



A paper from the Chief Nursing Officer

**Endorsed by:
The Scottish Executive Nurse Directors (SEND) and the Royal College of Nursing (RCN)**

1. Introduction

I welcome this opportunity to contribute to the National Primary Care Out of Hours Review (OOH) and to offer my recommendations for addressing the future of care across the spectrum of health and social services, both in and out of hours. Nursing is already making a significant contribution in this context across primary, intermediate and acute care, with a wealth of examples illustrated in the range of recent publications from our RCN colleagues. ^{[1], [2]}

To maximise this potential we need to learn from and scale up on initiatives where we are seeing tangible benefit for our patients through enhanced nursing roles. Of course we work as part of a team, and we must truly embrace that the team approach in its widest sense, recognising the range of skills to be harnessed if we are to centre our care and service pathways around the needs of our public.

For the purposes of this paper, I have concentrated on what we can offer within the context of primary care and out of hours - but this is only the beginning.

Under the governance of my Transforming Nursing Group, I will be working with a range of internal and external colleagues to consider how we ensure that our nurses today and in future have the education, skills and confidence to be all that they can be.

As a start, my key recommendations related to this review particularly consider the potential for advanced nursing practice and community nursing services. There is no question in my mind that nurse led out of hours services are one solution to ensuring sustainable provision going forward. Whilst recognising the need for models that can flex to suit our remote and rural context, Annexe one illustrates two current examples which I consider to be particularly effective.

[1] <http://www.rcn.org.uk/aboutus/scotland/professionalissues/nursinginnovations>

[2] <http://www.rcn.org.uk/aboutus/scotland/professionalissues/remotearruralscotland>

2. Capitalising on the potential of advanced nursing practice

Preventing and reducing inappropriate acute admissions, facilitating timely discharge, enabling swift access to assessment, treatment and diagnosis and supporting people with urgent health care needs to journey through a complex system requires autonomous clinical decision makers to be available whatever the time of day, whatever the location of care.

The modern health care system in Scotland is waking up to the potential of clinicians from across professions to deliver robust clinical decision making and manage high levels of risk in a truly joined up way that improves patient outcomes and experience. Advanced Nurse Practitioners (ANPs), as autonomous decision makers, are already proving their worth in leading and delivering high quality, cost effective services across acute, intermediate and community care, including in the out of hours period.

However, the evolution of ANP roles has been local and organic, resulting in inconsistencies of role and education, as well as significant gaps in the availability of services which have progressed piecemeal across Scotland.

Capitalising on the contribution of ANPs will mean a radical reconfiguration of teams and this may well challenge traditional expectations. In this context, the public, our professional colleagues and nurses themselves need to have greater confidence in, and better understanding of, the ANP role in Scotland. This must be addressed in the short term to support the refreshed workforce needed to improve out of hours care.

2.1 Short term recommendations (i-v by April 2016)

To ensure we have ANPs who can work to their maximum potential, delivering care and making decisions which improve the delivery of OOH care in the short term, we need to:

- i. Develop consistent standards for the training and education of all ANPs, as well as establishing clear nursing career development pathways
- ii. Ensure that the level of practice of ANPs is recognised consistently across Scotland within the terms of Agenda for Change, for both the current and future workforce, by developing a model role descriptor
- iii. Consider the feasibility of options to fast track experienced nurses within the existing workforce to ANP roles to meet immediate need, without diluting standards or destabilising current nursing establishments
- iv. Build on the initial ground set by NES and the RCN, as well as existing good practice, by developing a national definition of advanced nursing practice which will support better and consistent understanding of the scope and responsibilities of the role
- v. Agree a set of national ANP competencies for different fields of practice, including building on the work that NES and NHS Grampian have developed for OOH/unscheduled care ANPs
- vi. Ensure that all existing and developing ANP roles adhere to national standards, whilst acknowledging that the clinical focus and specialist / generalist nature of advanced roles in OOH primary care will be set by the

needs assessments and strategic plans of NHS Boards / Integration Authorities

- vii. Ensure, once a national definition is agreed, that NHS Boards / Integration Authorities work with the Scottish Government workforce division to map the current ANP workforce and provide a robust baseline for future workforce planning by December 2016
- viii. Ensure all NHS boards accurately report the numbers and fields of practice of ANPs on, at least, an annual basis
- ix. Focus the development of all OOH clinical expertise and advance decision making within the existing, regulated professions of medicine, nursing and AHPs (including paramedics) to ensure clear governance and to ensure public protection
- x. Ensure the detail of OOH services led by, or involving, ANPs is shared across Integration Authorities and NHS boards to support the scaling-up of successful local models.

