ability to interpret, analyse, evaluate and infer' (Mantzoukas and Wilkinson, 2007, p33). Critical thinking allows Advanced Practitioners to explore and analyse evidence, cases and situations in clinical practice, enabling a high level of judgement and decision-making.

High levels of decision-making and problem-solving

It would be expected that an Advanced Practitioner can demonstrate expertise in complex decision making in relation to their current role. This includes determining what to include in the decision-making process, and making a decision based on judgement, critical thinking and problem solving. This in turn affects the ability to practice autonomously.

Values-based care

At this level of practice, individuals require a high level of awareness of their own values and beliefs, and care is negotiated with patient (or carer) as an equal partner.

Improving practice

It is important that Advanced Practitioners deliver advanced practice which is evidence based within service, whilst acting as a positive role model that enables change regardless of 'job title'.

The specific activities of any Advanced Practitioner role will differ from one area to another. However, each role should demonstrate:

- How specific Advanced Practitioners activities impact on patient care and service delivery
- How the role benefits/improves the patient's experience
- How the role aligns with other Advanced Practitioner roles across Scotland

It is recognised that roles will evolve over time. It is therefore important and appropriate that the specific activities of Advanced Practice roles are periodically reviewed to ensure

¹ Adapted from NES (2007)

they continue to have a positive impact on patient care and service delivery as well as remaining in broad alignment with similar roles elsewhere in the country.

2. Current position in NHS Lothian

NHS Lothian has a strong track record for recruiting and training ANPs. This has been enabled by a robust governance framework and strong oversight and direction by NHS Lothian Executive Nurse Director. This approach has resulted in clear guidelines and governance for ANPs including; workforce planning, recruitment and selection, delivery of the collaborative education pathway, requirements for professional clinical line management and ongoing professional development.

NHS Lothian is committed to supporting and developing ANPs where there is an identified clinical need and workforce plan, including the creation and funding of identified posts. This approach has been integral to the successful growth and development of ANPs to date and has supported consistency and equity for trainees.

2.1 Educational pathway

As per the TNR paper, the agreed minimum educational requirement to work as a clinical Advanced Nurse Practitioner is a Post Graduate Diploma (120 credits) in advanced clinical nurse practice. Both the adult and paediatric and neonate educational pathways are currently provided by separate HEIs; the adult pathway in collaboration with Queen Margaret University (QMU) and the paediatric and neonate pathway provided by Edinburgh Napier University (ENU). There is a maximum number of places available each year on the adult educational (approximately 50) which reflects capacity within the educational team. This has to be balanced with the wider organisational ability of releasing staff to take the required study leave, and the access to individual clinical supervision and assessment. NHS Lothian works collaboratively with both HEIs to identify suitable applicants and prioritisation of training places. Additionally, there is an agreed approach under the module descriptors regarding re-sit opportunities for trainees undertaking the educational pathway.

The pre-requisites to undertake the Advanced Nurse Practice pathway include:

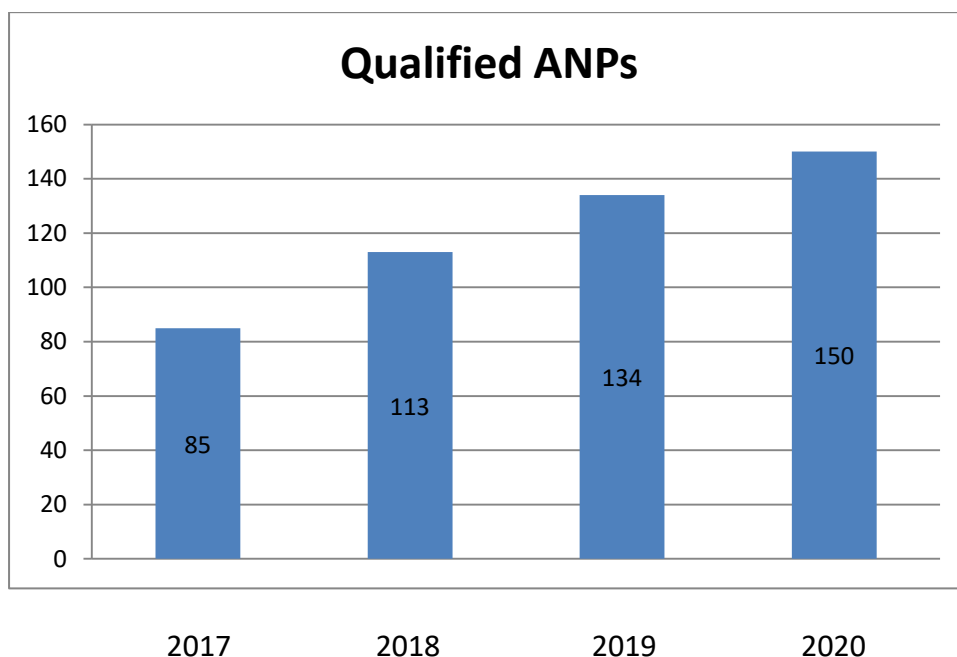
- Be in a substantive post of Trainee Advanced Nurse Practitioner (clinical), Advanced Nurse Practitioner or Advanced Practitioner whose role requires further development of clinical competence, clinical expertise and clinical decision making to the level defined by the Scottish Government (2017).

- Have completed and passed a level 9 or 10 module with evidence of clinical competence in history taking and clinical examination.
- Have the agreed support of a medical mentor within the same clinical speciality as the student, and/or Advanced Nurse Practitioner or Advanced Practitioner mentor, to support clinical learning and development of clinical expertise.
- Have support from their clinical manager or practice manager to participate in learning activities including attendance at study days and completion of formative and summative assessments
- Have financial commitment from service to fund the required educational modules.

