

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

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

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.” [00488@003004 BDC BT1 0 0 1 72.024 538.03 Tm00.59

- 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.

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