



# AT THE CUTTING EDGE OF THE CODE

The Isle of Cumbrae's advanced nurse practitioners have trailblazed a sustainable out-of-hours service that is transforming remote and rural emergency care



Royal College  
of Nursing  
Scotland



**To outsiders, life on Scotland's islands can seem idyllic: peaceful, beautiful, and one step removed from the hectic day-to-day stresses of mainland life. But resourceful as these remote close-knit communities can be, they are also deceptively fragile, and more dependent than most on vital services that may be subject to tumultuous change.**

That is what happened on the Isle of Cumbrae, a speck of land situated at the mouth of the Clyde estuary, a blustery 10-minute ferry crossing from Largs. When the island's three GPs resigned en masse, the population of 1,500 felt cruelly abandoned.

The trouble started in 2011 when Ayrshire & Arran health board approved the opening of an independent pharmacy in Millport, Cumbrae's only town. Until then, the GP practice had operated its own dispensing system and the doctors were not happy.

The day the new pharmacy opened, on 4 April 2013, all the partners stepped down. "The same practice had been there for 40 years, and we all knew one another," says Jean Kerr, Chair of the island's Elderly Forum, who was born on Cumbrae. "The change was met with shock and horror by the older people, who couldn't believe it was happening."

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JEAN KERR, CHAIR OF THE PUBLIC REFERENCE GROUP  
(PART OF THE ISLAND HEALTH REVIEW GROUP)

In the interim, the health board had been working with the community to develop a contingency plan. Unlike the original GPs, replacement doctors would not be willing to provide care out-of-hours, and so other options had to be explored to ensure the safety of Cumbrae residents who might take ill at weekends, overnight and during public holidays.

An island health review was set up, open meetings were held and a public reference group established, chaired by Jean Kerr. "I hadn't heard of advanced nurse practitioners (ANPs) until then. There was a lot of resistance and fear of the unknown," she says. "We were used to nurses dealing with bedpans: what would they know about cancer or heart attacks? For my part, it was going to take a lot of persuasion."

Around 42% of the island's residents are aged over 60, and opinion was divided between



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young and old. “Some of us weren’t happy with the service we had been getting from the existing GPs,” says Gillian Docherty, mother of two young children and a fellow public reference group member. “The younger ones were more willing to embrace change.”

Eddie Docherty, NHS Ayrshire & Arran’s Associate Nurse Director for Advanced Practice, was never in any doubt that ANPs were the answer to Cumbrae’s out-of-hours crisis. He had been developing the role on the mainland for years, and knows the highly-skilled contribution that ANPs are making to the board-wide Hospital at Night service, on the emergency response teams, in orthopaedics, general surgery, cardiology and paediatrics. “Moving ANPs in to the community was the next step,” he says. “I knew that Cumbrae could be the pioneer service.”

First, though, he had to win the hearts and minds of local people. “There were many challenging conversations, but also a level of support and engagement that I was delighted by,” he says. “We took community representatives to Orkney to see how they do things there, and gradually built confidence in the vision that was developing for Cumbrae.”

Under Eddie’s direction, NHS Ayrshire & Arran leads the field when it comes to ANP training and deployment in Scotland. An experienced critical care nurse himself, Eddie trained as an advanced practitioner in Lanarkshire in 2004, before moving to his current job in 2007. “There are more nurses working in advanced practice here because we rose to the challenges and didn’t waste a good crisis,” he says. “With GP out-of-hour changes and junior doctor working time restrictions, the timing was right and we are ahead of the game. Here we have been allowed to trail blaze right across the scope of practice.”

Eddie says there is “massive buy-in from management” for the Ayrshire & Arran ANP service, which is stabilising medical rotas, improving the quality of person-centred care and boosting patient satisfaction levels. “It is not a cheap option compared to doctors,” he says. “But it is sustainable.”

There are now more than 50 trained ANPs working on the health board’s acute care team, in specialities as diverse as out-of-hours, surgery and care of the elderly. And new ANPs are being trained all the time. “It takes years to develop the confidence and the skills to be able to operate autonomously,” says Eddie. “We are building a programme here that is fully replicable.”

The local training programme produces ANPs with the same core skill set. Eddie, who lectures in advanced clinical practice at the University of West Scotland, says it’s about learning technical skills and advanced decision-making. “That means developing clarity of thought and the ability to make active rather than passive decisions,” he says. “It’s about synthesising information and reaching a diagnosis quickly and effectively, without suffering paralysis by analysis. That is challenging as ANPs work alone, and can’t defer.”

The training uses high-resolution simulation techniques, which are well-established when it comes to medical training, but relatively new in nursing. This allows an emergency to be simulated and filmed, and feedback given about the practitioner’s skills and decision-making processes. “It’s a safe environment to interrogate your decision-making,” says Eddie. “A key part of being an ANP is having the confidence as well as the competence to work autonomously. And that needs to be built.”



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It also takes time to train and a great deal of commitment to become an ANP. Already senior nurses at the point of recruitment, individuals may need to gain independent prescriber status, which involves nine months of university-level study on top of the day job; then there is a further two years or more of training before they can practise autonomously.

