Department of Health

Practitioners with Special Interests in Primary Care

Implementing a scheme for Nurses with Special Interests in Primary Care

Liberating the Talents

April 2003

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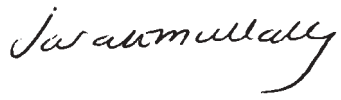
Foreword

Patients tell us that they want to be cared for as close to home as possible and new technologies and new ways of working now mean that we can provide more care in the community. The development of secondary care services in the community can play a vital part in reducing waits for treatment and providing a more convenient service for patients. As primary care expands its range of services there is an increased demand for practitioners who can take on specialist roles. There is a need for people who can bridge hospital and the community and meet more of a patient's needs in primary care.

Although nurses working in specialist roles are not a new concept, their skills and expertise have never before had such potential for the NHS. National Service Frameworks have resulted in more nurses providing specialist services for example in coronary heart disease, stroke care, and cancer, smoking cessation and palliative care. The Priorities and Planning Framework for 2003-2006 includes an expectation that at least a million outpatient appointments will take place in the community each year by 2006. As the range of services delivered in the community continues to develop, the role of the nurse will continue to be at the heart of this expansion, just as the role of the nurse has been at the heart of the National Health Service since its creation.



Sarah Mullally
Chief Nursing Officer

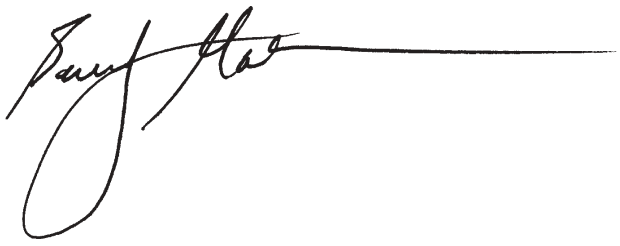
The work of GPs with Special Interests has been widely adopted as a way to maximise the wealth of skills and knowledge in the primary care medical workforce and to make the interface between primary and secondary care more effective and convenient for patients and staff. Doctors, however, are only part of a team of nurses, allied health professionals, support workers and health care scientists. The successful development of any practitioner in a specialist role will depend on their effective integration within the team. PCTs should ensure that the expansion of primary care services takes a whole-system approach, maximising the potential of all primary care staff to take on new roles and recognising their interdependency.

The increasing number of nurses in specialist roles is already having an impact in the redesign of primary care services. This document is intended to offer employers and health professionals useful information on the key issues which need to be considered when appointing nurses to specialist services in primary care settings.

I would like to take this opportunity to thank all those who have contributed to this work, including members of the National Development Group for their helpful and constructive advice. The group would like to invite feedback, both on this guide and to share examples of 'nurses with special interests' which could be placed on the Department of Health web.

David Colin-Thomé
National Director for Primary Care

The RCN welcomes this initiative. We believe nurses with special interests have the potential to enhance capacity in primary care and improve care for patients. Many nurses working in primary care such as practice nurses, district nurses and nurse practitioners are already highly skilled within their generalist domain and have also developed expertise in a particular area. Primary care services need more nurses like these if we are to meet the demands of the NHS Plan.
Nurses with special interests will prove to be a superb resource to both colleagues and patients. This Department of Health work promotes current examples of enlightened and good practice and should ensure that it is further encouraged and developed across the country.



Beverly Malone
RCN General Secretary

With primary care facing a pace of change and need for high quality service provision as never before, it is essential we harness the range of skills available amongst the community practitioner and health visiting workforce. Many practitioners have developed their skills above and beyond the competencies gained from their initial education and training, equipping them to offer unique solutions to complex care needs. This publication provides a useful framework through which Primary Care Trusts can identify the specialist skills within their staff base and ensure these are utilised to best effect for the benefit of the communities we serve.

