A Realist Evaluation of ANP Role Implementation in Primary Care in Scotland:

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Background

- Primary care is under increasing pressure
- Primary care vision includes expanded multidisciplinary teams with Advanced Nurse Practitioners (ANPs)
- International evidence suggests ANPs/Nurse Practitioners in Primary Care deliver safe, effective, efficient, person-centred care in comparison with primary care doctors
- In USA 78% Nurse Practitioners work in Primary Care
- In the UK ANP roles initially focused on acute and Out of Hours services
- Little is known about ANP role implementation in primary care in Scotland
- Commissioned by Scottish Government as part of wider Evaluation of New Models of Primary Care in Scotland by Scottish School of Primary Care

Method

Realist evaluation using multiple case study approach and Scottish School of Primary Care Evaluation Framework

- Systematic Scoping Review of International Literature
- Phase 1 scoping survey of 15 health boards
- Phase 2 in-depth exploration of 5 health boards
- Semi structure interviews with key stakeholder (information rich) and documentary analyses
- Thematic analysis and framework analysis

Realist Evaluation – Theory driven evaluation (Pawson & Tilley 1997)

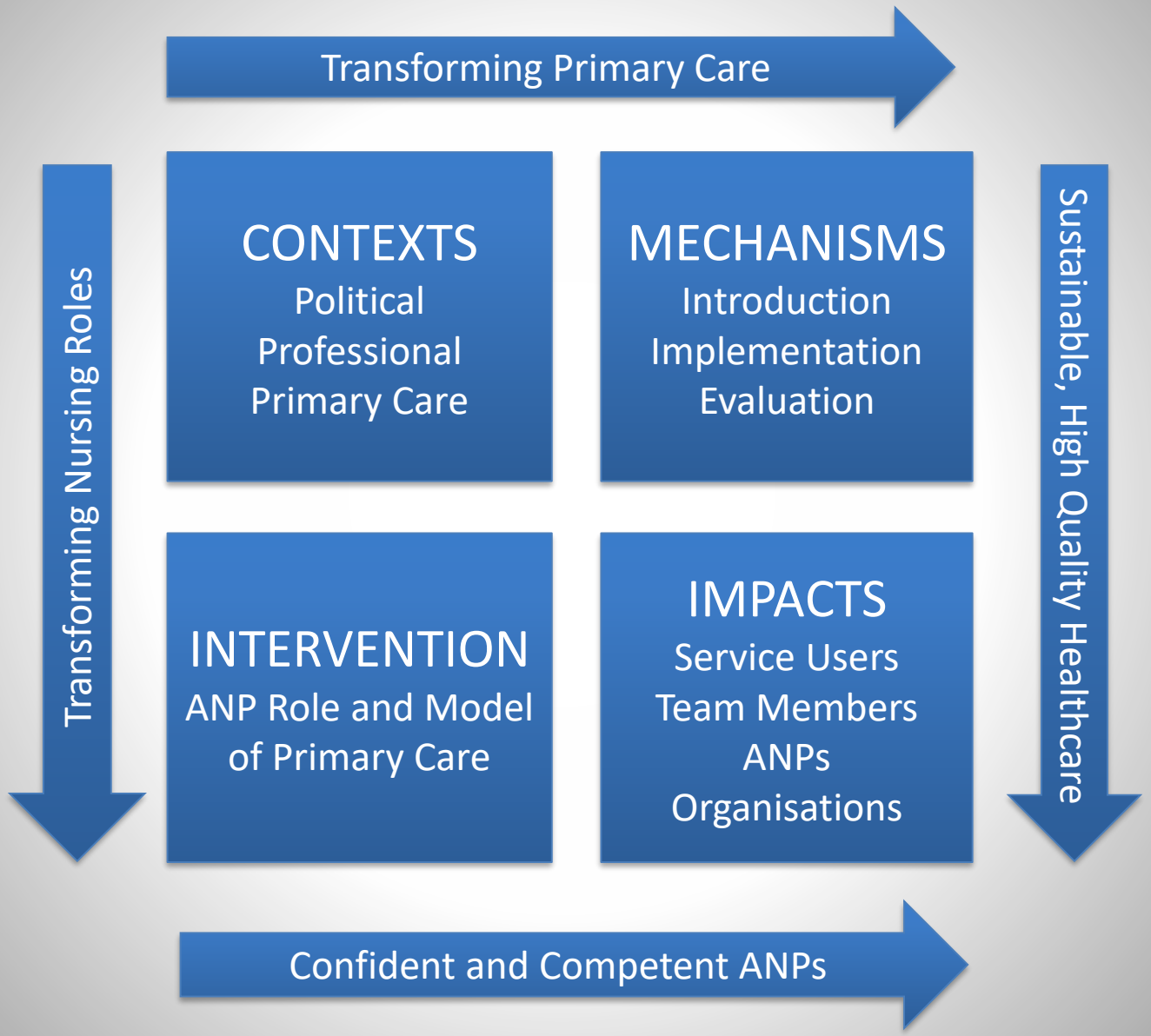
A programme (i.e. ANP role implementation) comprises of multiple interrelated mechanisms (reasons and resources that enable implementation) and diverse context (circumstances) that influence these mechanism and resulting outcomes

