



CONFIDENCE AND COMPETENCE WORKING HAND-IN-HAND

Rigorous training is the key to the success of the advanced nurse practitioner service that is running out-of-hours services across Grampian, and leading the way internationally

One of Linda Harper's earliest memories involves the birth of her little brother Allan, on the family farm in Tullynessle, Aberdeenshire. Linda was just six years old, and in awe of Nurse Royan. "I'll never forget her name, or her blue pillbox hat," says Linda of the triple duty nurse, who served as the local health visitor, district nurse and midwife. "I decided then 'that's what I'm going to do when I grow up'."

Scroll on 50 years or so, and Linda is in charge of the nurse-led out-of-hours service developed by NHS Grampian. "I always wanted to be a nurse, but never in my wildest dreams did I imagine that we would be doing all this," she says.

Having worked as a general nurse, midwife, district nurse, health visitor and practice nurse, Linda is now NHS Grampian's Associate Nurse Director, leading a team of advanced nurse practitioners (ANPs) who are pioneering new models of out-of-hours care in Scotland. Working shoulder-to-shoulder with GPs and paramedics, they run the region's urgent medical service when family doctor practices are closed.

The Grampian Medical Emergency Department (GMED) service operates from the new emergency care centre on Aberdeen Royal Infirmary's Foresterhill site. There, in a dedicated corridor adjacent to A&E, the GMED team manages growing numbers of patients who present for care out-of-hours.

"Since we moved here we have developed a nurse triage system working alongside A&E, identifying GP type patients. We now get 500 referrals from them a month when before it was six a week," says Linda. "We can handle pretty much anything: acute asthmatics, abdomens, cardiac arrests, epilepsy, and we also see children."

The exceptions include patients experiencing acute episodes of mental illness who are referred to specialist services, and women with pregnancy-related problems, unless the ANP is also a practising midwife. Nevertheless, patient numbers are relentlessly on the rise. On Saturday 27 December last year, traditionally a demand peak, the GMED team recorded an unprecedented 1,500 contacts.

As well as relieving the load on A&E, the GMED team is averting hospital admissions. "We have



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the confidence and ability to treat people and then send them home," says Linda. "That can be a greater challenge for A&E staff whose instinct may be to admit."

NHS Grampian had already started developing the nurse practitioner concept by the time the GP out-of-hours contract changed in 2004. Then, Linda Harper was Associate Nurse Director for Practice Nursing and working as a practice nurse in Inch, a village about 30 miles outside Aberdeen. Having specialised as a community nurse practitioner, qualified as an independent prescriber and undertaken a masters degree, Linda was encouraged to apply for the post of NHS Grampian's Out-Of-Hours Lead Nurse. Her task, to help devise nursing responses to the



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withdrawal of GP cover overnight, at weekends and during public holidays – in other words, 60% of the time.

“Working as a nurse practitioner I was convinced that the role was suitable for out-of-hours,” says Linda. “I was asked to recruit a couple of ANPs to explore what might be possible, and the potential soon became very clear.”

In 2005, Linda was appointed Lead Nurse to GMED, with her role split between clinical duties and training and development. Since then, she has driven the evolution of a three-year nursing masters programme in advanced clinical practice at Robert Gordon University (RGU), and devised an in-house ANP training programme to support the development of practical, hands-on skills.

These days, there are 27 whole-time equivalent ANPs and paramedic practitioners working within the GMED service. Each ANP is either an independent prescriber or preparing to become one, and their ranks are expanding all the time. Recruits must have a minimum five years post-registration experience at senior staff nurse or charge nurse level, and most come in from A&E, surgical, intensive care and general practice.

“People are attracted by the degree of hands-on care,” says Linda. “They love the variety and the autonomy. But they’re really scared when they first start and need to build up their confidence.”

High quality training is critical, says Linda. “We put our ANPs through a tough programme before they are asked to take sole responsibility for patients – we owe it to the nurses, and the people they will be caring for.”

The three-year RGU masters programme is the only such course in Scotland to be accredited by the Royal College of Nursing, and includes prescribing, examination skills and advanced pathophysiology. “We were the only organisation to have identified clear competencies for ANPs,” says Linda. “Some people call themselves ANPs, but they haven’t done the training. That is the key.”

Local GPs have supported the development of the role. On the in-house training programme, they assess consultation and observation skills and take part in case-based discussions. Before a GMED nurse can practise autonomously, they are put through their paces with hands-on clinical scenarios using a simulator, and attached to a GP and an ANP clinical mentor.

Before getting to go solo, ANPs must successfully complete British Association of Immediate Care (BASICS) training and pass Objective Structured Clinical Examination (OSCE) appraisal of their skills. “It is not for everybody,” says Linda. “We have recruited people who decide it’s too autonomous for them, and we respect that.”

Linda says it takes special qualities to be an ANP. “You need to be able to accept risk, and have the ability to say ‘no, I can’t do that’ when something is outwith your competence,” she says. “For me, I had to draw the line when I was asked to prescribe anti-depressants. That was beyond my area of expertise, and I wasn’t comfortable with it.”

Linda stresses the support that the ANPs receive from clinical colleagues and NHS Grampian management. “We will miss things and make mistakes, but so will doctors,” she says. “If something goes wrong it is important that we learn from it. There has to be a no-blame culture, and we have been given scope to do that.”

