



LEADING THE WAY FOR MENTAL HEALTH

The Moray mental health team is winning recognition for its care-enhancing service, delivered by pioneering advanced nurse practitioners



Royal College
of Nursing
Scotland



There is a sign on the door to the advanced nurse practitioners' (ANPs) office at Dr Gray's Hospital in Elgin, and it reads 'Google'. "That's because everybody asks us everything," explains Team Co-ordinator Karin Howard. "Want to know the time of the next train? The price of a desk at Ikea? Or whether we've encountered a particular patient before? This is where people come to find things out."

Over the past 11 years, the NHS Grampian Moray Mental Health Service ANP team has built a formidable reputation for its depth of knowledge, comprehensive clinical skills and impressive problem-solving abilities. Reckoned to be the first nurse-led initiative of its kind in Scotland, it emerged as a response to the European Working Time Directive, which curbed the hours that junior doctors could be on duty.

"Three of us were asked to set up a nurse-led emergency mental health assessment service as a six-month pilot," says team founder member Trish Bury. "When we started there was no job description, no model to follow, and no real idea whether it would work. Since then we have significantly expanded our roles to enhance patient care."

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Now the team comprises four prescribing ANPs, with another in training, and between them they deliver an expanded range of specialist mental health services around the clock.

These days they provide a 24/7 rapid triage and emergency on-call service, receiving and assessing mental health referrals from across the district general hospital, primary care, community mental health teams, social work and the police. They deliver an on-site liaison psychiatry service, bridging the interface between physical and psychological health, and assist Dr Gray's 20-bed mental health inpatient ward out-of-hours. On top of that, the ANPs provide mental health assessment for young people in the area, and run long-term condition management clinics that have been nominated for a UK award.



"We are a link for people with mental health needs both within the hospital and in the community," says ANP team member Fiona Burns. "There's a lot of co-morbidity here, including self-harm and drug and alcohol problems – this is whisky country, after all."

Although based in the centre of Elgin, the team's area covers a large rural patch of north east Scotland, extending from Tomintoul in the south to Nairn in the east, Cullen to the north and Keith in the south west. Serving a population of up to 120,000, the ANPs say theirs is an immensely varied and rewarding job.

"It's obviously challenging, dealing with crises and unexpected presentations, and it means that you need to be resourceful, creative and use all your skills," says Karin Howard. "There may be acutely unwell people coming in to A&E, or needing our input on the ward, and incidents often have to be managed. We never know what's going to happen next."

The team is based in a mental health annexe at Dr Gray's, where they work alongside admin staff, managers, medics, community health teams and, until recently, social workers. "Ironically, integration between health and

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DR TOM MCPHEE, CONSULTANT PSYCHIATRIST, NHS GRAMPIAN

social care has meant that the local authority has moved their staff out of our office," says Karin. "It makes such a difference being co-located as we can share information on-the-spot."

The acute psychiatric ward is at the end of their corridor, and the ANP office overlooks the entrance to A&E. "That's handy as we know all the action," says Karin. "If we're needed, we can be down there fast."

The team is regularly called upon to assist in A&E: from here, they can prescribe and admit, and can also discharge patients back into the community or refer them to other services. Over time, they have built up deep knowledge of vulnerable people.

"There are some patients who attend regularly," says ANP Mel Herriot. "When you notice that they've not been back recently, and hear that they're doing well, it is very rewarding."

Karin Howard agrees. "We think we're the first in Scotland to do this kind of emergency assessment, where nurses are doing all the work," she says. "Our evidence shows that it is highly effective."

Consultant psychiatrist Dr Ann Hodges, Clinical Director for Mental Health Services in Moray, has championed the ANP role from the start. "If they weren't here we would have to close our emergency service," she says. "These ANPs provide extremely high-level and high-quality assessment based on a great deal of clinical experience. They represent a significant development in the clinical workforce."

Her consultant colleague, Dr Tom McPhee, says there would be a deeply unhappy consultant body at Dr Gray's if there were no ANP service. "The on-call rota for us would be unsustainable and this job would be very unattractive and a lot less enjoyable," he says. "Their experience and knowledge makes it easier for me - it's far better to be on-call with a nurse practitioner than a junior doctor with much less experience in psychiatry."



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While the ANPs always enjoyed strong backing from their senior medical mentors, they have on occasion faced a battle persuading some other colleagues that they were up to the job. “It was tough, getting permission to become non-medical prescribers. We worked hard on a policy that we basically had to write ourselves,” says Karin Howard. “There aren’t that many nurse prescribers working in mental health in Scotland, and we now have several in the same office.”

Each of the ANPs worked on Dr Gray’s acute psychiatric ward before taking up their extended roles. “The people involved in the pilot had to work really hard to overcome resistance from other nurses. But that’s all changed now that people see the value of what we do,” says Karin Howard. “When it comes to emergency sedation, for instance, we’re much more hands-on than a consultant at the other end of a phone. And we know how things work on a ward.”