2.2 Current workforce data

(Data accessed on 20th November 2020 and does not include independent contractors)

The Scottish Government from 2017-2021 committed funding for ANP educational modules which has enabled an increase of over 80% in qualified ANPs in NHS Lothian this period, from 85 in 2017 to 155 in 2020.



2.2.1 Services that currently employ ANPs

ANPs are employed in a range of services in adult, paediatric and neonates including; Acute medicine, medicine, surgery, Hospital at Night, district nursing, critical care, sexual health, forensics, unscheduled care, cancer services, community, prisons. The table below shows this divided up into division.

Division	Number
Acute	121
H&SCP	19
REAS	4
Primary Care	5
Research	1

2.2.2 Age range of ANP workforce and expected retirements

The table below gives the age range of qualified ANPs with all services and shows that 20% of this workforce is eligible for retirement

Age	ANPs
25-29	1
30-34	10
35-39	22
40-44	33
45-49	29
50-54	24
55-59	25
60-64	5

3. NHS Lothian Advanced Nurse Practice Strategy 2021-2025

Whilst NHS Lothian is in robust position as regards the ANP workforce there are nonetheless opportunities to further develop and build resilience within the system.

NHS Lothian’s vision is to have a robust and sustainable Advanced Nurse Practice (ANP) workforce that supports the delivery of quality patient care and, specifically:

- That ANPs have the knowledge, skills and support to deliver both their role and agreed dimensions of the four pillars of practice and values based care
- That ANPs are provided with opportunities for professional growth and career development within the organisation.
- To continue to grow the ANP workforce that has the flexibility to adapt and adjust to changing service delivery and care needs.
- To create a clear process to support clinical services with workforce planning and ongoing support for ANPs

3.1. Knowledge, skills and support to deliver their role

All new trainee ANPs will undertake the NHS Lothian structured programme and receive mentorship in a variety of clinical areas to ensure they meet the core ANP competencies.

All new trainees will meet the prerequisite to undertake the pathway:

- Be in a substantive post of Trainee Advanced Nurse Practitioner (clinical), Advanced Nurse Practitioner or Advanced Practitioner whose role requires further development of clinical competence, clinical expertise and clinical decision making to the level defined by the Scottish Government (2017).
- Have completed and passed a level 9 or 10 module with evidence of clinical competence in history taking and clinical examination.
- Have the agreed support of a medical mentor within the same clinical speciality as the student, and/or Advanced Nurse Practitioner or Advanced Practitioner mentor, to support clinical learning and development of clinical expertise.
- Have support from their clinical manager or practice manager to participate in learning activities including attendance at study days and completion of formative and summative assessments
- Have financial commitment from service to fund the required educational modules.

3.2 Workforce planning and recruitment

To support a high calibre, sustainable workforce, it is essential that all new ANP roles are developed in line with this strategy. This includes:

- ANPs are embedded into the nursing governance structure and there are clear lines of professional accountability leading through the nursing line and Board Nurse Director
- All new ANP roles should be planned using a service needs analysis (See appendix 3)
- Identifying appropriate supervisors and assessors for trainees should form part of service planning for ANPs
- New ANP services must be evaluated to assess impact on service. The expected outcomes and a plan to evaluate should be included in their business case
- All new ANP roles will be approved prior to implementation by the Board Nurse Director or by individual(S)/group(s) within the Acute Division and Social Care Partnerships delegated this function by Board Nurse Director. This will support equity across all clinical services and will allow the education team to allocate training places and plan student numbers.
- ANPs should be recruited into a minimum of Agenda for Change band 7.
- Annex 21 should be attached to the training post. (Q&As for managers who recruit into an Annex 21 post can be found in appendix 4).

- Where Annex 21 is not used (for example if the pay 'top up process' causes potential detriment to pay), there should be a clear exit strategy for those who do not achieve the minimum educational requirements.
- A generic ANP job description should be used to advertise Band 7 Agenda for Change (AfC) ANP posts.
- Job descriptions for clinical ANP posts at higher AfC banding should reflect the requirements of the role within the specific clinical area and be in line with NES career framework
- An OSCE should form part of the recruitment process for trainee posts in order to provide quality assurance and benchmarking regarding competency of clinical skills for entry level.
- ANPs work in partnership with other professional groups. Each ANP team will have a clearly defined work pattern which articulates and complements ANP off-duty with the rotas of other professional groups.
- ANPs should have job plans attached to their role; to support ANPs to meet the minimum requirements for their role, their agreed mentorship and supervisory responsibilities, other dimensions of the four pillars of practice and in order to match this to patient need
- NHS Lothian recognises that staff will move between health boards. However, where trainee ANPs are supported by NHS Lothian with study time and funding to complete ANP training, NHS Lothian may seek to recoup study time where training is not immediately consolidated within the health board.
- All qualified ANPs employed under AfC will be logged on Employee Support Systems (eESS) as Advanced Nurse Practitioners.
- NHS Lothian will report of annual data of number of ANPs employed under AfC to Information Services Scotland
- Data collection regarding ANP workforce from GP Independent contractors will be undertaken on an annual basis
- Sectors, Directorates and Health and Integrated Joint Boards are responsible for ensuring that they have robust professional and clinical governance process in place around all ANP roles

3.3 Professional growth and career development.

- ANPs will be expected to contribute to activities that support professional practice. This may include teaching, clinical supervision, assessing and supervising, audit, research, guideline development and their own Continuing Professional Development (CPD)
- ANPs will have CPD time written into their job plan to support their on going development.
- ANPs will be supported to prepare for and undertake an assessment and supervision role.
- ANPs will evidence their ongoing CPD and development via TURAS and by using the NHS Lothian ANP Portfolio of Evidence or similar, at annual appraisal.
- An annual appraisal will be undertaken with multi-professional support, for example with the clinical line manager, medical supervisor or other relevant clinical support.

