Primary Care Transformation Fund WebEx
Advanced Nurse Practitioner Development
June 2017
Webex Recording: View Recording

Presenters

Jennifer Wilson, Professional Nurse Advisor, Scottish Government

Eddie Docherty, Chair, ANP Group

Mhairi Hastings, Lead Nurse (Community Health & Social Care), Dumfries & Galloway H&SCP

Kenny McGhee, Clinical Nurse Manager, Ayrshire Urgent Care Service

The Improvement Hub (ihub) is part of Healthcare Improvement Scotland

© Healthcare Improvement Scotland 2017
Published July 2017

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit https://creativecommons.org/licenses/by-nc-nd/4.0/

www.ihub.scot
Professions represented on the call:

<table>
<thead>
<tr>
<th>Profession</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>45%</td>
</tr>
<tr>
<td>Practitioner</td>
<td>12%</td>
</tr>
<tr>
<td>Allied Health Professional</td>
<td>2%</td>
</tr>
<tr>
<td>Acute Sector Staff</td>
<td>3%</td>
</tr>
<tr>
<td>No Answer</td>
<td>15%</td>
</tr>
</tbody>
</table>

Other professions identified in the chat box:
GP (1), Practice Manager (1)

Question:
What is your preferred time for future Webexes?

<table>
<thead>
<tr>
<th>Time</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>8am-9am</td>
<td>6%</td>
</tr>
<tr>
<td>1pm-2pm</td>
<td>8%</td>
</tr>
<tr>
<td>4pm-5pm</td>
<td>63%</td>
</tr>
<tr>
<td>Other (please type in chat box)</td>
<td>8%</td>
</tr>
<tr>
<td>No Answer</td>
<td>15%</td>
</tr>
</tbody>
</table>

Other identified in chat box:
5pm-6pm (3)

Question:
What other topics would you find useful to be covered in future Webexes?

- Multidisciplinary working (eg. Mental health, Pharmacy)
- National competencies
- Out of hours use for ANPs
- Discussing Advanced Practitioning in a wider context
- Funding
- Wellbeing and link workers
- Leadership
- Role of ANPs in community hospitals and nursing homes
- AHPs in Primary Care
- Cluster working – sharing ANPs across a group of practices
- Academy models
- Role of mental health competencies in General Practice Nursing
- Further roles in Primary Care
- Vacant GP practices/ GP criteria
- Nurse education opportunities/ Funding for Masters courses
- Competencies / training for paeds

Other identified in chat box:
No profession identified in the chat box:
GP (1), Practice Manager (1)
Presentation: National Perspective (Eddie Docherty, Chair, ANP Group)

From the chat box:
- Video is set up with consent of patients and it’s played back with GP, reflection and used as a teaching aid on consultation skills
- What do you mean by video surgeries?
- There is a national approach to the competencies coming....
- Yes can i have copy of the competencies please? thanks
- Would also like a copy of the competencies, please
- As an ANP at honours level, is there a "top up" recommendation?
- Would like a copy of the competencies please.

Presentation: Local Perspectives – Working as an ANP in GP Clusters (Mhairi Hastings, Lead Nurse (Community Health & Social Care), Dumfries & Galloway H&SCP)

From the chat box:
- Do you anticipate that these nurses will be employed by general practices directly once the training period is over or will they remain hosted?
- Did you offer GPs funding for the ANP trainees, similar to the arrangements for GP trainees, if so over one year or two?

Presentation: Local Perspectives - A focus on ANP role within a General Practice supporting acute presentations (Kenny McGhee, Clinical Nurse Manager, Ayrshire Urgent Care Service)

From the chat box:
- Interesting figures of how many clinical presentations can be seen - does anyone have data on the impact of an ANP in practice on Access to the practice?
- Requirements of training practices - practices taking GP trainees have to meet some specific criteria before they can take a trainee. In particular, the quality of the set-up, records, and space has to be up to scratch. Are there any standards that practices have to meet before they take on training an ANP?
- Kenny - who paid the salaries for the trainee ANPs?
- Great, I'd really like to see the framework, Kenny
Q&A Session:

Q: Practices taking GP trainees have to meet some specific criteria before they can take a trainee. In particular, the quality of the set-up, records, and space has to be up to scratch. Are there any standards that practices have to meet before they take on training an ANP?

A (Eddie Docherty): Strongly recommended that training practices is the most effective way. They have experience in that GP training environment. For areas that aren’t currently able to provide this yet, a commitment to the same type of processes is advised.

Q: Do you anticipate that these nurses will be employed by general practices directly once the training period is over, or will they remain hosted?