Seeks to answer - What works, for whom, in what circumstances and how?

High Level Programme Theory

'Scotland's national agenda aims to transform primary care services through multi-disciplinary teams that include Advanced Nurse Practitioners who have had necessary academic preparation, clinical competency development and effective supervision to enable them to become competent and confident Advanced Nurse Practitioners able to deliver sustainable, high quality primary care services and the primary care vision.'

Programme Theory Framework



Key Informants

Role of Key Informants	Phase 1 n=44	Phase 2– n=24
Clinical Lead/Manager Nursing	11	3
ANP	-	10
ANP trainee	-	7
Director of Nursing/Professional Advisor	6	
ANP Lead	6	
Associate Director of Nursing	5	
Education Lead	3	2
Primary Care Medical Director/GP Lead	4	
Primary Care Lead	3	
Practice Nurse Lead	3	
Clinical Lead/Manager Medical	2	1
GP	1	1

National ANP definition and criteria - role and education

Advanced Nurse Practitioners are…

'…. experienced and highly educated registered nurses who manage the complete clinical care of their patients, not focusing on any sole condition. ANPs have advanced-level capability across the four pillars of practice: clinical practice; facilitating learning; leadership; and evidence, research and development'.

(Scottish Government, 2016)

- Level 7 NHS career framework and aligned to Agenda for Change band 7
- Competency Criteria and non medical prescribers (recordable)
- Not a recordable title with Nursing and Midwifery Council

Master level education and tripartite approach:

- Academic preparation, minimum of PgD
- Clinical competency development and effective supervision
- Assessed as competent in their area of practice

Findings

Systematic Scoping Review - 54 Studies

Role - ANP legal authority varied between countries. Diverse roles, working directly with patients with acute and chronic conditions. Mostly clinical roles, both independent and collaboratively.

Scoping Review
Barriers and Facilitators

Barriers

- Team factors – lack of awareness/acceptance of role and inter/intra professional resistance
- Lines of responsibility – restrictions on practice, not clearly defined in relation to team members, expectations varied.
- Individual factors – lack of confidence in abilities and doctors lack of confidence in education, knowledge and skill base

Facilitators

- Team factors - Collaboration, trust and good relationships with doctors and colleagues
- Individual factors – personal knowledge skills and abilities and personal quality individuals brought to the role
- Others - Financial reimbursement and planning for role integration
- Leadership and support from champions
- Mentorship and supervision from colleagues

ANP Role findings

ANPs undertaking elements of GPs role as substitutes and first point of contact:

- assessment
- differential diagnosis
- investigations and treatments including prescribing
- discharge or referral
- all age groups (> 1 year)
- all settings - health centers, OOHs, nursing homes, home visits, prisons
- mainly for minor illness and injuries.

Rural areas ANP had a wide scope of practice dealing with more complex patients and multiple nursing roles.

Greatest focus was on the clinical pillars of advanced practice, less on leadership, research and education.

ANP Roles – What works

CONTEXT

POLITICAL/PROFESSIONAL

1. Primary care vision of multidisciplinary teams.
2. National leadership and Transforming Nursing Roles Programme.
3. No legislative restrictions on scope of nursing practice or prescribing.