- Each ANP team will have an appropriate clinical supervision model in place to support the monitoring of the quality of care provided by individual ANPs.
- A clear framework for ANP career development and progression should be used to give clarity around levels of practice and associated AfC banding.
- Where possible, ANPs will be funded to undertake their full Msc in Advanced Clinical Practice. Potential dissertation topics should be discussed with the professional line manager to ensure that they are relevant to the ANP role and service. Outputs from the dissertation should be shared locally and also via the:
 - NHS Lothian Acute Advanced Practice Group
 - NHS Lothian Primary Care Advanced Practice Group
 - NHS Lothian Advanced Practice Education Group

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Appendix One

National Competencies

An Advanced Nurse Practitioner (ANP) is an experienced and highly educated Registered Nurse who manages the complete care for their patient, not solely any specific condition. Four pillars of practice define the core role and function of the ANP:-

- Clinical practice
- Leadership
- Facilitation of learning
- Evidence, research and development.

The competencies set out here focus on clinical practice. Practice relating to the non-clinical aspects of the ANP role is presented in the NES Advanced Practice tool kit². Competence in practice assures safe, effective and person centred care and remains embedded within the NMC code and in nursing governance structures.

Comprehensive History Taking

The ANP undertakes comprehensive person centred assessments of the person's physical, mental, psychological and social needs, strengths and assets - actively involving the person, their families and carers, and wider partners. This includes a full analysis and interpretation of their history including identification of alternative / augmentative communication needs.

Clinical Assessment

The ANP carries out comprehensive clinical examination of the patient in their entirety, inclusive of: physical examination of all systems, Mental health assessment and remote assessment where appropriate and:

- Rapidly assess a patient using an ABCDE approach and/or Mental State Examination and intervenes clinically in a timeframe that reflects the risk as well as assessing and managing the ongoing care needs of those presenting with chronic illness.
- Demonstrates competence in prioritising, escalating, de-escalating, providing self-help or management advice and/or referring timeously for treatment/assessment/decision support within the clinical context of their role.
- Prioritises and manages workload to meet the needs of patients.
- Analyses and synthesises findings from various multi element assessments, tests and investigations.
- Undertakes assessments of related co-morbidities for vulnerable individuals with a learning disability and understands how these may affect the complexity of their health.

² www.advancedpractice.scot.nhs.uk/

- Utilises freedom and authority, taking account of true value to the patient, to request, and apply, where indicated:
 - Diagnostic test/investigations
 - Multidisciplinary/agency health and social services assessments
 - Application of protective and safe guarding legislation.

Differential Diagnosis	
The ANP applies high level decision-making and assessment skills to formulate appropriate differential diagnosis based on synthesis of clinical findings. This takes account of managing clinical risk in dealing with undifferentiated client groups across the age spectrum. Using clinical reasoning, the ANP develops a formulation of presenting difficulties based on the synthesis of comprehensive multi-element assessment findings.	
Investigations	
The ANP has the freedom and authority to request, where indicated using judgement and clinical reasoning, appropriate diagnostic tests/investigations based on differential diagnoses and interpret and analyse previously requested results of tests/investigations working collaboratively with other healthcare professionals when needed.	
Acute Care	<p>The Acute Care ANP is able to request and interpret the following investigations:</p> <ul style="list-style-type: none"> • 12-lead ECGs • Chest X-rays • Arterial Blood Gases • Routinely requested blood tests <p>In addition, and depending on the specialist area the Acute Care ANP works in the ANP may be able to request and interpret other investigations such as Pulmonary Function Tests, Echocardiograms, Ultrasound scans, Exercise Tolerance Tests, Magnetic Resonance Imaging (MRI) and Computed Tomography (CT).</p>
Primary and Community Care	<p>In addition to the competencies for the Acute Care ANP and depending on the field of practice within primary and community care including unscheduled care and NHS 24, primary and community care ANPs are able to request and interpret the following investigations:</p> <ul style="list-style-type: none"> • Pulmonary function tests • Spirometry • Echocardiograms • Ultrasound scans • Routine investigations that relate to men’s health and women’s health and in particular sexual health <p>Investigations and their interpretation will be based upon service need within each field of primary care practice and is not exhausted by this statement.</p>
Paediatric	The Advanced Paediatric Nurse Practitioner;