Mark Jones
Director CPHVA

Introduction

The expansion of services in primary care can bring real benefits for patients, who are able to access a more convenient service in the community, have less time to wait for secondary care and can be cared for in the familiar surroundings of their own home and community.

In 2002 guidance was produced on developing GPs with Special Interests[1] to encourage PCTs to bridge the interface between hospitals and primary care and to increase the range of secondary care provided in the community. In recognition of the importance of multi-disciplinary teamwork this guide describes how 'nurses with special interests' i.e. with additional expertise, can be developed by PCTs to improve patient care and increase local primary care capacity. PCTs, as commissioners and providers of services will wish to consider the additional value nurses can bring to help meet the needs of patients. This guide takes as its starting point the strategic framework for nursing in primary care, *Liberating the Talents: helping PCTs and nurses to deliver the NHS Plan.*[2] (see Appendix 1) and *Making a Difference: strengthening nursing, midwifery and health visiting contribution to health and healthcare.*[3]

This publication complements the guidance *Implementing a Scheme for General Practitioners with Special Interests* published in April 2002 by the Royal College of General Practitioners and the Department of Health. Related information is also available in the Modernisation Agency publication, *Practitioners with Special Interests: A Step by Step Guide to Setting Up a General Practitioner With Special Interest Service*, available at www.gpwsi.org from the end of March 2003. However it must be recognised that a framework developed for GPs cannot be applied to nurses. Each profession has its own educational, career, reward and regulatory structures within which specialist roles have to fit.

The frameworks aim to draw on good practice and experience nationally and are intended to be advisory for the development of local services, providing recommendations to assist PCOs in the implementation of local redesign.

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[1] *Implementing a scheme for General Practitioners with Special Interests*, Department of Health and Royal College of General Practitioners, April 2002. www.doh.gov.uk/pricare/gp-specialinterests

[2] *Liberating the Talents: helping PCTs and nurses deliver the NHS Plan* , Department of Health 2002. www.doh.gov.uk/cno/liberatingtalents.htm

[3] *Making a Difference: strengthening nursing, midwifery and health visiting contribution to health and healthcare*, Department of Health 1999. www.doh.gov.uk/nurstrat.htm

What is a Nurse with a Special Interest?

Nurses have always extended their knowledge and skills in response to patient need and this has brought benefits to patients of all ages. Today nurses are instrumental in widening the range of services provided in primary care and helping to reduce hospital admission in areas such as respiratory disease, heart failure and dermatology. Nurses working with older people in primary care have specialist roles in stroke care, falls prevention and chronic illness, working with nursing and residential homes as well as community and hospital services. Care for children has improved and hospitalisation avoided as nurses have taken on specialist roles for example in continence, dermatology and orthopaedics.

A nurse in a specialist role may work across a number of practices providing a secondary care service to patients across the community or within one or several PCTs. Alternatively, a specialist nurse might work from the hospital trust or a community hospital, providing care in the community on an outreach basis, such as supporting patients with chronic conditions in the home or undertaking outpatient sessions in a community health centre or one-stop shop. Specialist nurses work alongside other nurses, GPs and consultants and may combine a more general role, for example as a district nurse or practice nurse, with expertise in diabetes or tissue viability. An effective and high quality health service needs both specialists and generalists.

Making a Difference describes a career framework for nurses, midwives and health visitors across a range of specialities, which will be supported by the modernised pay system 'Agenda for Change' if accepted. Many nurses in primary care are already community practitioners working at specialist level and there are an increasing number of Nurse Consultants working across hospital and primary care. The development of nurse, midwife or health visitor consultant posts is the subject of existing, comprehensive guidance.[4]

The main focus of this document is those experienced nurses who develop additional expertise that enables them to expand their clinical practice within a defined area, in response to patient need. Given the variety of titles and levels of practice already in place this guide does not attempt to provide a definitive description of a 'nurse with a special interest'. Instead the focus is on what PCTs need to do to ensure that the skills and knowledge of the nurse matches the role they are required to fulfil.