As part of the Transforming Nursing Roles Steering Group, I will task a new group to deliver on points i-v by April 2016. I hope that this will support implementation of the final recommendations of the primary care out of hours review.

2.2 Medium term recommendations

Although we can provide a response in the short term, a sustainable ANP workforce cannot be grown overnight. For example, ANPs in the NHS Grampian OOH model require at least five years post-registration practice and completion of a three year Master's degree. Once the foundations for the development of the ANP workforce are set at a Scottish level, medium term activities must:

- xi. Use the baseline ANP workforce data gathered by NHS Boards / Integration Authorities to contribute to genuinely integrated workforce plans for local OOH services by the beginning of 2018-19. We cannot plan for the future ANP workforce without considering the interdependencies with medical and AHP workforces. Establishing the workforce numbers and education / training required to deliver a vision of radically different health and care service by 2030 requires action within the next three years.
- xii. Ensure models for national nursing student intake planning take full account of local projections for advanced nursing practice roles across strategic plans to enable sustainable succession planning
- xiii. Ensure that HEIs have the capacity and capability to train an expanded ANP workforce in a way that adheres to national professional standards and allows for ANP places to be commissioned in ways that respond to identified local need through the integrated strategic planning process.

Given that the Nursing and Midwifery Council has currently not made moves to define formal UK registration standards for advanced nursing practice, despite this being a priority across the UK, I welcome the RCN's commitment to explore options for individual credentialing and a clinical fellowship scheme for ANPs. This approach

would be one way, in the absence of formal regulation, of increasing confidence in the role and further means of ensuring public protection. NHS Education for Scotland (NES) will also have a role to play here.

3. Reducing out of hours demand and improving outcomes through community nursing

Out of hours periods are defined by current contractual parameters within general practice rather than being shaped holistically to patient need. Splitting in- and out-of hours development hinders a focus on joined up services that improve patient outcomes. The quality and accessibility of in-hours services, and adequate investment in community-based anticipatory care, supported self-management and appropriate follow-up from episodes of urgent care will have a profound effect on demand for unscheduled activity in the evening, nights and weekends.

Community nursing teams already offer an invaluable, core health care service across communities, delivering care to people of all ages where they are and enabling them “to achieve, maintain or recover independence where possible, and minimise distress and promote quality of life where it is not.”^[3]

At the current time this service is not provided everywhere on a 24/7 basis and we know that our community nursing workforce is ageing fast. Too little emphasis is still being placed on investing in prevention, self-management and the development of community assets - the very community nursing led activity that could have a direct impact on reducing the demand for urgent and unscheduled health care, out of hours.

Recognising the urgent action required to ensure the sustainability of a vibrant, 24/7 community nursing service able to co-ordinate integrated, round-the-clock community care that supports the 2020 vision; I have commissioned a review of district nursing. This will commence in September 2015 and conclude in April 2016. I would expect this group to deliver specific actions around the short term recommendations outlined below to support the work of the OOH review and further develop additional recommendations to ensure our district nursing workforce is fit for the future.

In light of this, and the remit of the OOH review, I have focused these recommendations on adult district nursing services, which have a particular emphasis on clinical care for frail, older people as well as anticipatory, intermediate and palliative care. However, many of the following recommendations could be applied equally to children and young people’s nursing services.

3.1 Short term recommendations (by April 2016)

- i. Refresh the role of district nursing teams to maximise their contribution as leaders and co-ordinators of care focussing on anticipatory care, prevention, early intervention and the need for robust OOHs provision

^[3] http://www.rcn.org.uk/__data/assets/pdf_file/0007/335473/003843.pdf

- ii. Review the current availability of 24/7 district nursing services across Scotland and assess the impact on nursing establishments of extending around-the-clock services, based on need, to all areas
- iii. Review the capacity and capabilities within existing district nursing teams across Scotland to ensure that appropriate numbers and levels of decision making nurses are available to the public to meet demand at all times of the day
- iv. Ensure that the implications of any re-negotiated Scottish GMS contract takes account of the capacity, capability, funding and employment consequences of general practice reforms on the wider community nursing workforce
- v. Engage district nursing staff and their representatives in discussions on how best to extend existing services to improve patient outcomes.