Moray Nurse Manager Julie Mackay has worked alongside the ANP team since its inception. “In the beginning, being a nurse born and bred, I couldn’t get my head around how they were going to do all this. It was very scary, such a cultural change for nurses to have admitting rights,” she says. “I was fearful about how it would be but that was quickly put to bed, seeing the ANPs in action. I have a great admiration for them. I’m very proud to see nurses in such an extended role. They are not thinking of themselves as mini doctors – they are nurses

through and through, and that’s what makes them special.”

There is now widespread appreciation of the work of the ANPs, who say they are known as one of the happiest teams in the hospital. “The last time a post was advertised, there were nine internal applications,” says Trish Bury. “Other places have tried to headhunt us, but we know that the way we work here is special. It’s so fulfilling. Every day is different.”

The newest member of the team is Kate Cowie, a nurse practitioner who is studying to become a non-medical prescriber. “I feel so much more supported here than I have before. If I need information or advice, I know that I can turn to the team,” she says. “It feels less stressful, even though I am on my own through the night and on-call.”

Each ANP works seven shifts per fortnight, and all are graded at Band 7. “There is a real advantage in being at the same level,” says Team Co-ordinator Karin Howard. “There is an equality here, a sense of mutual respect. No-one would expect anyone to do something that they wouldn’t do themselves.”

Education is an important aspect of the ANP role. With an eye on succession planning, they encourage student nurses to shadow them; they deliver training in psychiatry and the Mental Health Act for all disciplines locally, and have recently extended their educational reach into the local ambulance service and the police.

For Dr Akkshay Iyer, Foundation Year Two Trainee at Dr Gray’s, the ANPs’ input has been invaluable. “They make time for me to be training in the job, and not just filling gaps in the rota,” he says. “The system here is quite specialised and advanced. It creates a strong foundation that makes sure patient care doesn’t fall through gaps. It should be happening everywhere.”

When the service in Moray started there was no ANP training available. Now there are courses for nurse practitioners across Scotland, although few specialise in mental health. Karin Howard would like to see that change. “ANPs in mental health have to take particular risks,” she says. “At some point you will make a decision to discharge a patient and you need to think it all through. You have to ask yourself ‘did I cover all the bases? Does my decision seem reasonable?

Would I be happy to stand up in court and defend my decision?' You don't do it lightly at all.

"Every patient is different, but there are recurring themes and you start to recognise them. This role is about learning to trust your educated, experienced instinct."

Over the years, the ANP job description here has evolved. They now deliver liaison psychiatry across the hospital, conducting assessments for patients who are suspected of having mood and mental health problems in all the wards. And last year the team was recognised with a shortlisting in the Nursing Times Awards for their long-term condition management clinics, which support people living in the community with chronic illnesses such as bipolar disorder and schizophrenia.

Until five years ago, when the ANP clinics began, patients were reviewed annually during a 20-minute consultant appointment. Now, every six months they are invited to attend an ANP-led appointment where their progress is reviewed, treatment re-assessed, and all aspects of their care can be discussed in depth. The ANPs use the opportunity to promote general health and wellbeing, and the patients say they like it.

Audit of the service demonstrates extremely high levels of satisfaction. "Patients tell us they feel much more supported and we have opened up their access to specialist care considerably," says clinic co-ordinator, ANP Lorna Young. "They say they can discuss very personal things that they wouldn't have bothered the consultant with."

Now, 50 patients regularly attend the clinics, and there is evidence to show that the ANP input is preventing relapse in illness and readmission to the acute ward.

Over recent years the number of acute mental health beds at Dr Gray's has been reduced from 25 to 20. However despite the value of the ANPs to the 800 patients they treat every year, and their significant positive impact on resources, the team has twice faced the axe because of cost pressures.

"Ours may appear to be an expensive service on the surface as it's not cheap having top-level nurses working weekends and nights, but we represent cost avoidance," says Lorna Young. "If you look at the bigger picture, it is clear we save money in the long-run."

Dr Ann Hodges is in no doubt about their value. "The ANP service has far exceeded expectations," she says. "They are improving patient care, and culture change is being driven by these developing roles."

Karin Howard admits that she is always concerned about sustainability, and says this has led to 'audit overdrive'. "We are keen to demonstrate that we add value, both to patients and to the service," she says. "We know we make a difference, and we have to make sure that the decision-makers know that too."

The team's reputation is extending far and wide. But back at Dr Gray's there are still battles to fight: the team is currently pushing for the go-ahead to equip the ANPs with mobile tablet technology that would allow them to access patient information on the move.

Trish Bury believes that this is essential. "We really need these sorts of tools," she says. "Being able to look back and review a case when we're not at our desks would seriously enhance patient safety."



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