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[4] HSC 1999/217, *Nurse, midwife and health visitor consultants: establishing posts and making appointments*, NHS Executive, 1999.

Examples of Nurses with Special Interests

No one model will be suitable to every specific health need or patient group. The following examples demonstrate the wide variety of specialist roles nurses can undertake crossing secondary and primary care and supporting patients in their own homes.

Community Respiratory Team

A specialist respiratory disease nurse leads the community respiratory team of nurses, physiotherapists, an occupational therapist and a dietician in Medway. The team works with GPs and chest physicians from the acute hospital, preventing patients with Chronic Obstructive Pulmonary Disease (COPD) being referred to specialist care or admitted to hospital.

The team assess and treat patients who are acutely ill by arranging drug therapy, oxygen therapy, diagnostic tests and breathing exercises. They offer the family short-term support, which helps prevent admission. They also leave a telephone number so they can stay in touch after the acute episode is over. The Nurses run their own follow-up clinics and provide specialist support to GPs, AHPs and nurses on the management of patients, as well as running Pulmonary Rehabilitation sessions to maximise patients' pulmonary health.

They support GPs to stabilise the condition of chronic patients by offering advice, consulting the chest physician for expert advice. The respiratory team also organise and run a rehabilitation programme for COPD patients which is evidence based and improves the quality of life of patients who take part in the programme.

Colorectal Nurse Specialist

Patients coming to this service often require complex diagnostic procedures and lengthy treatment and have needs that cross specialities and organisational boundaries. The colorectal nurse specialist in Lewisham Hospital manages patients following the first appointment with the consultant. He co-ordinates diagnostic tests, ensuring these are kept to a minimum, and supports patients and their families throughout the care pathway maintaining continuity of care. The nurse is shortening waiting times by undertaking procedures such as

flexible sigmoidoscopy. He works closely with consultant surgeons, one of whom provides his clinical supervision and liases frequently with GPs and primary care colleagues improving integration of care for patients. Patients reported that they dreaded the invasive procedures. The nurse specialist has improved the patient experience by ensuring that patients are subjected to the minimum number of invasive procedures.

Therapy Nurse

In Canterbury and Coastal PCT the specialist IV nurse receives referrals from secondary care teams. She provides support to the generalist nursing teams and carers on treatment and management of patients receiving IV therapy within primary care and community settings. Patients who would have routinely received treatment within an acute setting are now being treated at home.

The nurse provides education and training to nurses in acute and community settings. Her work within the clinical governance framework involves developing policies and procedures to support practice and advice on care pathways for a number of patient groups. The post was originally funded via the Modernisation Agency, and has facilitated IV skills to be developed in both community hospitals and community settings enabling blood transfusions, canulation and IV therapy to be delivered and reduce lengths of stay in acute hospital sites.

Sexual Health Development Nurse

Patients need rapid access to sexual health diagnosis and treatment and demands on services are increasing. The sexual health development nurse at Guys and Thomas's works across primary care and genito-urinary medicine in the acute sector to detect and treat sexually transmitted disease. Her work enables patients to be seen more quickly so that access is significantly improved. She acts as a first point of contact for patients and has good links with bacteriologists, GPs and GU consultants.

Heart Failure Nurse

The specialist heart failure nurse in Bradford sees patients with congestive cardiac failure when they are discharged home from hospital and supports patients by offering early advice and treatment from secondary care. She uses her specialist skills to assess the condition of patients by listening to chests, measuring the jugular veins pressure and measuring oedema levels. She works closely with

consultants and GPs enabling the expertise from secondary care to be accessed quickly and easily in order to contain patients within the community. It is expected that this service will extend to patients in the early stage of heart failure who have not been admitted to hospital. The specialist nurse has clinical supervision from a GP with a special interest in heart failure and benchmarks the outcomes of her work against national and other local data.

