The nursing contribution to seven day care: community nursing and advanced

1. Introduction

Ensuring that people have timely access to high quality, person-centred, safe and effective care when they need it, regardless of the day of the week, requires a whole system approach. This means focusing on community services, as well as hospital services, and looking at multi-professional models of care that maximise the potential of different professions to meet the needs of patients and improve patient outcomes.

Many nurses clearly already work seven days a week. However beyond front-door and unscheduled care/out of hours services, the nurse staffing model is largely focused on Monday Friday core hours. This paper describes the professional contribution that nursing can make to help achieve the aims of the seven day services programme. It is not intended to underplay the role that other professions have around this agenda, but rather illustrates the particular contribution that nursing can make as part of a wider multi-disciplinary approach. It focuses on two particular aspects of nursing identified by the Task Force: nursing in the community and advanced nursing practice.

innovation in the profession, but also c

-level. Scottish Government Guidance (2010) proposed that *No posts below Band 7 should be permitted to use since the post would not meet the level of knowledge, training and experience to be able to undertake the role*.[10] Since 2007, NES and the Scottish Government have been working towards developing a systematic approach to support the consistent and sustainable implementation of advanced nursing practice roles across services in NHS Scotland. This includes the NHS Scotland Career Framework Guidance (2009)[11], the Advanced Practice Toolkit (2008)[2], Scottish Government guidance for NHS Boards on Advanced Nursing Practice roles (2010)[10] and NES service needs analysis tool for advanced practice (2010)[12].

The way nursing workforce data is collected nationally means it is not possible to have meaningful figures on the number of ANPs in Scotland. While in some Boards, for example NHS Grampian and NHS Ayrshire & Arran, ANPs are becoming more established within models of healthcare delivery, there is a lack of consistency and sustainability across NHS Scotland as a whole. Practice Development Needs Analysis Tool[12] aims to support health services teams to plan, support and evaluate the implementation of advanced nursing practice roles in a systematic way, and to enable these teams to prepare strong, evidence-based business cases for any new advanced practice roles. It should be used alongside the Scottish Government s 2010 guidance on Advanced Nursing Practice roles[10] and the nursing and midwifery workload and workforce planning tools.

3. How can community nursing and advanced nursing practice contribute to seven day services?

No single profession can offer the solution to how high quality care can be accessed, when and where patients need it, seven days a week. There must be a multi-disciplinary, team approach that supports each profession to work to the best of its ability and potential, to meet the needs of patients and improve patient outcomes. In general, there is a lack of robust evidence that directly evaluat

Continuity of care: Continuity of care is fundamental to high-quality care and the experience and outcomes of patients. Breakdowns in continuity of care put patients at risk, cause duplication and add avoidable costs to both health and social care[21]. Nurses have a key role to play both in the continuity of the therapeutic relationship a patient has with a clinician and in the continuity and consistency of clinical management.

In community settings, -ordinated and managed by practice nurses, community nursing teams, community ANPs or specialist nurses. There is an increasing focus on nurses supporting patients to self-care and manage long-term conditions, providing care to older people and providing care to more vulnerable patients. These patients are more likely to have co-morbidities, with a number of professionals involved in their care, which means continuity is particularly important.

Over the last ten years the estimated number of GP consultations for long-term conditions like coronary heart disease, asthma, chronic obstructive pulmonary disease (COPD) and diabetes has fallen, while the number of practice nurse consultations for these conditions has risen[6]. For example, the number of GP consultations for COPD is estimated to have decreased from 165,720 in 2003/04 to 144,390 in 2012/13 while the number of practice nurse consultations for these conditions has increased from 34,500 to 116,530[6].

Example: Anticipatory care planning service, NHS Lothian
East and Midlothian anticipatory care planning service is a nurse-led service that supports patients with long-term conditions, with a specific focus on COPD. District nurse case managers receive referrals from hospitals, specialist nurses, GPs and other agencies. The service s support to their carers and reduces preventable hospital admissions and associated length of stay. The service has been highly valued by patients[22].

Community nursing teams can provide scheduled visits to patients in the evenings and at weekends. In addition there are a number of projects focusing on improving the interaction between community nursing and out of hours care, to reduce admissions to hospital. Some boards are making particular use of ANPs to deliver primary care. This can improve access to primary health care services, especially in areas where it is difficult for patients to access GPs[20]. ANPs in primary care can either be generalist primary care roles or leads in particular services, such as mental health services. Specialist nurse-led services in the community, though typically not provided seven days a week, have a key role in managing patients care, improving outcomes and avoiding admissions to hospital for patients with particular clinical needs.

There is growing evidence that patients value the relationships they develop with nurses who manage their care[22]. Evaluations of ANP services have found that there is improved continuity of care, more consistent use of care plans, better co-ordination of care and a smoother care pathway for patients[20].

