

The Advanced Nurse Practitioner Role in Memory Services

Dr Steve Hemingway, Senior Lecturer in
Mental Health, Huddersfield University
/Honorary Memory Nurse South West
Yorkshire Partnership Foundation Trust

Objectives

Advanced Practice (ANP)

Consider non medical prescribing in mental health and ANP

Consider how we need to develop MHN students toward gaining medicine management competence as a grounding for advanced practice

The ANP (MH) role development in memory services

Explore the need to increase nurses' capacity to optimise prescribed medication



The ANP

An RN who who has acquired an expert knowledge base, complex decision making skills and clinical competencies for expanded practice..shaped by the country' *where they practice*' (ICN, 2016)

ANP is an umbrella term signifying nurses practising at a higher level than do traditional nurses (Sheer and Wong, 2008)

Advanced or extended practice? (Elsom et al , 2009)



International Council of Nurses (ICN)(2016)

- Right to diagnose
- *Authority to prescribe medication*
- *Authority to prescribe treatment*
- Authority to refer clients to other professionals
- Authority to admit patients to hospital
- Legislation to confer and protect the title "Nurse
Practitioner/Advanced Practice Nurse"
- Legislation or some other form of regulatory mechanism specific to
advanced practice nurses
- Officially recognized titles for nurses working in advanced practice roles

ANP Literature 1

- Abundance of literature on the role title
- Barriers to practice
- Mostly US based
- Prescriptive Authority recognised as an advanced practice activity
- Little literature in mental health care re outcomes



ANP Literature (2)

- Barriers to practice-mostly US based +++
- Fung and Chien (2014) APNs in MH undertake multifaceted roles. Need to demonstrate competence in providing cost effective services –*prescribing not overtly mentioned*
- *Need support in developing the role by nurse administrators (Fung et al,2016)*
- Evidence suggesting APNs (MH) improve healthcare outcomes for service users (Fung and Chen, 2016)
- Expanded or Advanced (Elsom, 2009)



The case for prescribing (1)

- We have major influences on the prescribing process anyway (Ramcharan et al, 2001)
- The prescribing of psychotropic drugs *is not done* to benefit the service user (Healy, 2016)
- Evidence MHNs do it at least as safely and appropriately as psychiatrists (Fisher and Vaughan-Cole, 2003; Norman et al, 2007)
- MHNs are alongside other UK advanced practitioners are providing competent and effective prescribing at a cost saving for the NHS (i5, 2015)
- Signs of NMP becoming more universally embedded in Trust business plans (Hemingway & Brimblecombe, 2017)