	<ul style="list-style-type: none"> • Has the autonomy appropriate to their scope of practice and context of clinical area to request, where indicated diagnostic tests based on differential diagnoses. • Is able to accurately interpret and respond to laboratory/diagnostic data.
Neonatal	<p>The Advanced Neonatal Nurse Practitioner is able to request and interpret the following investigations:</p> <ul style="list-style-type: none"> •All routine blood tests relevant to the neonate •Neonatal X-rays •Neonatal Cranial ultrasound scan •Neonatal abdominal , chest and hip ultrasound •Arterial Blood Gases <p>Dependent on the specialist area and level of experience the ANNP may also be able to request and interpret other investigations such as:</p> <p>Neonatal ECG, Neonatal EEG, Neonatal CFM (Cerebral Function Monitor), Neonatal Echocardiogram.</p>
Mental Health	<p>The Mental Health ANP is able to independently request and apply where indicated:</p> <ul style="list-style-type: none"> • Further diagnostic tests/investigations including routine Bloods, ECG • Further physical diagnostic tests & investigations. Review of results within scope of practice at a competent level. • The application of protective and safeguarding legislation. • Use of evidence based mental health assessment tools across all specialties. This may include HDAT monitoring, Clozapine & lithium monitoring, Physical health checks, cognitive assessment tools (MMSE, MOCA, ACE III, 4AT) and Illness specific assessment tools may include GAD,PHQ9, HAD, Audit PC,CIWA. This list is not exhaustive. • Knowledge, understanding and application of Safetalk, ASSIST and STORM. • Assessing and managing risk, including enablement, to inform decision making for care, support and treatment planning.

Treatment	
<p>The ANP formulates an action plan for the treatment of the patient, synthesising clinical information based on the patient’s presentation, history, clinical assessment and findings from relevant investigations, using appropriate evidence based practice. The ANP is an independent prescriber and also implements non-pharmacological related interventions/therapies, dependent on situation and technical requirements of care.</p> <p>The ANP must be able to initially and independently manage a broad range of presenting conditions. The following list is not exhaustive, but should be considered to be the key conditions an ANP should be familiar with:</p>	
Acute Care	<ul style="list-style-type: none"> • Medical Emergencies <ul style="list-style-type: none"> ○ Anaphylaxis, Respiratory Failure, Cardiac Arrest, Sepsis, Shock, and the Unconscious patient • Common Acute Presentations <ul style="list-style-type: none"> ○ Abdominal pain, acute pain, bleeding, breathlessness, chest pain and palpitations, collapse/black out/syncope and pre-

	<p>syncope, acute confusion/delirium, altered consciousness and disturbed behaviour, diarrhoea and vomiting, dizziness and vertigo, falls, fever, fits/seizures, headache, head injury, jaundice, limb pain, swelling and abnormalities, the oliguric patient, poisoning, rash, suicidal ideation, nausea and vomiting, weakness and paralysis, and wound assessment and management</p> <ul style="list-style-type: none"> • The Acute Care ANP will also have a good working knowledge of symptom management in palliative and end of life care.
Primary and Community Care	<p>In addition to the competencies for the Acute Care ANP:</p> <ul style="list-style-type: none"> • Palliative care (long term conditions and end of life care): skills, knowledge and competence to manage treatment • Paediatric: symptom management of common childhood presentations, acute and non-acute conditions, e.g. viral illness, rashes, infectious diseases, croup, asthma • Women's health, including family planning and sexual health, coil insertion, sexual issues/screening • Men's health • In the telehealth/telecare setting, as well as in direct consultation, the ANP should be able to quickly identify potential stroke, acute coronary symptoms, sepsis, urgent mental health conditions including acute confusional state, cognitive impairment and increased risk linked to thoughts of suicidality and take appropriate management actions.
Paediatric	<p>Medical Emergencies (able to perform a full ABCDE assessment)</p> <ul style="list-style-type: none"> • Airway- Obstructed or partially obstructed airway (Croup, anaphylaxis, foreign body, Tracheitis and epiglottitis) • Breathing- Bronchiolitis, Asthma and Pneumonia • Circulation- Sepsis, Hypovolemia (Diarrhoea and Vomiting, blood loss) Diabetic Ketoacidosis and Duct dependant heart defects • Disability-Status Epilepticus, altered consciousness, head injury and Hypoglycaemia • Exposure- Burns
Neonatal	<ul style="list-style-type: none"> • Neonatal Resuscitation Advanced Neonatal Resuscitation appropriate to gestational age and clinical presentation both at delivery and in the clinical area. • Birth Asphyxia Hypoxic Ischaemic Encephalopathy (HIE), Therapeutic Hypothermia (Total Body Cooling). • Management of the Preterm Baby An in-depth knowledge of holistic management of the preterm neonate from birth to discharge appropriate to gestational age and clinical presentation. • Neonatal Respiratory Disease Respiratory Distress Syndrome, Bronchopulmonary Dysplasia, Transient Tachypnoea of the Newborn, Persistent Pulmonary Hypertension of the Newborn, Pneumothorax, Congenital Pneumonia, Congenital Diaphragmatic Hernia, Pleural Effusion, Immune and Non-immune Hydrops Fetalis

	<ul style="list-style-type: none"> • Common Congenital Abnormalities/Birth Trauma • Neonatal Sepsis Aetiology, management and treatment of early and late onset sepsis. • Neonatal Jaundice and Haemolytic Disease Blood group incompatibility, maternal antibodies, maternal infection, investigations and management of neonatal jaundice. • Neonatal Congenital Heart Disease Aetiology, management and treatment of common neonatal congenital heart conditions. • Neonatal Seizures • Inborn Errors of Metabolism/ Metabolic Disease <p>Dependent on the specialist area and level of experience the ANNP may also have in-depth knowledge of management of the surgical neonate</p>
Mental Health	<p>Across all mental health specialties including Forensics, Old Age Psychiatry, CAMHS, Perinatal, addictions, Rehabilitation, Psychiatric Liaison, Acute</p> <ul style="list-style-type: none"> • Differentiate, advise and educate on a range of mental health presentations. • Provide suicide and self-harm management and treatment. • Have understanding, Knowledge and competence in managing a range of Mental Health and associated disorders. • Differentiates between treatments for depression, dementia and delirium and correct management across all settings. • Assesses and advises on managing acute behavioural disturbance across all settings. • Manage physical healthcare issues within the limitation of the area of practice. • Manage acute substance misuse and detoxification across all settings. • Understand both pharmacological and non-pharmacological management of delirium and the management of stress and distress.