Epilepsy Specialist Nurse

The Epilepsy Specialist Nurse in Canterbury and Coastal PCT works in conjunction with Secondary and Primary Care delivering Nurse led clinics from a variety of settings. The service was originally devised following significant input from local public donations and National Epilepsy Charities. Local Patient Groups continue to remain active in the development of services to meet patient pathways. The service provides advice and support to newly diagnosed patients, pre-conceptual advice, significant input to diagnosis and follow-up and working to protocols advising on medication management. A significant part of the role is providing education, for Nurse generalists and school nurses as well as advice to GP's locally.

Mental Health Nurse

This nurse in Salford and Trafford works with GPs from whom he takes all of his referrals. He works mainly with young people who are experiencing early signs of psychosis. He uses his specialist skills in cognitive behavioural therapy to ensure that the treatment they receive is evidence based and is offered as early in their illness as possible. This ensures that not only help and support is offered quickly and the best outcomes for the patient and their family are achieved, but also referrals to acute mental health services are kept to a minimum.

Specialist Health Visitor for Older People

This specialist nurse in North East Derbyshire was concerned that the elderly population did not have access to a health visiting service. He is a qualified health visitor and works across the boundaries of primary care and social services ensuring that his health promotion activities work in tandem with speedy access to continence and mobility aids. He takes referrals from patients relatives, GPs and other nurses and makes referrals directly to social services, mental health services, chiropody and occupational therapy. He has a teaching qualification and uses his skills in promoting health within groups of older people.

Clinical Nurse Specialist, Pain Management

Pain management is a speciality for which there is heavy demand. The clinical nurse specialist at York Hospital offers first contact care to patients with chronic pain and treats patients with acute pain after a consultant surgeon has seen them. She is part of a multi-disciplinary team whose members are drawn from both primary and secondary care and includes psychologists, physiotherapists and an occupational therapist. The nurse also educates patients and colleagues in pain management. Her post was established as a waiting list initiative and waiting times for patients have fallen from eighteen months to twelve months and patients no longer have to wait to see a consultant anaesthetist.

Specialist Children's continence

Before the nurse led children's continence service was set up children had to wait to see the paediatrician and were sometimes admitted for investigations before being discharged back into the community. The nurse with a specialist interest in continence now sees the child at home, assesses the problem and provides the appropriate equipment and products. As a result hospital attendance is reduced, the number of investigations is fewer and equipment such as alarms are better used by families

What does a PCT need to do?

Feedback from nurses and PCTs tells us that unless the following is in place patient care can become fragmented, nurses may find themselves isolated and long-term sustainability of the service is difficult.

Planning services

- Assessment of need – what are the needs you want to address? Which group of patients do you want to develop a service for? How many patients are involved? Where are they? What benefits will be delivered for individuals, families and communities? How will the service support a reduction in inequalities in health? What evidence is there to draw on? What have other areas done?

- Consider establishing nursing posts when commissioning new patterns of service delivery, set up multi-disciplinary teams for patients with complex needs

- Involve patients:

    - By using existing patients' forum and other public involvement mechanisms.
    - By seeking the views of those most likely to use the service.
    - Design the service and the nursing role around the patient pathway through the health care system. Get the details right and focus on the elements that really make a difference to people's experience of care.
    - Plan to use patient experience as part of evaluation.

- Involve the rest of the team. Changes in working practices for one professional will inevitably lead to changes for others. Implications for everyone will need to be considered from the outset. Think about their working relationships and where the post will sit in the wider health/social care team. Consider setting up a steering group to oversee the development of the service.

- Involve all other stakeholders especially colleagues in the hospital. This will help to ensure integration of patient care and the inclusion of the nurse in the wider health care team.

- Set aims and outcomes for the service that will bring most benefit for patients.

Appointing the nurse

- Design job descriptions and person specifications that clearly identify what the nurse will do, the skills and knowledge needed and level of responsibility. Obtain clinical and educational guidance on appropriate competencies for specific posts. The Agenda for Change skills and knowledge framework may be useful here.

