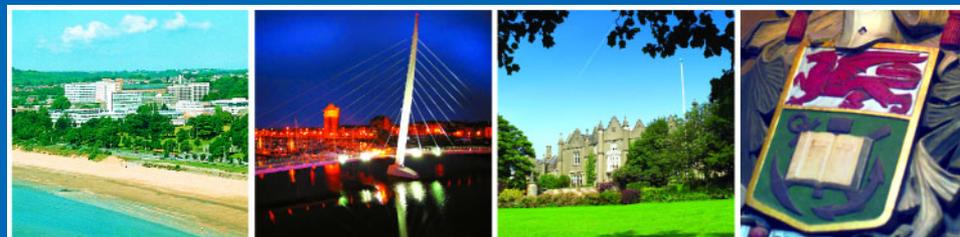




Exploring Collaborative Models of Advanced Practice in Community and Primary Care in Wales, UK.

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November 2019
Washington DC



Research Team

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Funder: ABMUHB Primary and Community Services Directorate

Aim

To explore the scope and nature of the advanced practice workforce within community and primary care in one health Board in Wales and to provide recommendations regarding future workforce needs in order to inform workforce planning.

Definition of advanced practice

A role “requiring a registered practitioner to have acquired an expert knowledge base, complex decision making skills and clinical competencies for expanded scope of practice, the characteristics of which are shaped by the context in which the individual practices. Demonstrable, relevant Masters level education is recommended for entry level” (NLIAH 2010, p21).

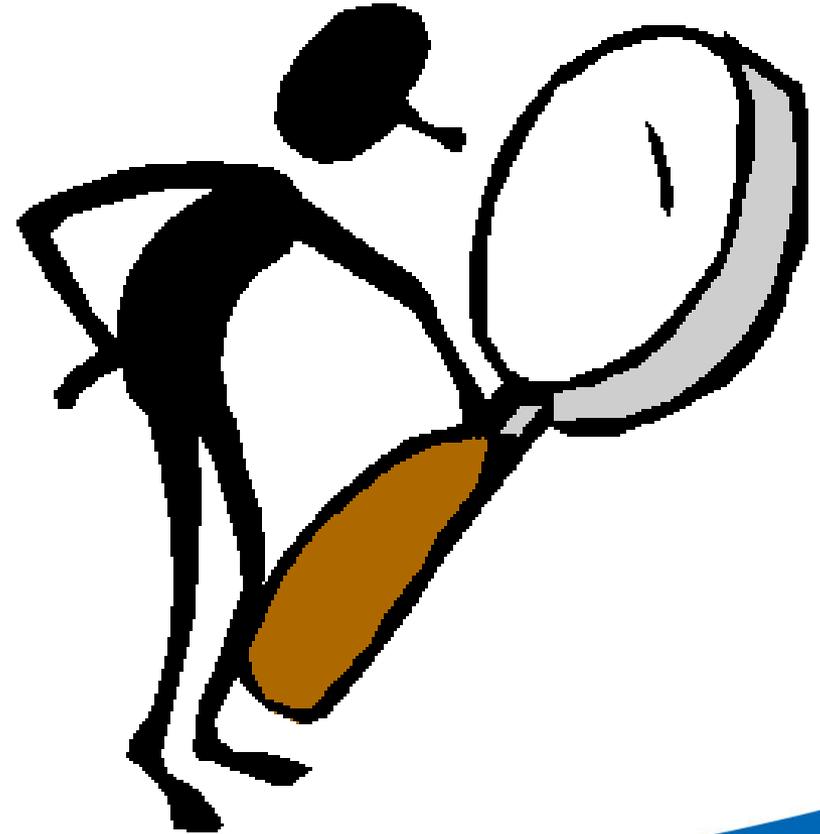
Need for innovative models of advanced practice in community and primary care

- Increasing ageing population and people living with chronic health conditions
- Traditional models of primary care service delivery in Wales and more broadly the UK are becoming unsustainable.
- Policy drivers to reduce avoidable hospital admissions
- Economic/financial issues

Research Design

Mixed methods

- Questionnaire
- Qualitative interviews
- Focus groups



Sample

Method	With	Number of participants
Questionnaire	Advanced Practitioners	17
1 Focus group	Advanced practitioners (ANP and APP)	4
Individual interviews	Advanced practitioners	2
Individual interviews	Advanced practitioner Team Leads	3
Telephone interviews	GP cluster leads	3
	Paramedic leads	2
Total		31

Qualitative Data Facilitators

- Supportive management
- Support of doctors
- Effective leadership
- Shared understanding of knowledge and skills between advanced practice disciplines, patients, families and health and social care providers



Facilitators (Cont.)