Admission, Discharge and Referral
The ANP has the freedom and authority to admit and discharge from identified clinical areas, dependent on patient need at time of review. This includes the freedom and authority to refer to all appropriate health and social care professional groups and agencies, working collaboratively with them.

Additional comments:
<p>Generic competencies relating to the remaining pillars of practice:</p> <ul style="list-style-type: none"> • Education: The ANP will apply the principles of teaching and learning to support others to develop knowledge and skills; they will act as a mentor to junior staff; they will take responsibility for own Continuing Professional Development

- **Research:** The ANP is able to demonstrate an understanding of the research process and how research findings can be applied to practice; they demonstrate ability to critique and synthesise research evidence to inform practice and they will have a working knowledge of Quality Improvement methodology and is able to apply in own area of practice
- **Leadership:** The ANP demonstrates the ability to monitor and assure quality of care; they act as a change agent; they are a role model for ANP's. The ANP will be competent in clearly stating their position or case, using supporting evidence where available, and be able to negotiate the best outcome for patient(s); they will advocate for improved safe, effective and person centred services across professional and service boundaries; they demonstrate effective leadership that uses critical and reflective thinking; they promote evidence based innovation.

The ANP will work within scope of professional practice, acknowledge limitations in knowledge, understanding and clinical competence and recognise when to seek expert advice.

Appendix Two

Advanced Nurse Practitioner Metrics

1. Introduction

1.1 A number of factors have led to the current focus on outcomes of care in health care, including increased emphasis on providing quality care and promoting patient safety; regulatory requirements for health care organisations to demonstrate care effectiveness; increased health system accountability and changes in the organisation, delivery and financing of health care.

1.2 It is recognised that Advanced Nurse Practitioners (ANPs) are affecting patient and system outcomes as well as playing a key part in developing and sustaining the capacity and capability of the health and care workforce now and in the future in Scotland. There is growing evidence of the positive impact ANP care has on patient outcomes in terms of promoting access to care, reducing complications and reducing costs of care through improving patient knowledge, self-care management and patient satisfaction.

1.3 It is important therefore that ANPs are able to measure the impact of their care on patient outcomes, their professional impact as well as being able to demonstrate their effectiveness and contribution to health and care delivery. This is particularly important in relation to integration and the extensive reform agenda where commissioners of services are looking for best value and maximising contribution of all practitioners.

2. Principles

2.1 Developing metrics that relate to quality of care measures as well as patient outcomes based on the specific practices of an ANP, supports identification of impact of ANP care. To date from the literature there has been a tendency to use a range of measures which compare ANPs to other roles including medics or traditional medical / systems outcomes such as length of stay, admission rates and mortality. Further nursing research is required to develop measures that have a focus on nurse sensitive measures which specifically demonstrate the ANPs unique contribution.

2.2 Until there is clear evidence of ANP specific metrics there are a number of underpinning Principles that should be taken into consideration when developing ANP metrics for patient outcomes. These are outlined below:

Principle 1

Metrics can be both qualitative and quantitative but must be triangulated to demonstrate effectiveness.

Principle 2

Metrics that measure effectiveness of practice must be based on key result areas / outcomes and fit to service needs.

Principle 3

Where possible data / instruments used to measure should already be available from existing systems i.e. “*Use once for Scotland*”

Principle 4

There must be clear methods for displaying ongoing outcomes of ANP practice (scorecards / dashboards etc) that are aligned to national nursing assurance framework – ‘Excellence in Care’.

3. ANP Metrics

3.1 Table of Examples

Safe <ul style="list-style-type: none">•Near misses•Complication rates•Error rate - medications and prescribing•Number of serious adverse events
Effective <ul style="list-style-type: none">•Access to timely clinical decision making•Cost effectiveness - use of resources•Hospital admissions / readmissions•Length of stay•Use of investigations•Timeliness of interventions and onward referral•Waiting times
Person Centred <ul style="list-style-type: none">•Patient experience•Quality of life and social well-being•Self-efficacy•Responsiveness to deteriorating patient•Complaints

3.2 The examples provided here are intended to illustrate only. The most appropriate metrics used by the advanced practitioner will vary according to the ANP’s setting and service requirements. As such they are to some extent context dependent and there needs to be flexibility in applying them. In addition, these metrics should not be viewed in isolation from the other three pillars of advanced practice i.e. research, leadership and education

which are also pivotal to the role and where appropriate, metrics which demonstrate these pillars should also be identified according to the specific advanced practitioner role.

3.3 All metrics need to be measured over time but importantly need to demonstrate the effective ANP decision making elements of the role.

3.4 ANP teams (of any size) should measure their impact on patients and service by using a basket of meaningful metrics appropriate to the area of practice.

3.5 Metrics should be SMART. i.e.

S – Specific (clear, precise and directly attributable to ANP practice)

M – Measurable (amenable to evaluation)

A – Appropriate (consistent with overall goal and identified priorities)

R – Reasonable (realistic and feasible to achieve)

T – Timed (outline a specific timeline for achievement)

(adapted from Bogue 2014)

3.6 The number of metrics should be kept limited but should demonstrate safe, effective and person centred care. It is recommended that at least one measure is chosen for each of these.