A (Mhairi Hastings): Practices in NHS Dumfries & Galloway have already tentatively offered all nurses employment following training

A (Kenny McGhee): Not aware of this in NHS Ayrshire & Arran, but is sure that there are practices observing progress of the ANPs, and would not be surprised if they were approached for employment following training

Q: Kenny - are you willing to share the Primary Care Competencies Framework you have developed?

A (Kenny McGhee): More than happy for competencies to be sent to those who want them

NOTE: there is a national approach to competencies coming in the near future.

Q: What support is there for supervisors of ANP training?

A (Eddie Docherty): ongoing multidisciplinary approach to education and support (CPD) is a way forward. ANP Academies to share level of resource. For practices, they will need protected time and educational support. Hard to be specific on what this will look like, as it depends on the stage of training of the ANP. Recommendation of 1 to 2 days per month is a reasonable way forward, but will depend on structure in place at each practice.

Q: As an ANP at honours level, is there a "top up" recommendation?

A (Mhairi Hastings): The essential part is to look at the gap analysis if possible. If there is evidence that you have the competencies in place, academic top-up shouldn’t be forced through against ANPs’ will, but definitely recommended to look at gap analysis to suggest training/modules

A (Eddie Docherty): If you are a trained ANP and are competent in what you do, there is no expectancy for ANPs to “jump through new hoops”. If you have an Honours degree and work effectively, no expectation to work on Masters if ANPs are delivering competent work just to satisfy new measures.

Q: is University of West of Scotland the only recognised ANP course or do others (ie Stirling) suit the bill too?

A (Eddie Docherty): Universities across the country are offering appropriate ANP courses, and although there is currently some local variation, all universities are working towards curriculum based on the competencies ANP Group set out. Other universities outwith UWS and Stirling include Robert Gordon University and Glasgow Caledonian University.

Q (Gordon Black): what is the impact of ANP that you have experienced thus far? Has any data been developed?

A (Mhairi Hastings): No data at this point, but from first 6 months of having trainees in post in Dumfries & Galloway, one module has been completed. Hope to see benefits to patients and that their direct outcomes have been met, and consequently freeing up GP appointments.
### From the chat box:

- GP training practices have a Practice training grant and supported CPD (trainer's workshops) is there any area providing grants for practices and support for the GP Trainer to support ANP training?
- There's no boilerplate job description or contract for GP practices to use, and nothing clear in NMC or banding to say how they should be paid, so each practice has done their own.
- Do we think that everyone is aware of the role of the ANP as opposed to a senior nurse role and when best to use which?
- I find the DNAT useful but often too detailed.
- JD available from Highland also
- The H&SCP has underwritten the salaries of the 4 nurses in Ayrshire

### Discussion:

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q: Some practitioners are calling themselves ANPs, but have only done limited training (e.g. a 3 month course). Is it down to the individual GP when employing the &quot;ANP&quot; to check qualifications? Do GPs really know the difference between a fully qualified ANP and a 3 month course?</td>
<td>A (Eddie Docherty): Line in the sand is the definitions and competencies and academic requirements defined by ANP Group. From GP perspective of privately employing someone, ANP Group are saying that this is the template that they expect the practice to compare an ANP against, so that there is consistency. It is not a recordable qualification, but there is hope that this piece of work will help define what the expectations are regarding ANP practice.</td>
</tr>
<tr>
<td>Q: How do you ensure that the 4 pillars are part of annual PDP review? Does anyone have a proforma they could share?</td>
<td>A (Kenny McGhee): There has been working on a proforma. In Ayrshire &amp; Arran, there are monthly ANP meetings. These mirror the local competency framework, identifying any mandatory or aspirational learning needs for next review period. Hesitant to share until it has been tested.</td>
</tr>
<tr>
<td>Q: Places for prescribing is limited. Are Boards prioritising ANP prescribing training over other prescribing roles?</td>
<td>A (Mhairi Hastings): All about working through modelling of whole integrated community teams and what the requirements are based on their needs.</td>
</tr>
<tr>
<td>Q: Would it be possible to share these generic ANP job descriptions?</td>
<td>A (all): absolutely</td>
</tr>
</tbody>
</table>

---

**PCTF Webex: Advanced Nurse Practitioner Development – June 2017**

A (Kenny McGhee): about to evaluate piece of work undertaken of ANP impact looking at impact on practice, impact on patient journey within practice, time they have freed up for GPs to focus on more complex presentations, and impact on them as individual practitioners.

A (Jenny Wilson): Scottish School of Primary Care also doing evaluation as part of PCTF, focusing on the role of ANP.
The Improvement Hub (ihub) is part of Healthcare Improvement Scotland
You can read and download this document from our website. We are happy to consider
requests for other languages or formats. Please contact our Equality and Diversity
Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

Improvement Hub (ihub)

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP
0141 225 6999

www.ihub.scot