3.2 Medium term recommendations

- vi. Ensure that pre-registration education supports newly qualified nurses to function confidently within teams delivering 24/7 community health care
- vii. Review current protocols to ensure that all District Nurses and ANPs within community teams can make and receive appropriate referrals, as well as admit and discharge to respite, care home and acute beds without recourse to other professionals
- viii. Ensure District Nurses and ANPs within all community teams have direct, 24/7 access to resources and the scope to commission both equipment and input from wider health and social care team members. Similarly we would expect our professional colleagues to be able to draw directly on the input of district nursing teams
- ix. Ensure all District Nurses are independent prescribers
- x. Consider how practice nurses and the wider community nursing team can contribute alongside the District Nursing team
- xi. Review the provision of nursing care to care home residents to reduce avoidable unscheduled care interventions and equity of outcome for those in residential care
- xii. Consider the potential for designing professional and clinical supervision models across the NHS, partnerships and the third sector
- xiii. Work with Integration Authorities to ensure that strategic plans result in the commissioning of extended anticipatory care services in the community to reduce demand on urgent OOH care and improve patient outcomes.

4. Providing the right supports to nursing staff

Anyone receiving a health service should expect the professionals they work with, including their nurses, to be competent, confident, informed and well-resourced. In the out of hours period, where the primary focus will be on delivering complex, urgent care with significant amounts of lone-working there is a particular need to ensure nurses are well-supported to deliver safe, high quality care.

4.1 Short term recommendations:

In the immediate future, nursing staff will require:

- i. Real time access to comprehensive patient records, regardless of the setting in which care is being, or has been, delivered. Whilst in the short term this is likely to involve ensuring that nurses on the ground can contact a single administrative centre which has full access to the various electronic record systems in operation currently, the issue of disjointed management of patient records must be addressed more comprehensively in the longer-term
- ii. Access to regular clinical supervision and appropriate CPD to deliver on the full spectrum of OOH recommendations, delivered as part of whole system professional governance framework
- iii. The ability to access, directly, appropriate clinical decision making support from both senior generalists and specialists who may be located in community or acute services, as well as access to IT infrastructure for clinical guidance support.

4.2 Medium term recommendations:

In the medium term, nursing staff will require:

- iv. Support to become fully IT literate and to be equipped with the hardware, software and infrastructure necessary to become a fully mobile and responsive workforce that can deliver urgent, out of hours care as close to home as possible in any part of Scotland
- v. Resources to measure the outcomes and impact of nursing interventions in primary care, including in the evening, night and weekend to evaluate innovations and ensure continued best value
- vi. To work within the professional assurance framework already agreed by CNO and SENDs that will give patients, carers and staff confidence in the safety of all services
- vii. In addition I will be delivering a new nursing care assurance framework by December 2015 and will ensure that this is applicable to the new models of OOH care resulting from the primary care OOH review.

Chief Nursing Officer Directorate
31 August 2015

Current examples

NHS GRAMPIAN

The Grampian Medical Emergency Department (GMED) service delivers out of hours care for all of Grampian's 500,000 residents, with 27 whole-time equivalent ANPs and paramedic practitioners working alongside GP colleagues. It's a busy service which, on its peak day last year (27 December), recorded 1,500 contacts. Referrals to the nurse triage system that works alongside A&E and identifies GP-type patients have risen from six a week to 500 a month.

GMED's main base is in the new emergency centre at the Aberdeen Royal Infirmary, with satellites operating across the region's cottage hospitals to serve the remote and rural community. These different centres, with varying levels of demand, operate with different staffing models. In Aberdeen City, between midnight and 8am, there is one nurse and one GP available to do home visits by car, and one nurse and one GP staffing the centre, working alongside team members from the Scottish Ambulance Service, community psychiatric and district nurses, Marie Curie and an onsite pharmacy. In the rural 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.

Every ANP in this service is either an independent prescriber or preparing to become one. 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. They must complete a master's programme at Robert Gordon University (accredited by the RCN), as well as successfully completing the British Association of Immediate Care (BASICS) training and passing Objective Structured Clinical Examination (OSCE) appraisal of their skills.

"We couldn't manage without them. 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." Dr Fiona McKay (GMED clinical supervisor)

For further information on the GMED service, see:
http://www.rcn.org.uk/_data/assets/pdf_file/0009/633483/SC0511-Nursing-Innovators-Case-Study-Linda-Harper.pdf

NHS AYRSHIRE & ARRAN

On the Isle of Cumbrae, the out-of-hours service is provided by an ANP-led team operating from a base at the island's Lady Margaret Hospital.

One of the rota of highly experienced ANPs - who commute from the mainland and maintain their critical clinical skills by continuing to work in NHS Ayrshire & Arran hospitals – operates 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.

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."

"All the feedback has been excellent," says local in-hours GP, Dr Adnan Malik. "In the past, doctors may have felt threatened, but we are beyond that stage now."

For further information on the Isle of Cumbrae service see: http://www.rcn.org.uk/_data/assets/pdf_file/0004/633478/SC0511-Nursing-Innovators-Case-Study-Eddie-Docherty.pdf