3.7 Metrics may change over time to reflect changes to services and priorities

Developed by ANP Metrics SLWG:

Mark Cooper, Jo Corlett, Ellen Hudson, Margot McCulloch & Margot Russell

6th September 2017

Resources & References

APPENDIX

APN Data Collection Toolkit – a compendium of measurement instruments that have been used in Advanced Practice research. <http://apntoolkit.mcmaster.ca/>

American Association of Nurse Practitioners: www.aanp.org/practice/clinical-quality.
www.aanp.org/images/documents/practice/NP_Patient_Outcomes_Toolkit.pdf 2014

National Database of Nursing Quality Indicators: www.nursingquality.org

Self-efficacy tool. General Self Efficacy Scale. Has been used in at least two Nurse Practitioner studies. See

http://apntoolkit.mcmaster.ca/index.php?option=com_content&view=article&id=327:general-self-efficacy-scale&catid=46:mental-health&Itemid=64

Quality of life and social well-being – there are a number of tools that incorporate these. See http://apntoolkit.mcmaster.ca/index.php?searchword=social+well+being&ordering=&searchphrase=all&Itemid=64&option=com_search

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Kapu, A. N, Kleinpell, R. (2013) Developing nurse practitioner associated metrics for outcomes assessment. *Journal of the American Academy of Nurse Practitioners* 25 289-296.

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Kleinpell, R et al (2014) Advanced Practice Nursing: An Integrative Approach – Chapter 23. Integrative Review of Outcomes and Performance Improvement Research on Advance Practice Nursing, Kleinpell, R. Alexandrov, A.W. 607-644

Lutfiyya, M.N; Tomai, L et al (2017) Does primary care diabetes management provided to Medicare patients differ between primary care physicians and nurse practitioners? *Journal of Advanced Nursing* 73 (1), 240-252.

National Association of Neonatal Nurses, NANNP Council (June 2016) Quality metrics; Position statement #3068.

Newhouse, R.P, Stanik-Hutt, J. (Sept-Oct 2011) Advanced Practice Nurse Outcomes 1990-2008: A Systematic Review. *Nursing Economic\$* 29 (5) 230-250.



Advanced Nursing Practice

Service Needs Analysis Tool



Introduction

Advanced Nurse Practitioners are seen as playing a key part in developing and sustaining the capacity and capability of the health and care workforce of the future (Primary Care Out of Hours Review, Sustainability and Seven Day Services, Primary Care Transformation and the National Clinical Strategy). The successful introduction of this type of role requires careful planning and attention to organisational support (Bryant-Lukosius et al, 2004; NHS North West, 2006; Acton Shapiro, 2009). This Service and Education Needs Analysis Tool was developed to support consistency and effectiveness in planning advanced nursing practice roles and aims to increase sustainability.

Role Definition

Under the auspices of the Chief Nursing Officer's Transforming Nursing Roles programme, the Advanced Practice Group was tasked to provide strategic oversight to the development and transformation of advanced nursing roles. Central to this is the nationally agreed definition of the Advanced Nurse Practitioner (ANP). The definition & competencies are detailed at Appendix 1, (Report of the Transforming Nursing Roles Advanced Practice Group, 2016).

An ANP is an experienced and highly educated Registered Nurse who manages the complete care for the person in their care, not solely any specific condition. Advanced practice is a level of practice, rather than a type or speciality of practice. It has four pillars of practice as part of the core role and function:

- Clinical practice
- Leadership
- Facilitation of learning
- Evidence, research and development.

ANPs are educated in advanced practice at Masters Level and are assessed as competent in advanced level practice. As a clinical leader they have the freedom and authority to act and accept the responsibility and accountability for those actions. This level of practice is characterised by autonomous decision making that includes assessment, diagnosis, and treatment including prescribing, for people with complex multi-dimensional needs. Decisions are made using high level expert, knowledge and skills with the authority to refer, admit and discharge within appropriate clinical areas. Working as part of the multidisciplinary team ANPs can work in or across all clinical settings, dependent on their area of expertise.

Advanced practice is not recognised by The Nursing & Midwifery Council (NMC) as a recordable qualification but responsibility for competence in practice at any level remains rooted within the NMC Code (2015). ANPs must be embedded into nursing governance structures, with clear lines of responsibility and accountability leading through the professional nursing line to the Executive Nurse Director.

Purpose of the Advanced Nursing Practice Service Needs Analysis Tool

It is important to ensure that advanced practice roles are planned and implemented effectively and that a consistent approach is taken to the introduction of advanced nursing practice roles across NHS Scotland. The use of a standard Advanced Nursing Practice Service Needs Analysis Tool in conjunction with guidance on Advanced Nursing Practice roles (SGHD, 2010), direct reference to the role and competencies of the advanced nurse practitioner as defined within the report of the Transforming Nursing Roles Advanced Practice group (2016), (Appendix 1) and use of existing workforce planning tools will facilitate this.

The purpose of this Advanced Nursing Practice Service and Education Needs Analysis Tool is to support health and social care teams to plan, support and evaluate the implementation of advanced nursing practice roles in a systematic way. Use of the tool will enable teams to prepare strong, evidence based business cases for any new advanced nurse practitioner roles and the education required to support these. The tool could also be adapted to assess the need for a range of other emerging healthcare roles.