“It is an extremely difficult journey,” says Eddie. “Self-doubt is very common and there is usually a confidence slump at some stage. ANPs are learning to practise in a particularly grey area between nursing and medicine and you can feel very, very professionally isolated.”

In Ayrshire & Arran, there is a great deal of support for the ANPs, who have a very clear peer-to-peer management structure. “They need to know they are not on their own,” says Eddie. “Nurses are very good at taking each other down, but as appreciation of the role grows we are seeing more and more wanting to become ANPs.”

Once trained, Ayrshire & Arran’s ANPs can do virtually everything that a middle-grade doctor can do. “Resistance from doctors is a constant personal and professional challenge,” says Eddie. “I have the same conversations every time we move into a new clinical area: ‘It can’t be done’, ‘nurses can’t be trained to this level’, ‘you need a doctor’. My response is to acknowledge that there are things that only a senior specialist doctor can do. We’re not trying to replace them. We are still nurses at the core - patient-centred and working to the values and professional requirements of our code. Only we are at the cutting-edge of the code.”

Supporting autonomous practitioners who take risks is part of Eddie’s role. “It is easy to castigate if someone gets it wrong,” he says. “It’s important not to be defensive, but to learn.”

In an effort to avoid mistakes, ANP case notes are randomly picked for review. “It’s not about exposing error,” says Eddie. “These are complex decisions, and reviewing them brings the whole



team up. We are constantly working at getting it right.”

The ANPs mentor each other, acting as critical companions; there are regular continuing professional development days and staff meetings. Three clinical managers oversee the ANP workforce, reporting directly to Eddie. “We are keen to keep a constant cycle of development so that the staff and the service do not become stale,” he says. “I am always asking what we need to do next to improve the care our patients receive.”

That is where the Cumbrae service comes in. By providing out-of-hours care from a base at the island’s Lady Margaret Hospital, the ANP team is bridging the gap between community and acute.

The ANPs who work on Cumbrae also work in hospitals on the mainland, maintaining their critical clinical skills. But operating so remotely is still scary, says Kelvin Moran who has been an ANP for nearly nine years. “In the hospital you get a call and know what you’re going to see,” he says. “On my first night here, the ambulance turned up with someone who had broken a leg. You just have to be ready to handle anything.”

So far, on top of routine minor injury and illness, there has been a premature birth, several heart attacks, anaphylactic shock, a number of mental health crises and a gastro-intestinal bleed that involved emergency helicopter transfer to the mainland. "It's been useful, having a skill set built up from working 16 years in A&E," says ANP David Hunter. "We have all seen things that we didn't expect to see."

Out-of-hours, one of the rota of highly-experienced ANPs - who commute from the mainland - works alongside a locally-based staff nurse and an auxiliary nurse to provide emergency health care, supported by two ambulance technicians and a paramedic. They also provide cover for patients in the community hospital's 10-bed ward, where local people are typically admitted for palliative care, rehabilitation or treatment for infections. And they make out-of-hours home visits, usually to tend to the needs of frail older people.

"There are lines of referral and contact with the people at Crosshouse Hospital on the mainland, and the team here is amazing," says ANP Gillian McNaughton. "We are able to keep patients on the island who would have been sent off before. This is the answer for rural communities in Scotland."

For the island-based nursing staff, the arrival of the ANPs has made their work more fulfilling. "In the old days we would have to wait for the doctor to arrive, which could be quite nerve-racking," says Staff Nurse Jackie Watson. "If the GP was asleep, you had to worry about whether to wake them; the ANPs are here with us all the time."

Acting Charge Nurse Helen Cameron describes the ANPs as 'a great thing'. "We are all nurses, and our training means that we think about the patient's wider circumstance," she says. "The way we work now is very holistic. Our skills and local knowledge are being put to good use, and we are being brought on. There is renewed interest to learn other things."

Since the old GP practice in Millport was disbanded and the doctors left the island, family doctor cover for Cumbrae has been provided by locums. Recently, Dr Adnan Malik took up a permanent post, and he will soon be joined by another full-time GP. But neither is willing to take over out-of-hours care, so the ANP service will stay. "All the feedback has been excellent," he says. "In the past, doctors may have felt threatened, but we are beyond that stage now. It is good to see the development of a profession."

The ANPs would like to have computerised access to full patient records, but Dr Malik is reluctant, citing concerns about confidentiality. Notwithstanding that, he is so impressed with the ANP service that he wants one to join his team. "Their acute training would be very valuable within the practice," he says. "I could learn from them and we could significantly develop what we do in-hours too."

Jean Kerr and Gillian Docherty, members of the Cumbrae public reference group, say they are very happy with the new arrangements. "I have only heard good things about the way it's working," says Gillian. "For me, it is a great improvement on what went before. Now there's an appetite for more new things, like telemedicine."

Jean reflects the views of Cumbrae's older people. "I've had nothing but excellent reports about the out-of-hours service," she says. "Confidence is growing and the fear factor is going."

She laughs as she recounts what one retired doctor said to her recently: "'To be perfectly honest, if I had a heart attack at 2am I'd rather see an ANP than a generalist'. Maybe he's right!"

Eddie Docherty is thrilled. He reckons the Cumbrae model could provide a template for mainland primary care services, where GPs are increasingly thin on the ground. "When it comes to the future, the sky's the limit," he says.



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