

Developing a sustainable & resilient Primary Care Out-Of-Hours Service using Advanced Nurse Practitioners

Dr Rebecca Green (GP Clinical Lead) & Sara Dickson (Advanced Nurse Practitioner)
Borders Emergency Care Service

INTRODUCTION:

The Out-Of-Hours (OOH) clinician has historically been a GP, but there are significant current national and local recruitment and retention difficulties, resulting in understaffed clinical rotas and a consequent risk to patient safety. In light of these issues the National Review of OOH services¹ has recommended the use of multidisciplinary teams of professionals, including Advanced Nurse Practitioners (ANP) to help deliver person-centred high quality urgent care.

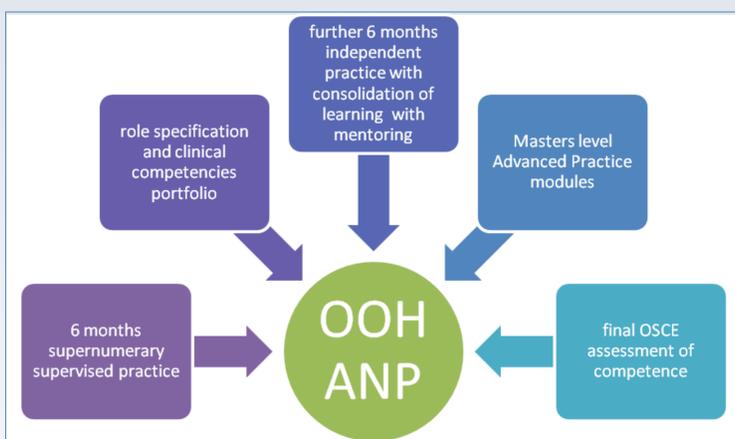
Because an ANP costs approximately half that of a sessional GP, their contribution offers a real opportunity to transform the model of care, optimise available resources and develop a more robust and resilient service that is fit to withstand future challenges.

The project objectives were therefore to:

- To reduce reliance on GP-led out-of-hours care, by developing a multidisciplinary workforce, increasing service resilience and reducing overall costs.
- To develop the Advanced Nursing role, in line with national and local strategy, focusing on autonomous practice in the assessment and management of patients requiring urgent care.
- To promote a safe, patient-centred and quality-assured clinical environment, by introducing Advanced Nurse Practitioners (ANP) in a planned and structured way.

METHODS:

Evidence from other ANP models^{2,3,4} and national guidance⁵ was reviewed to develop a role specification and clinical competencies portfolio which provided focus for 6 months supernumerary supervised practice, a further 6 months independent practice with consolidation of learning with mentoring, and a final clinical skills assessment.



A quality improvement approach and PDSA methodology was used to test safe & effective integration into the service during different shifts. This helped us ascertain where the ANP added most value in the clinical rota, whilst remaining adequately supported by medical colleagues.

OUTCOMES & RESULTS:

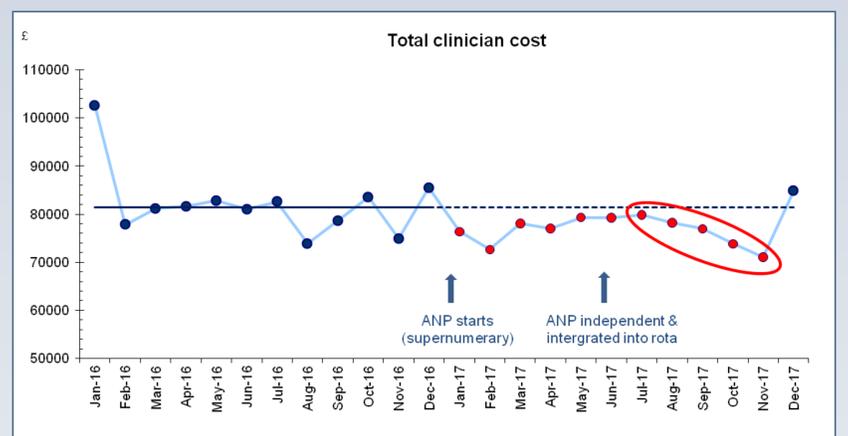
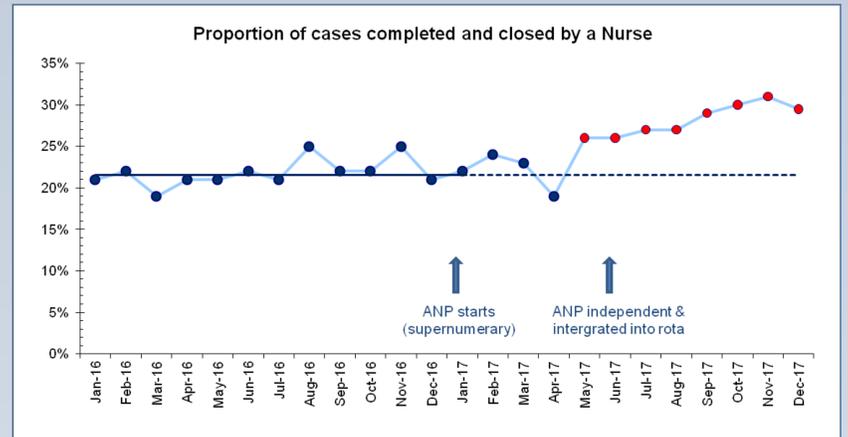
The introduction of a single ANP to our small OOH service (serving population 114,000) resulted in a clear shift upwards in the number of OOH cases being closed by a Nurse rather than a Doctor, suggesting that the ANP was making autonomous clinical decisions. This shift continued upwards throughout the rest of the pilot as experience increased.

Overall clinician costs showed a clear trend downwards once the ANP became integrated into the clinical rota and began to replace a GP during weekend daytime and weekday evening shifts. Hours were replaced on a 3:2 basis.

Patient experience data was overwhelmingly positive, confirming that patients do not mind what professional sees them as long as their experience is good. No adverse events or patient complaints involving the ANP were recorded during the pilot.



OUTCOMES & RESULTS:



CONCLUSIONS:

In conclusion, our transformational approach supports the NHS Scotland 2020 Vision to expand the role of a capable multidisciplinary Primary Care Team, delivering high quality person-centred unscheduled OOH care, but in a cost-efficient and sustainable way. If further ANPs are introduced into the service then this could provide a solution to the OOH GP recruitment problem.

- Safe
- Affordable
- Sustainable



References:

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- Moran et al, NHS Ayrshire & Arran. Transforming OOH care in a remote and rural location. NHS Scotland Poster Event (2016)
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