- Look for potential nurses in both primary and secondary care.

- Decide accountability and management arrangements and ensure the nurse is provided with adequate support e.g. mentoring.

- Prepare team members for the inclusion of the new post holder.

- Agenda for Change could provide a useful means to decide on the appropriate level of salary for the post. The pay bands in the job profiles within the proposed NHS Job Evaluation Framework for the *Specialised Nurse* or *Highly Specialised Nurse* may be useful. Further details on *Agenda for Change* and draft evaluation tools can be found at www.doh.gov.uk/agendaforchange/

- Scrutinise evidence presented in a personal professional portfolio (or other evidence of qualifications and experience) in order to make a balanced assessment of the contribution of formal and informal learning to a nurse's professional competence. It may be helpful to access the support of an experienced nurse as external assessor during the recruitment process.

Meeting education and training need

- Be clear what level of skills and knowledge are needed for the post and draw up a Continuing Professional Development Plan with the nurse to address any gaps. The key principle is that the nurse must have the necessary clinical skills to deliver the objectives of the service.

- Appropriate training programmes can be identified, drawing on the advice of Deaneries, Workforce Development Confederations and Teaching PCTs.

- Practical training, which could be provided by a GP, consultant or other nurse, will enable the nurse to acquire new skills. Think about using clinical skills laboratories if available. Ensure that both learner and educator have clear expectations about the learning outcomes and standards required from skills training.

- Establish a mechanism for documenting that practitioners have achieved required standards and ensure nurses record attainment of competence in their professional development portfolios.

- Multi-disciplinary training may be the best way of developing skills and knowledge and building the team at the same time.

- Regular clinical supervision will enable the assessment of achievement and maintenance of competence.

Ensuring clinical governance and safe standards of practice

Points to consider:

- Agree the purpose and expectations of the role. This will become the framework for monitoring milestones and outcomes.

- Carry out risk assessment for new post. What structures and process will need to be in place to minimise risk to patients, postholder and the employer?

- Put in place policies, protocols and guidelines based on the best available evidence.

- Clarify appropriate reporting and accountability arrangements for nurses working across organisational boundaries.

- Where the nurse is a member of a multi-disciplinary team, negotiate parameters of decision-making so there is clarity about the extent of their autonomy.

- Provide clinical supervision. This must be formal and a choice of supervisor acceptable to both parties. Standard documentation in use in the PCT must be completed.

- Provide regular appraisal or individual performance review

Evaluation

The dynamism that gives rise to the need for nurses working in specialist roles will continue to exert its influence over the whole health care environment. It is therefore vital to ask questions about the efficiency and effectiveness of these nurses in enabling more, high quality care to be available for patients, and organised in ways that meet their needs.

- Is the service achieving its aims?

- Is the service improving those elements patients have said are important to them?

- Is this the best way of delivering this particular service to patients? What are the opportunity costs of providing care in this way?

- Disseminate the learning.

Appendix 1

Liberating the Talents: a summary

1. *Liberating the Talents* describes the three core functions provided by nurses in primary care as:

- **First contact/acute assessment, diagnosis, care, treatment and referral.**

- **Continuing care, rehabilitation, chronic disease management and delivering NSFs.**

- **Public health/health protection and promotion programmes that improve health and reduce inequalities.**

2. These core functions overlap and should form the basis of planning services across primary and community care using the following framework:

- ***Planning services in a new way:***
  - based on the needs of individuals and communities.
  - public involvement and choice.

- ***Developing clinical roles:***
  - valuing generalists.
  - more nurses with advanced and specialist skills.
  - a one-service approach across hospital and primary care and health and social care.