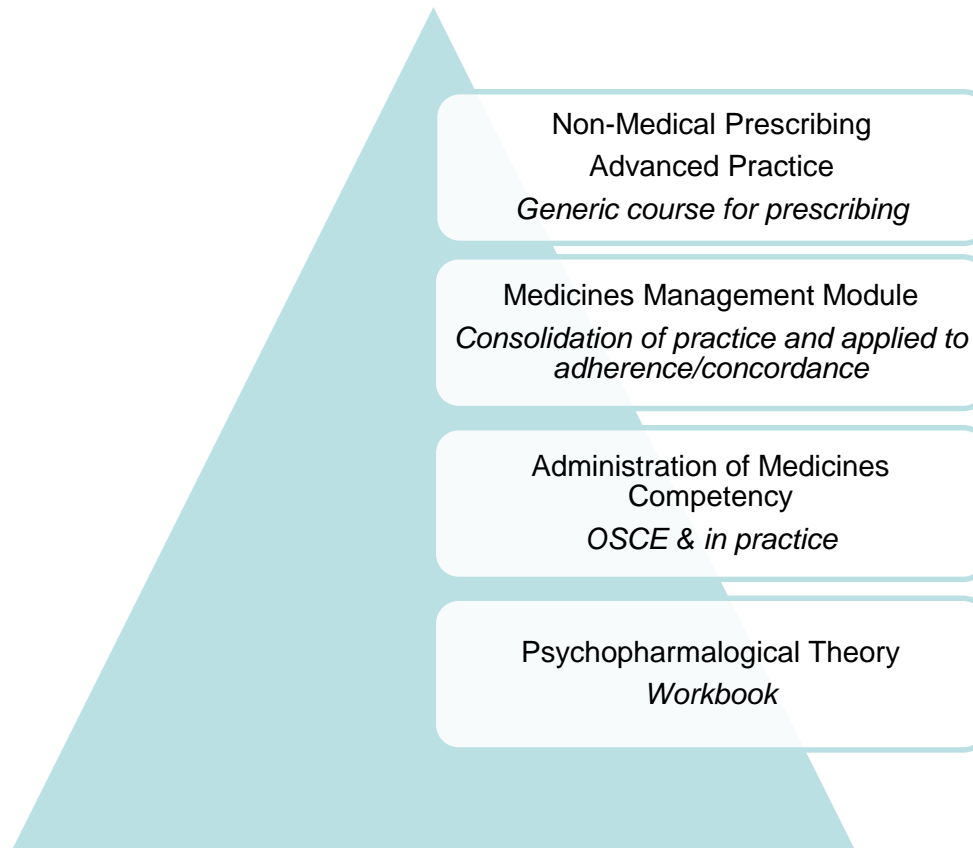


Challenges (1)

- Do APNs (MH) have the skills and knowledge to prescribe psychotropic medication?
- How far will Psychiatrists support this innovation in practice-'not on my turf'?
- Do APNs (MH) have the motivation to prescribe?
- Does prescribing take us away from a true recovery focus ?(Barker and Barker, 2011)
- Number of paradigms being taught in mental health nursing programmes and an anti medication stance which may hinder their contribution toward the optimisation of medicines?



A stepped approach (Hemingway, 2010, 2015)



Challenges (2)

- Needs the appropriate governance and infrastructure is in place
- Needs to be Independent rather than limited dependent prescribing
- APNs (MH) feel suitably rewarded for the extra responsibility and accountability of prescribing
- Prescribing needs to be part of the healthcare organisation business plan.
- We also need the medical profession to support its introduction.
(Hemingway & Ely, 2009)



Advanced Nurse Practitioner role in Wakefield Memory Service

Background (in the service)

- Speed up access to 'non-complex' dementia diagnosis
- Utilise the skills of experienced memory nurse staff effectively
- Maintain continuity of contact with a known healthcare professional
- Non-Medical Prescribing well established
- Nurse diagnosis well established in the service via Nurse Consultant role



Broader Background (in the Trust)

- Transformation of the dementia assessment pathway in the Trust (clear evidence based pathway)
- Nursing strategy for the Trust, modernising nursing roles and career paths (standardising job titles, role content etc., values based job descriptions)
- Delivering cost effective services, reducing reliance on agency medical staff.
- Utilising Consultant level staff for more complex presentations

Process for developing the posts

- Proposal discussed and agreed with members of the Trust Board (Nursing & Governance lead, Medical Director). Support from lead Clinicians in each locality.
- Implementation group set up to produce Clinical Governance document, new JD's & identify an appropriate post-graduate course to deliver required competencies
- Involved Business Managers, Practice Governance Coach, Clinical & Managerial leads, professional leads and Human Resources



Outcomes (1)

Post graduate certificate in dementia for health care professionals with a special interest in dementia (University of Bradford)

Governance document and referral pathway and criteria in place

Job descriptions devised and implemented



Outcomes (2)

- Agreed person specific for interested applicants (significant experience as Band 6 or 7 Memory Nurse, independent prescriber, previous successful degree level study).
- Banding on successful completion agreed to link with academic level (Band 7)
- Clear preceptorship & supervisory process on successful completion of the course



Structure of the course

- There are a number of competencies completed during the course all linked ANP role
- Two modules: Assessment and diagnosis of dementia. Pharmacological and Psychosocial support for people with dementia .
- Distance learning & flexible. Support from the Trust & HEE funding
- Assessment of clinical competencies

Feedback from the course

- In-depth learning experience
- Able to apply course content to practice with people experiencing dementia and their carers
- Difficult to juggle with a busy clinical role
- Essential support of all the team
- An on-going learning and development process, ready for the increased responsibility.
- The role of the ANP offers continuity for the utilising assessment, diagnosis and treatment [non pharmacological/pharmacological] and post diagnostic support.

Broader Context in the Trust

- ANP role in memory services has demonstrated how to utilise service transformation and opportunities to modernise nursing roles and careers to achieve improved quality and cost effectiveness in service delivery.
- Research Bid prepared in collaboration with the University of Huddersfield to evaluate the ANP role outcomes.



Conclusions

There is now an opportunity for MHNs as ANPs to contribute to the transformation of services

Austerity, flat cash and all that...

New ANP role may provide the 'renumeration' and pathways for MHNs in the future

ANP role helps develop the memory nurse toward non pharmacological interventions

Preparing the MHN appropriately for the role of ANP is the key to developing MHNs who are competent and have the skills and knowledge to develop into the role



Thankyou

s.j.hemingway@hud.ac.uk

Or for more specific information

angela.depledge@swyt.nhs.uk

richard.clibbens@swyt.nhs.uk