Example: Community nursing service, NHS Lothian
The community nursing service in Lothian provides a seven day service with evening and

[21] nuity of care and the patient experience

[22] ISD (2012) available at: http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/SPARRA/Docs/Lothian.pdf (Last accessed 1 December 2014)

night services available. The evening service is mainly scheduled visits for conditions such as diabetes or palliative care.

services such as hospital at home, step-up/step-down beds in care homes and teams providing integrated community assessment and support.

intermediate care to be provided in all localities and for this to be accessed 7 days

Example: **Integrated Community Support Team (ICST), South Lanarkshire**
ICST provides around the clock home-based, personalised support. It started operating in East Kilbride in 2012 as a pilot of a new approach to providing multi-disciplinary care to people in their own homes 24 hours a day, seven days a week. Teams are made up of community nurses, physiotherapists, occupational therapists, generic support workers, home carers and social workers. A key element of the team is that it is made up of existing rather than specifically recruited staff, thereby building in longer term sustainability of the approach. The service has allowed an increasing number of frail older people with complex conditions to remain at home[29].

d) Achieving the best possible outcomes and experience for patients by using the available resources in a sustainable manner

Improving patient experience and outcomes: Patient outcomes and patient experience need to be at the heart of any service changes to support seven day care. There will need to be a careful analysis of what will best improve outcomes for patients and provide a sustainable service.

Expanding nursing roles has a history of improving patient care. An evaluation of the expansion of nurse prescribing in Scotland, for exampl

Supporting access to care for vulnerable groups: As data on health inequalities makes clear:

an in-patient to receive their course of treatment. The OPAT team includes a consultant in infectious diseases and general medicine, three clinical Nurse Specialists and an antimicrobial pharmacist. The OPAT service avoids admissions, supports discharge and reduces bed days, with substantial savings associated with this. Currently the service is constrained by running Monday Friday 8am-4pm. By expanding to a seven day service this would enable patients to be seen and discharged more quickly, therefore freeing up more beds. An economic analysis shows that for every additional pound invested in OPAT to expand the service to 7 days a week, there would be a potential saving of £8.55 while providing an efficient0 1 234.65 0 1 72 11.04 >EMC /P <</P.

IT systems: IT systems need to allow people across different agencies to access and share information when needed, to support continuity of care.

Evidence-base and evaluation: There needs to be in-built monitoring and evaluation of any service change, no matter how small, to ensure that services and initiatives provide the best outcomes for patients and the most effective use of resources.

4. What is future demand likely to be?

The current lack of community nursing and ANP workforce data makes it challenging to

seven day care programme. However at times of pressure, there is a natural tendency to revert to the known traditional models, even if we know that this does not work as well as it should. We need to consider how we can spread this good practice in a sustainable way that best meets the needs of patients, seven days a week.

Some Boards, such as Ayrshire & Arran and Grampian, have embedded advanced practice models, but this has not been replicated consistently across Scotland and there are still challenges to the sustainability of the models that do exist. Through the career framework, toolkit and guidance, NES and Scottish Government have been working towards developing a consistent approach to support sustainable implementation of advanced nursing practice roles. However this is not being translated consistently into practice.

There is a disconnect between advanced practice and workforce planning. There needs to be long-term workforce planning, succession planning, including for senior clinical roles to supervise ANPs, and the resourcing to underpin it. The development of advanced nursing practice roles needs to be based on demonstrable patient and service need, with careful planning, organisation support and investment. This has to be alongside strong leadership structures, robust governance of roles and clear professional structures and lines of accountability.

Advanced practice has suffered from a lack of clarity over its definition and regulatory framework in the past. Work led by NES has established a Post Registration Career Development Framework[11] to support the continuing and changing development needs of the Nursing, Midwifery and Allied Health Professions workforce across the Career Framework for Health. This overarching framework identifies key aspects of practice that are transferable across discipline specific and speciality groups. This supports consistency of approach across different professional and speciality groups, allowing benchmarking between specialities and supporting transferability of staff across geographical areas. The higher level nature of this framework differentiates it from other frameworks as it provides structure and cohesion for context and speciality specific, professional and competency frameworks. NES has used this to develop career pathways for some specific areas of advanced practice, for example paediatrics and neonatal services. However, whilst this has provided a framework to support consistent development and governance of such roles, there needs to be a more co-ordinated approach to post-registration education, with education development and consistent career pathways across all areas of advanced practice. This aligns with the strategic aim of *Setting the Direction For Nursing & Midwifery Education in Scotland*[38] to develop a sustainable national approach to post-registration and postgraduate education and continuing professional development.

There have been calls in the past for the NMC to regulate advanced nursing practice. However, despite discussion, this has not been progressed. In the meantime, the concepts of professional, educational and clinical governance need to be better articulated in the context of role development. Having clearer employer or commissioner governance over role development, deployment and evaluation, which is based on the consistent application of advanced practice role benchmarks (i.e. through the Advanced Practice Toolkit and Post-Registration Career and Development Framework), will ensure the quality and focus of any role and the contribution it provides.