Guide to Completion of the Service Needs Analysis

The Service and Education Needs Analysis Tool can be used by Health Boards to help strategically plan future workforce solutions or, at a more local level, to plan staffing for a single unit or specific field of clinical practice. It can be used alone or in conjunction with other strategic and workforce planning tools for example The Six Steps Methodology to Integrated Workforce Planning (Skills for Health)

<http://www.skillsforhealth.org.uk/resources/guidance-documents/120-six-steps-methodology-to-integrated-workforce-planning>

The tool is designed in two parts. Part 1, the Service Needs Analysis tool, will assist in identifying a service need for advanced nurse practitioner roles and Part 2, the Education Needs Analysis tool focuses on the education required for ANP role development.

At first sight the amount of data to be collected may seem daunting. However, the successful introduction of advanced nursing practice roles requires careful exploration of the questions raised in all main themes. Selection of an appropriate team will allow completion of the tool to be undertaken by relevant individuals and sharing of responsibilities will make data collection more manageable. It is recommended that the team includes individuals with experience of applying workforce planning and service needs tools and who are in a position to take a strategic view of the process. In order to ensure an holistic assessment, with patient health needs as the focus, a range of perspectives need to be considered.

Members of the team should include;

- service users
- nursing staff
- multidisciplinary team members - medical and AHPs
- workforce planners
- service managers and professional leads
- human resource personnel
- staff side representatives.

The following process is suggested as a guideline for using the tool:

1. **Appoint a lead person** to take overall responsibility for completion of the Tool.
2. Appoint an appropriate project team to contribute to completion of the Tool.
3. Devise an action plan outlining actions to be taken and realistic deadlines.
4. Apportion workload according to experience and expertise of the team and appoint lead person for each work area.
5. Decide on target date for meeting to integrate and collate findings.
6. Agree target date for completion and production of findings.

The Advanced Nursing Practice Service and Education Needs Analysis Tool was designed and adapted from the a number of frameworks for the introduction of advanced nursing practice or other nursing roles including Bryant-Lukosius & DiCenso (2004), SEHD (2005), National Council for the Professional Development of Nursing and Midwifery (NCPDNM), (2009). It was revised in December 2016 to reflect developments in advanced practice in Scotland.

References and Useful Resources

Acton Shapiro, 2009. *Evaluating the Implementation and Impact of Advanced Practitioners across Greater Manchester - Summary of Findings*. Available online at <http://www.actonshapiro.co.uk/Assets/19728/summary%20of%20findings%20final%20report%20jan%2009.pdf>

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<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health>

ISD Scotland. <http://www.isd.scotland.org>

National Council for the Professional Development of Nursing and Midwifery 2009. *Service Needs Analysis: Informing Business and Development Plans*. National Council for the Professional Development of Nursing and Midwifery: Dublin

NHS Education for Scotland *Advanced Nursing Practice Toolkit*.
<http://www.advancedpractice.scot.nhs.uk>

Scottish Executive Health Department, 2005. *Framework for Developing Nursing Roles*. SEHD: Edinburgh

Scottish Health on the Web. <http://www.show.scot.nhs.uk>

Scottish Health Survey. <http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey>

Scottish Public Health Observatory. <http://www.scotpho.org.uk>

Scottish Government (2010) *Advanced Nursing Practice Roles: Guidance for Health Boards*. SGHD: Edinburgh.
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Scottish Government (2015) *Pulling together: Transforming urgent care for the people of Scotland*. The Report of the Independent Review of Primary Care Out of Hours Services.

SG Edinburgh <http://www.gov.scot/Resource/0048/00489938.pdf>

Scottish Government (2015) *Sustainability and Seven Day Services Taskforce*. SG Edinburgh
<http://www.gov.scot/Resource/0047/00472724.pdf>

Scottish Government (2016) *A National Clinical Strategy for Scotland*. SG Edinburgh.
<http://www.gov.scot/Resource/0049/00494144.pdf>

Transforming GP and mental health services
<http://news.gov.scot/news/transforming-gp-and-mental-health-services>

SERVICE NEEDS ANALYSIS TOOL

Section A – Patient /Client Needs

Changes in demography and patterns of health and illness, reducing inequality, meeting the needs of those living in remote and rural areas and an ageing skilled and experienced workforce are only some of the factors that impact on future service needs and delivery. This information is therefore important in assessing the need for advanced nursing practice role(s) and building a robust business case in support of your proposals. Information to complete this section can be found in various Scottish Government and local strategic planning and policy documents. Information may also be obtained from Information Services Division. http://www.isdscotland.org/isd/CCC_FirstPage.jsp

1. What are the challenges that currently exist in meeting patient needs?

2. How would you propose to meet these using an ANP service?

Section B – Service Needs

3. What does the current model of care look like? How is delivered and by whom? What are the gaps in the current model of care?

4. What are the gaps in the current model of care?

5. Identify the gaps you expect an ANP service to meet.

6. What are the intended outcomes this change(s) will deliver e.g. decreased waiting times, fewer inappropriate admissions, improved health outcomes?

Communication with Stakeholders

7. Who are the stakeholders who need to be involved in considering these options?

8. How will you engage and involve key stakeholder i.e. patients/carers, staff, service planners, to ensure ownership and support for the new role?

Workforce Planning

9. Has the new role been considered in the funding of the wider context of workforce planning, service planning and business planning?

10. How does the role contribute to the priorities of the organisation in terms of service delivery?

11. Have workforce demographics and workforce plans been reviewed to envisage the future workforce, identify gaps and consider whether new or enhanced roles would fill such gaps?

12. Could service gaps be addressed by using existing roles or staff? Please give a rationale?

13. What other role design options have been considered and why have they been discounted in favour of an ANP role? (For example, give consideration to the AHP context).

