A STRATEGY FOR SURVIVAL

At Wishaw General Hospital there is growing awareness that advanced nurse practitioners are the way ahead. Without them local services are not sustainable, but urgent investment is required

Royal College of Nursing
Scotland

Times are tough for Scotland's district general hospitals. At Wishaw, the fact that it sits in the shadow of Glasgow's well-resourced university teaching centres, just 20 miles away, means that it can be hard to recruit consultant and middle-grade medical staff. On occasion, this has threatened the sustainability of acute services in North Lanarkshire, and caused a great deal of local concern. But out of adversity has grown an innovative approach to nursing practice that is delivering significant benefits for patient care.

Gillian Corbett, Wishaw General Hospital's Chief Nurse, is spearheading a drive to train advanced nurse practitioners (ANPs), extending the skills of nurses to equip them to undertake roles traditionally associated with doctors. They are now indispensable in the emergency department, the major and minor injury and illness service, acute receiving and intensive care. There are advanced practitioners working with neonates, in the NHS Lanarkshire Hospital at Home service, and in critical care. And there are ambitious plans to roll out the role more widely, even taking ANPs into surgery.

It all started in 2006 when Gillian – herself an emergency care nurse – introduced emergency nurse practitioner training. Working alongside the University of West of Scotland, which offers a degree module in minor and major injury and illness, she developed a teaching programme for a graduate certificate in urgent care. Intended initially for acute hospital nurses, the course has since been undertaken by paramedics, prison service nurses and community nurses, and so far 268 people have passed through the programme.

"It's about teaching generic skills and getting people to apply them," says Gillian. "This training has changed the way we deliver a lot of care. We are moving away from the notion that every patient needs to be seen by a doctor."

These days, 70% of minor injury and illness patients at Wishaw General Hospital don't see a doctor at all. Within the Medical Receiving Unit, all assessments are undertaken by ANPs, who can initiate treatment, prescribe medicines, and admit or discharge as appropriate. Only those patients who need to see a consultant are referred on.

"There's never been any issue with patients,"

"This training has changed the way we deliver a lot of care. We are moving away from the notion that every patient needs to be seen by a doctor."

GILLIAN CORBETT, CHIEF OF NURSING SERVICES, WISHAW GENERAL HOSPITAL

says Gillian. "In my experience from the A&E point of view, patients don't mind who they're seen by. They don't question our clinical skills and ability. What they do question is waiting for six hours rather than one hour to be seen, and ANPs are making a huge difference to waiting times while improving the quality of care."

On top of new expertise gained from extra training and extended practice, ANPs bring core nursing skills to the job: awareness of treating the whole person, taking into account families and other carers, and considering what individual patients might want. "They are getting a better service," says Gillian. "We know from pharmacy that nurses write better discharge prescriptions than doctors. We have a rule book, and we absolutely follow it."

Initially, the ANP role came about because of changes to junior doctors' rotas, precipitated

"At first the doctors were apprehensive, but now they say they couldn't do their job without us. There are far better relationships on the wards, mutual respect. They are excellent at teaching us."

LYNDSEY FEARNS, ANP, WISHAW MINOR AND MAJOR INJURY NURSE TREATEMENT SERVICE (MINTS)

by the European Working Time Directive, which limited the hours they could spend on wards. Without junior doctors, there was a fear that patient care would collapse. ANPs stepped into the breach, and applied their extended skills to that role.

"It's not about duplication," says Gillian. "Junior doctors still get the training they require, but we provide the consistency for the patients and the service."

Whereas cohorts of junior doctors change over regularly, ANPs work in their units full time – often around the clock and seven days a week – and provide valuable support to the trainee medics who pass through. "I've just come in, not entirely sure how things work here, and it's a lot of responsibility," says first year foundation doctor Andrew Donnelly. "The ANPs' knowledge base and practical skills are extensive."

ANP Liam McHugh works in intensive care and surgical high dependency at Wishaw. "It's a fantastic opportunity from a nursing perspective: an opportunity to develop a new role," he says. "For me, being a charge nurse would have meant never getting near a patient. If you are ambitious, and you want to stay clinical, this is definitely the way to go."

As an ANP on the Hospital Emergency Care Team, Liam looks after the Intensive Care Unit.

He sees referrals, liaises with doctors, initiates treatment, prescribes, teaches and innovates. "You feel right at the cutting edge, making the changes you know need to be made," he says. "For instance, I revised the blood glucose management policy, and that's really rewarding. I never thought I'd be listened to so much. People really take on board what you say."

Liam feels fully supported by the consultants he works with. "Their backing allows us to practice at this level confidently. And that is essential," he says. "I make decisions about things that I go home at night and worry about till the next day."

"It blows me out of the water what I learn every day," says Lyndsey Fearns, ANP with the Wishaw Minor and Major Injury Nurse Treatment Service (MINTS). "At first the doctors were apprehensive, but now they say they couldn't do their job without us. There are far better relationships on the wards, mutual respect. They are excellent at teaching us."

Lyndsey says that she and her ANP colleagues feel like pioneers. They have assumed traditional junior doctors' roles: they clerk in GP referrals, assess patients for admission or treatment and

"Nursing gives us sustainability, succession planning and consistency. I can see whole units being staffed by ANPs in five years' time."
GILLIAN CORBETT

discharge, do ward rounds with the consultants and action what's discussed; they can start and stop medications, prescribe fluids, and request tests and investigations. There have been marked benefits for patient flow.