PRIMARY CARE CULTURE

1. Diverse health needs of general practice populations.
2. Remote, rural and island geography.
3. Primary care workload and workforce challenges.
4. Some GP resistance to ANP roles and multidisciplinary team working.

MECHANISMS

1. Government funding for ANP Roles to support primary care transformation.
2. National ANP role definition, criteria and competencies.
3. GP, primary care team and public engagement in ANP role implementation.
4. ANP roles that combine advanced nursing and clinical decision making competencies.
5. Developing and valuing all members of primary care team.
6. Clear lines of clinical support for ANPs.
7. Patient's triaged to ANP at point of access.
8. Flexible ANP role development.
9. Rural ANPs have wide scope of practice and multiple nursing roles.
10. Organic (gradual and exploratory) role development approach.

OUTCOMES

1. GPs willingness to implement ANP roles was increased.
2. ANPs substitute for elements of the GPs role.
3. Some new ANP roles enhanced services.
4. ANPs undertook thorough and holistic assessment and utilised clinical guidelines.
5. ANPs practiced within their competency frameworks.
6. Multiple nursing roles created challenges in maintaining competencies.
7. Possible professional isolation.
8. Role overlap and role erosion of other primary care and community team members.

ANP Education – What Works

CONTEXT

POLITICAL/PROFESSIONAL

1.National leadership and Transforming Nursing Roles Programme.
2. National ANP definition, criteria, and competencies..
3.Senior Health Board Leadership for ANP implementation.
4. 'Academy' model supporting ANP education /professional development.

PRIMARY CARE CULTURE

1. ANPs/ANP trainees with experience of primary care specialty.
2. Primary care workload and workforce challenges.

MECHANISMS

1. Government funding for ANP academic education and the 'Academy'.
2. ANP Lead employed to coordinate education and engage with GPs.
3. Structured competency based education and work based learning.
4. GPs engaged in ANP education and role development.
5 Clinical supervision from experienced GP trainers.
6. Funded study leave for ANPs.
7. Multidisciplinary team education and development.
8. Peer support and networking opportunities across Academy.
9. Additional mental health, pediatric and primary care training.
10. Shortage of GP and ANP clinical supervisors.

OUTCOMES

1. Improved consistency of ANP education.
2. ANPs receive appropriate academic preparation and work based learning.
3. ANPs feel valued members of Primary care team.
4. ANPs required 2/3 years academic preparation, competency development and work-based learning.
5. ANP trainees learning experiences varied.

ANP Evaluation and Sustainability- What works

CONTEXT	MECHANISMS	OUTCOMES
POLITICAL, PROFESSIONAL AND PRIMARY CARE CULTURE 1. Anticipated impact of ANP roles was to enable the Primary Care Vision. 2. Recruitment pool of ANPs was mainly over 45 years. 3. Independent nature of General Practice. 4. Limited measurement of ANP impact.	1. Small scale surveys of patient experience of ANPs. 2. Local audits of ANP activity. 3. Lack of measures of unique role of ANP. 4. Variable ANP grades across Health Boards/GP. 5. ANP career pathways across primary care and community.	1. Indications of improved patient access, a positive primary care experience and appropriate decisions making by ANPs. 2. Perceived lack of transparency regarding governance arrangements. 3. ANP Recruitment and retention concerns.

Recommendations

- ANP role definition and planning new models of care is an opportunity for all team members to reflect on current practice, service design and new roles
- ANP roles that combine nursing experience and advanced clinical decision making should be directed at enhancing patient care rather than focusing solely on substitution of elements of GP roles
- New career pathways for nurses across primary care and community need to be developed to support and reflect changing roles and address role overlaps and role erosion and help ANP succession planning
- Structured competency based education approach should be appropriately delivered and funded (particularly clinical supervision and study leave) and extended to continuous professional development to support skill maintenance.
- Transparent Governance arrangements concerning standards of practice and education
- More research to identify impact of MDT teams and unique contribution of ANP to that team.

Conclusions

- LEADERSHIP
- COLLABORATION AND ENGAGMENT
- FUNDING AND PLANNING
- Any questions?

Discussion

- What roles could ANPs undertake in primary care that make the best use of their combined nursing skills and advanced decision making skills?
- How might this impact on Practice Nurse, Community Nurse and GP roles?
- How could ANP trainees work based training be most effectively and efficiently delivered?