I think the biggest facilitator is always having a management structure and a medical leadership model that understands advanced practice. (ANPL3, p5).

having someone decisive who was able to say, well we need to do this, that and the other, this person needs to be discussed with a consultant, this person needs some antibiotics (ANPL3, p.8).

when we reviewed the role at 18 months, I think we had a lot of patient feedback, which was positive. The GP feedback was really positive, so there was. You kind of become a product of your own success in a way (AP2, p5).

Challenges/Barriers

- Recruitment and retention of advanced practitioners
- Culture of risk averse practice
- Lack of awareness/
recognition of the role



Challenges in recruiting qualified ANPs - 'Growing their own'

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I would be overly hopeful to get a ready cooked advanced practitioner ready to go. I think we're still in a place where there isn't that, that we haven't got that pool. So I'm very much in the position where I'm taking people on with the view that I have to develop them myself (ANPL3, p6).
- Skill mix of the Acute clinical teams (ACTs) not determined by evidenced based decision making

Cultural barriers- Risk Aversive Practice

Some (GPs) like I say embrace it and others are you know, up to their eyes in work anyway and just feel like if we could just send them to hospital like I've always done, you wouldn't be ringing me every day with an update (ANPL2, p6).

...we got the ambulance there because we've always been commissioned around speed of response. We're very much indoctrinated to believe that we need to do everything really quick, as opposed to well, we'll just take our time and send the right resource, not necessarily the fastest resource (APPL1, p9).

... they're so risk averse in A&E, you know, that once the patients hit that door you've lost them (ANPL1, p 23).



Challenges/Barriers (Cont.)

What's a physician's assistant going to do, you know. What is each of these, because we don't really know, you know, what each of these do (GPL1 p3).

Some areas of the hospital, when you try and refer a patient, it goes absolutely beautifully. There doesn't seem to be any problems at all, and other areas, as soon as they hear the word nurse in relation to referral, it seems to become more obstructive and it is a frustration because they will insist on a GP then seeing that patient and doing the entire assessment again (ANPL2,p6).

Challenges/Barriers (Cont.)

There needs to be education of the public to embrace these professionals as part of the multidisciplinary team (GPL2 p4).



Opportunities - Expanding the scope of advanced practice

- Be more proactive as opposed to reactive (triaging)
- Expediting hospital discharge

...there are patients sitting on a hospital ward, right, that we could take out. There's patients being... because they're INR sub-therapeutic that they stay on a ward. We could take those out. We dose Warfarin ourselves, you know, we would do the INR ourselves and we would dose them and prevent them being in a hospital bed (ANPL1, p22).

PROACTIVE



Expanding the scope of advanced practitioner services

- Expand Acute clinical teams (ACTs) to 7 days a week:

I think definitely we can offer a better service if we worked extended hours and over the weekend period because we'll be able to take a lot more patients into the community and hopefully relieve the pressure on the hospital then (AP2, p5).

- Space limitations of GP surgeries
- Utilising the scale of the primary care clusters



Utilising the scale of the primary care clusters

Could we have an advanced nurse practitioner that visits and looks after the patients that are living in residential and nursing homes and looks after those proactively? Could you share that individual across the cluster? (GPL2,p10).

A key facilitator was GPs who had employed APs but recognised that there are some GPs:

... who think that they're just carrying on fine in their own little furrow, doing it fine their way like they always have (GPL2, p5).

Limitations of the study

- Poor response rate to the survey and small number of APs who participated from primary care.
- Conducted in one Health Board in Wales
- Elicited views of ANPs and APPs not advanced practitioners from other professions.



Key Recommendations

- Raise awareness of the scope of AP to health professionals in community, primary and secondary care and the independent sector
- Conduct a systematic, bottom up approach to inform evidenced based decision making regarding re-designing services and re-modelling the workforce
- Explore public knowledge & attitudes towards being cared for by an AP to inform future campaigns to promote awareness of this level of practice.

Thank you and questions



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