- ***Securing better care through:***
  - improving the environment in which nurses work providing access to clinical supervision, professional advice, continuing professional development and IT support.
  - greater freedom for front line staff to innovate and make decisions.

  effective leadership to take on new roles, work differently and deliver improvements in health and health care.

www.doh.gov.uk/cno/liberatingtalents

Appendix 2

Professional accountability & legal framework

1. Professional standards

All Registered Nurses and Registered Midwives are required to work within the Nursing and Midwifery Council's 'Code of Professional Conduct for Nurses, Midwives and Health Visitors'. The NMC is the statutory regulatory body for these professions, replacing the former United Kingdom Central Council for Nurses, Midwives and Health Visitors under the Nursing and Midwifery Order 2001. Its primary responsibility is to protect patients by setting and maintaining standards of entry to the profession and of professional conduct following registration, and holding the 'register' of qualified nurses and midwives.

The latest (2002) edition of the Code of Professional Conduct incorporates guidance on enlarging the scope of a nurse's practice, previously published separately as 'The Scope of Professional Practice'. This places a specific requirement on the nurse to '*acknowledge the limits of your professional competence and only undertake practice and accept responsibilities for those activities in which you are competent. If an aspect of practice is beyond your level of competence you must obtain help and supervision from a competent practitioner until you and your employer consider that you have acquired the requisite knowledge and skill'.*

A nurse cannot therefore be required by an employer to take on a new role or task if they do not consider themselves to be competent to do so without breaching the Code of Professional Conduct and being open to a charge of professional misconduct.

The Code of Professional Conduct also makes clear that the nurse, midwife or health visitor is personally accountable for his/her actions, in addition to their accountability to their employer. Professional accountability cannot be delegated or suspended by the nurse or their employer.

2. Legal standards

There are two legal standards that apply to the expansion of nurse roles. One is a constitutional standard ('the rule of law'), that requires the nurse to act within the law. The second is a minimum quality standard ('the rule of negligence'), that requires a nurse who takes on a role or task previously performed by a doctor, for example, to perform that role or task to the same standard as a doctor. It is essential that nurses who take on new roles are aware of the legal boundaries relating to the role, and that they have sufficient training and preparation to ensure that they can perform the role to the required standard.

3. Professional indemnity insurance

Almost all nurses have professional indemnity insurance through their membership of a professional organisation or trade union such as the Royal College of Nursing or the Royal College of Midwives. This covers the cost of legal representation and support, and third party damages, up to a pre-set limit.

4. Employer's liability

When a nurse is employed by an NHS organisation, that organisation has vicarious liability for the nurse's actions. This is in addition to the nurse's own professional accountability to the NMC. It is important that any extension to a nurse's role, or new role, is reflected in the job description for the post, so that it is clear that the employer is aware that the nurse is taking on the new role or task.

For a full description of professional and legal aspects of expanding the role of nurse, refer to *Developing key roles for nurses and midwives: a guide for managers*[5]

[5] *Developing key roles for nurses and midwives: a guide for managers*, Department of Health 2002 www.doh.gov.uk/newrolesfornurses

Appendix 3

Useful Resources

The Modernisation Agency is a valuable resource. Programmes of particular relevance are:

The **The National Primary and Care Trust Development Programme** [**NatPaCT**] may offer practical support, especially with organisational development issues.
www.natpact.nhs.uk

The **Changing Workforce Programme** offers help in expanding and developing new roles. A toolkit is available to help PCTs work with front-line staff to develop new roles to address service problems.
www.modern.nhs.uk/cwp

The **National Primary Care Development Team**, through their collaborative programmes are helping to develop innovative roles to address access and service improvement issues for patients.
www.npdt.org

This guidance should be read in conjunction with *Implementing a Scheme for General Practitioners with Special Interests* (Department of Health / Royal College of General Practitioners, April 2002).
www.doh.gov.uk/pricare/gp-specialinterests/index.htm

and the NHS Modernisation Agency's *Practitioners with Special Interests*: A *Step by Step Guide To Setting Up a General Practitioner with a Special Interest (GPwSI) Service* (April 2003). www.gpwsi.org

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