Newbie ANP Shona Breen was attracted to

the role when she worked alongside an ANP in Huntly. Mid-way through her masters degree, she is on one of her first GMED Saturday shifts. "I am having to learn to stop over-thinking," she says. "I have been told that it's natural to worry, and that it will get easier with practice but that it never goes away. It is a huge challenge, and I am learning such a lot."

Patient Nicola Howitt has been referred by NHS24 for investigation of painful sinuses. "I don't feel the need to see a doctor," says Nicola, an oil industry clerical worker who finds it hard to make weekday appointments at her GP practice. "Sometimes doctors want to pass you from pillar to post. If you come here, you get seen."

When GMED started, there were more GPs than nurses on the team. Now, the balance has shifted. Between midnight and 8am in Aberdeen, there is one nurse and one GP available to do home visits by car, and one nurse and one GP staffing the centre. Other team members include Scottish Ambulance Service paramedics, and there is access to community psychiatric nursing, Marie Curie nurses and out-of-hours district nurses, as well as on-site pharmacy.

The GMED service covers the whole of Grampian – a massive region, with 500,000 residents about half of whom live in Aberdeen. Outwith the city, the service operates from cottage hospitals in the main population centres: Peterhead, Fraserburgh, Stonehaven, Huntly, Elgin, Aboyne, Inverurie and Turriff. Because of different levels of demand, the cover varies between centres: some have GPs and ANPs on duty; others are staffed solely by nurses who rely on video and telephone links to the main centre.

The floor above the out-of-hours ward at Aberdeen Royal Infirmary is the nerve-centre of the GMED operation, where telephone triage takes place. Here, the NHS24 call handlers who operate the local hub and decide who gets treated when and where, sit alongside GMED staff. When GMED receives a referral, the patient is called and a time agreed for the consultation.

Over an average weekend, the GMED service expects to have contact with around 1,800 patients in the centres or by telephone, and to undertake up to 350 home visits, mostly for older people and young children. "We are stretching the boundaries of risk management," says Linda.



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DR FIONA MCKAY, GMED CLINICAL SUPERVISOR, NHS GRAMPIAN

"Because of their clinical background, our staff tend to be most comfortable dealing with the really acute things, and know exactly what to do. But when it comes to care of the elderly, people with diabetes and chronic heart disease, it can be more difficult. It would help if we had access to full GP patient records, but if they are in any doubt, we train ANPs to take a pause, seek a GP opinion, and then decide how to proceed."

Dr Fiona McKay is one of the GMED clinical supervisors. "We couldn't manage without them," she says. "I would far rather have a nurse

or a paramedic looking after me than some of the locum doctors we used to fly in from abroad to cover these shifts. The ANPs are extremely proficient. We no longer use locums from abroad at all."

ANP Rachel Taylor has been working for GMED for two years, and she says she loves the job. "I never know what I am going to encounter on a day-to-day basis," she says. "It suits my family life to work out-of-hours, and there is a sense of fulfilment when you see a patient at 4am who needs your help."

Her colleague Claire Cameron has been an ANP since 2010. Working from the car, with mobile access to the Aadastra system for summary case information, she has today visited three nursing homes to see people with lower respiratory tract infections. "I don't think I could go back to being the A&E nurse I was before," she says. "Being an ANP means that I can still use my nursing skills, as well as my advanced skills. It's a scary job, but that keeps me on my toes."

Patient and clinician satisfaction with the GMED service is now consistently high, but it was not always that way. "It takes time for medical colleagues and the public to understand and be comfortable with the role of the ANP," says Linda. "There have been public meetings and discussions with politicians in the past when we have replaced a community's GP cover. Thankfully, experience of the service has brought recognition of the ANPs' skills. In fact, many GPs now want ANPs working within their practices."

Audit of the GMED service shows that the decisions made by autonomous nurse practitioners about whether to admit patients or not are in line with the decisions made by doctors. And there is plenty of evidence to demonstrate that ANP care is safe: regular random case reviews are made by Linda and a team of GPs, and clinical performance is closely monitored.

As confidence grows in the ability of non-medical staff to safely deal with the out-of-hours caseload, further opportunities for innovation emerge. In Elgin for instance, a paramedic practitioner, who has also undergone the ANP in-house training, is available to respond to both 999 and GP-type calls. "As well as having the skills to pick people up and take them to hospital they can treat people and leave them at home," says Linda. "That significantly expands the team we have available to respond to demand."

Word about the extended skills of the out-of-hours clinicians is spreading fast, and it can be a struggle keeping highly-trained team members. "We're the victims of our own success," says Linda. "We have just lost two paramedic practitioners to the oil industry. And there is constant demand for ANPs from GP practices who are struggling to recruit doctors in-hours."

Linda says she can imagine ANPs running community practices: "There has been a nurse practitioner who employed GPs in Derby, so why not here?"

She would also like to see the ANP role reflected in pre- and post-registration training. "We need to be encouraging young people to fix their sights on these jobs," she says. "Succession planning has to start now."

Linda anticipates training many more ANPs to meet NHS Grampian's escalating demand for their specialist skills. Other health boards, and even other countries, are actively following their lead. "Ireland is learning from us as they are having trouble recruiting GPs too, and NHS Highland is considering our model," says Linda. "Patients and clinicians like ANPs. We are improving care, building sustainability into the service and containing cost. This is the way ahead."



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