"It is important that you work within your own capabilities," says Lyndsey. "If something's outwith your scope, you refer up. Sometimes, it's just better to get another pair of eyes. Knowing that is important, and working together is part of the service here."

Teaching other nurses is part of Lyndsey's job, and she sees growing interest in the ANP role. "It's a lot of work and you have to be committed to it," she says. "There's a great deal of study involved, and a lot of added stress. But it's well worth it when you see what can be achieved."

In NHS Lanarkshire the ANP role has proved such a success that it is being extended to other clinical areas. "There's tremendous enthusiasm to have these nurses supporting every ward," says Gillian Corbett. "The training we provide is gold standard and aspirational, and there's now nursing and medical appetite for it."

It wasn't always that way. Gillian admits that she carries the scars of pioneering the ANP role.

"There was a lot of resistance from medical staff saying 'nurses can't do that!' and 'patients will expect to see a doctor'. One even said 'I'll see you in court'," she says. "In the beginning, ANPs were told they weren't welcome by consultants on one ward, but the same department is now asking for more of them."

Overcoming that resistance has taken patience and dogged determination. "ANPs have had to jump through more hoops to prove themselves, and that's a shame, but they've just got on and done it," says Gillian. "It has been a lengthy process, getting senior colleagues to understand that they need to apply the same measures they use to assess a junior doctor to assessing the skills of ANPs. But we're getting there."

The advice of a friendly care of the elderly consultant still rings in Gillian's ears: "He said to hang in there, and believe what you do is clinically safe, and eventually they'll be biting your hand off for ANPs. He was right."

Similarly, the first tranches of ANPs faced hostility from fellow nurses. "That was a lot more subtle," says Gillian. "Comments like 'who do you think you are?' and 'someone has to still do the basic nursing tasks'. Most of that has now disappeared as people see that ANPs can make their life easier by getting the job done without the need to call on a doctor."

With a degree of understatement, Gillian concedes that 'there were lots of difficult situations'. But she says that the ANP role is now

regarded as normal. "It is embedded in the life of the hospital. Developing the non-medical workforce is what we all do. Those early days have given us a strong foundation."

Indeed, Gillian thanks all the people who have challenged her along the way. "They have made me think very hard about what we do, and I now know that I have to put in every effort to cover all the bases."

Gillian believes it has been critical picking the right people to go on the ANP training programme. "They really need to want to be doing it," she says. "Because of teaching people on the programme, I can tell whether they have the necessary get-up-and-go, the questioning, the willingness to try new things, to act in a different way from their peers, not to be put of by resistance. All that is essential. This is about a very different way of working, and it demands certain personal qualities."

Practising as an ANP means stepping outwith any conventional nursing comfort zone. Practitioners work to protocols, but on-the-spot decision making in areas such as emergency care, where anything can come through the door, demands the ability to think creatively.

Gillian has an ambition to develop surgical ANPs who would be trained to undertake minor operations such as mole removal, lumpectomies, plastics work and some breast surgery, for instance. "The surgeons are very enthusiastic," says Gillian. "We have identified four trainees, people who are up for a real challenge. They are champing at the bit."

Although such surgical roles exist in England, this would be the first training programme of its kind in Scotland. The Royal College of Surgeons is supportive, and a competency framework has been developed. What's missing are actual posts. "There is a business case, and we are waiting to hear about that, but it is a matter of the chicken and the egg," says Gillian. "Do we start the training before we get the money agreed, or just go ahead and edge our way in? If you're asking me, there's no time to lose."

So far, NHS Lanarkshire's ANPs have been Band 6 and 7 nurses – charge nurse gradings. This new surgical role would be Band 8, and therefore more demanding on resources. "We have always got to demonstrate value for money, and that's quite right," says Gillian. "My argument around emergency care is that it is costing us £250,000 every six months trying to get locum doctors from overseas to backfill the emergency department. Six ANPs would cost £321,000 but that would deliver stability, guarantee rotas and do so much more to protect patient safety."

Trouble is, during the optimal five-year training period, double-running costs would be required. "The frustrating bit for me is that a lot of the time people can't see five years ahead," says Gillian. "I have a sense of urgency. Time is running out and it is just getting harder to recruit medics. We have to start the training now."

Gillian foresees the ANP role being critical to the survival of hospitals such as Wishaw General. "Nursing gives us sustainability, succession planning and consistency," she says. "I can see whole units being staffed by ANPs in five years' time."

Part of the future challenge will be retaining the highly-skilled ANPs whose worth will be recognised further afield. "Lanarkshire is in a relatively healthy position because a lot of people who work here come from here and live here," says Gillian. "But we always have the risk that we might lose the people we value. The trick is getting the market right with the banding, and making the jobs fulfilling. That's what's going to give us the edge."

WRITTEN BY PENNIE TAYLOR, HEALTH JOURNALIST

PHOTOGRAPHY BY ELAINE LIVINGSTONE

ROYAL COLLEGE OF NURSING SCOTLAND
42 SOUTH OSWALD ROAD
EDINBURGH EH9 2HH

FOR MORE INFORMATION CONTACT POLICYSCOTLAND@RCN.ORG.UK