14. How will funding implications be addressed?

15. Who will be responsible for developing the business case for sustaining the new role?

Section C – Advanced Nurse Practitioner Role

Reference should be made to TNR Phase 1 paper and the nationally agreed definition and competencies for ANP (Appendix 1). This section will help to determine the type of role that is required, what the practitioner needs to be able to do, the parameters of the role, skills, knowledge and education required and levels of accountability and responsibility.

Define New Model of Care and ANP role

16. What new care practices and care delivery strategies can be employed to achieve identified goals? What evidence based data supports these changes?

17. Are changes to current roles and responsibilities required to implement new care practices and care delivery strategies?

18. Which professionals already have the required knowledge/skills?

19. Who has the core skills to deliver this change e.g. experience, capacity, location?

20. Would an ANP role enhance ability to achieve goals for meeting patient health care needs? How do you know this?

21. How well does an ANP role fit within this new model of care?

Parameters of accountability

22. Have you defined specific areas of accountability for the individual taking on this role?

23. Do you have team roles and systems that support the individual's accountability e.g. scheme of delegation?

24. How will audit of individual practice be conducted?

25. Do you have mechanisms in place for support and supervision?

26. Have the scope of practice and the limitations of the new role been clearly identified, in line with the organisation's risk management policy and procedures and vicarious liability?

27. Have the activities of the new post holder been identified and a job plan constructed?

28. Who will cover the role in case of absence/sickness?

29. Who will the practitioner be accountable and responsible to on a daily basis?

30. Has professional, criminal, civil and employer accountability been agreed with the whole team so that it is clear to whom the new role is accountable and responsible?

Governance arrangements

31. How can patient safety be assured within this role e.g. risk assessment, clinical decision making, treatment delivery, agreed standards/guidelines, protocols?

32. Have clinical, managerial and professional accountability and supervision been agreed?

33. Have all aspects of good employment practice been followed?

34. Has the new role been endorsed through appropriate employer governance processes?

35. How will clinical governance and audit departments be involved in monitoring and evaluating the effectiveness of the new role?

36. What are the regulatory and prescribing issues in relation to the new practitioner role?

37. What arrangements have been made to support the new role in terms of clinical supervision, prevention of professional isolation, prescribing?

38. What mechanisms are in place to ensure individuals maintain their skills and competence?

39. Have the skills and competences required for the new or enhanced role been identified? Have they been mapped to any existing national standards?

40. Has the new role been aligned with the KSF?

41. What are the arrangements for succession planning?

Appendix Four

ANNEX 21 – QUESTIONS AND ANSWERS IN RELATION TO THE “TOP UP” TO PAY ARRANGEMENTS FOR INTERNAL CANDIDATES

- Q** I am appointing an individual from outwith NHS Lothian to an Annex 21 post – would they be able to benefit from the “top up to salary “ arrangement detailed in the guidance as their earnings in the Annex 21 post will be less than they are currently earning?
- A** No, this arrangement is only for our current employees moving internally in NHS Lothian but not for anyone new starting in NHS Lothian. In this instance, the Annex 21 guidance contained in the Agenda for Change Terms and Conditions Handbook will apply and commencing salary will be based on the relevant percentage of the maximum of the appropriate scale.
- Q** Will the “top up” to salary taking into account both my basic pay and also the enhancements that I am currently paid for my shift working?
- A** If you will continue to work shifts as part of your Annex 21 training post, then your enhancements will be included in the calculation of the “top up” pay due to you. However, if you will not be undertaking the same shift pattern when you take up your Annex 21 training post, then your enhancements **will not** be included in the calculation of your “top up” payments and the payment will be calculated on basic pay only.
- Q** I am no longer going to be working the same shift pattern in my Annex 21 training post as I used to work but may still undertake occasional shifts – will payment for these shifts be offset against my “top up” to salary?
- A** No, where your “top up” to pay has been calculated on your basic pay only with no shift enhancements included, then any shifts worked in your Annex 21 training post will be paid in addition to your “top up” payment.
- Q** Will the top up payment be treated like organisational change protection and be subject to cost of living and incremental uplifts?
- A** No, the payment will be treated like mark time protection (no increments or cost of living uplift) which means that the Annex 21 salary and “top up” that is paid to you will remain the same until the earnings in your Annex 21 post catch up to the same level.

Q If after taking up my Annex 21 training post and receiving a “top up” to salary, I would have received an increment in my previous post will I then benefit from this increment in my Annex 21 training post?

A No, your Annex 21 salary and “top up” is calculated at the point that you take up the Annex 21 post and then in line with the question and answer above, your salary and “top up” is treated as mark time protection.

Q As a result of taking up my Annex 21 training post, I am financially worse off than if I have remained in my previous role – surely this can’t be correct?

A This may be the case if you previously worked shifts and are no longer required to work shifts as part of your Annex 21 training post. However, the move to the Annex 21 training post should give you improved earnings potential for the future and you also no longer have the inconvenience of shift working.

Q I currently work part time hours but when I move to my Annex 21 training post, I will be increasing my hours to full time for the duration of the training. Will this increase in hours be offset against my “top up” to salary?

A No, your “top up” to salary will be calculated on your part time earnings and then your increase in hours will be paid separately and not offset.

Q How is my salary determined at the end of the training period?

A At the end of the training period, you will be assimilated to your salary scale either on the first pay point of the pay band or the next highest pay point above your training salary. In the event that this placement results in a lower salary than the pre-training salary a “top up” of protection of earnings will be paid until such times as the salary in the new post catches up.

Advanced Practice Career Progression and Workforce Model

