

# North East and Yorkshire Governance and Best Practice Guidance



## North East and Yorkshire faculty for Advancing Practice

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## Introduction

This Governance & Best practice guidance forms part of the North East and Yorkshire (NEY) Faculty of Advanced Practice Quality Strategy (2021-2025).

The purpose of this document is to provide employers of Advanced Clinical Practitioners (ACPs) and trainee Advanced Clinical Practitioners (tACPs) within the NEY region with guidance on issues which should be addressed within their own governance policy or processes; from identifying the training need for a trainee advanced clinical practitioner to post-qualification support. The aim is to provide a set of standards and support mechanisms to enable employers to embed and grow ACPs within their organisations. This should create consistency across the region, ensuring unity and continuous quality improvement in the approach to advanced clinical practitioner roles.

## Summary

This document outlines nine areas that employers should consider as part of ensuring effective governance for ACPs with examples and links to best practice guidance. In summary these are.

1. Establishing local governance for ACPs with patient safety at its core
2. Conducting effective workforce planning using evidence-based tools
3. Employing effective recruitment strategies
4. Accessing the right type and level of funding for the chosen academic/apprenticeship path
5. Ensuring tACPs receive the right level of supervision
6. Supporting tACPs capability/competency using frameworks, portfolios and a sign-off panel
7. Providing effective management of ACPs
8. Supporting tACPs in difficulty with effective policies and processes
9. Enabling ACPs to work across all 4 pillars of advanced practice

Each section is broken down into.

- A recommended minimum standard/expectation for employers
- How employers can achieve each element and
- How the regional and local faculties of advanced practice will support and monitor this through quality metrics.

The quality assurance framework (**Appendix 1**) outlines how the Faculty of Advancing Practice (FoAP) will take a structured approach in supporting employers to meet standards.

## 1. Governance

Robust governance of any advanced practice role is vital to its success and should support an employer in the delivery of its broader organisational strategy and objectives. All healthcare organisations should have robust clinical governance at the heart of their infrastructure. This is essential for ensuring patient safety and mitigating risk.

### 1.1 How employers can ensure this is achieved.

Employers and organisations should seek to ensure their advanced level practitioners are able to practice to their full potential. The supporting structures required for the effective development of ACPs must be considered and implemented prior to the role commencing. A governance and/or training process/ trainee Supervision and quality assurance process /policy for ACPs should be in place prior to implementing the role that encompasses quality assurance, quality improvement and risk and incident management and be aligned to the [Multi-professional Framework for Advanced Practice \(2017\)](#). By incorporating the principles outlined within this guidance, a robust Governance Framework can be achieved for both existing and emerging roles. The NEY advancing practice faculty recommends the use of Clinical and Academic Support Panel (CASP) mechanism to support the clinical and academic development of ACPs through yearly appraisals with oral and written feedback including a professional development plan (PDP) for the next year (**Appendix 2**).

### 1.2 Quality Metrics

The Regional and ICS faculties of advanced practice and Regional quality team will review organisations' approved governance policy arrangements at the Health Education England (HEE) ACP application stage, through annual tACP/ACP staff surveys, National Education and Training Survey (NETS) and via employer self-assessment and provide additional support if necessary to help employers meet requirements.

## 2. Workforce planning

Advanced practice roles are not medical replacement roles. However, the nature of the work often means job plans reflect work once done by medical colleagues. Employers of tACPs/ACP's should have a clear vision of what role they expect their ACP to fill and where they sit within the employing organisation/department, in line with the [definition of advanced practice](#) set out by HEE. The employment of an ACP may release time of the medical workforce to enable them to focus on more complex patients or strategic work. Employers need to identify the benefits of the multi professional workforce, acknowledge limitations and employ the most appropriate professional for each role. The employers must ensure appropriate supervision arrangements are in place for tACPs and ACPs.

### 2.1 How employers can ensure this is achieved.

Many workforce planning and design tools also exist and can support employers in both understanding the needs of their population and how to build a workforce that meets these needs. A workforce planning toolkit developed especially for employers and commissioners taking on ACPs can be found [here](#). Other examples can also be found [here](#).

It may be helpful, depending on your focus, to have commissioners, HR, finance, management, and clinicians around the table to contribute to these discussions. Some key points of learning and consideration as part of these discussions can be found in these presentations:

- [The HEEKSS Patient and Learner Journey](#)
- [Looking Across the System Presentation](#)
- [Planning the Workforce](#)

## 2.2 Quality Metrics

The ICS faculties of advanced practice will review organisations' workforce planning arrangements at the HEE ACP application stage and provide additional support if necessary to help employers meet requirements.

## 3. Recruitment

It is important employers recruit staff with the right skills in the right place and at the right time to advanced practice roles. This ensures people's expectations are managed, resources are used effectively, and patient safety remains at the core of service delivery.

### 3.1 How employers can ensure this is achieved

Applications for HEE training grants to support trainee ACP positions usually take place around March of each year; applications for funding should be submitted by the ACP lead for each organisation.

Employers need to engage with their chosen higher education institution (HEI) to ensure shortlisted candidates or potential successful applicants meet the current entry criteria for the HEI. This can be achieved;

- At the shortlisting stage
- By inviting the HEI to support interviews
- By following the organisations recruitment process.

Advanced level practice roles require candidates to have a strong clinical acumen alongside personal qualities such as leadership, resilience and the ability to problem solve and think laterally. Recruitment processes therefore need to be robust and assess for these qualities.

### 3.2 Apprenticeship recruitment

This apprenticeship has been developed by regional partners from primary and acute care, and higher education providers, allowing trainees to benefit from a combination of work-based learning modules and specialist education. The apprenticeship was approved for delivery from March 2018.

The apprenticeship is delivered at a Level 7 qualification with an integrated end point assessment, typically taking 3 years to complete to receive a full masters degree in advanced clinical Practice.

#### **Entry requirements:**

This has to be 30+ hours a week of employment in a relevant job role – and you would need your employer to agree to fund your course, either through government co-funding or the organisations apprenticeship levy. You must hold current registration with one of the statutory regulators of health and care professions. You must also have the right to Abode in the UK.



Normally an honours degree recognised in the UK, 2.2 or above in a related health / care subject. Or an equivalent qualification.

or

Typically 3 years (full time or equivalent part time) experience in an appropriate field of practice.

It would be beneficial for the apprentice to have completed their GCSE in Maths and English (or equivalent) prior to commencing the apprenticeship.

***(Please note other qualifications can be considered depending on the HEI on an individual basis)***

## 4. Finances

The NE&Y Faculty for Advancing Practice are offering a Clinical Salary Support package of £10000 per annum for 2021/22 starters. The training grant is available for the funded route as well as the apprenticeship route. This applies to all settings including primary care. ***Please note: the CSS is only available for the full masters route on the ACP pathway – it can be used for any top up applications.***

If there are specific pathways/modules that require funding – this will need to be considered separately.

Requirements for the use of the CSS are listed below: -

1. To provide the essential clinical supervision (please note this may include an ACP lead for the organisation), clinical support, education & training and ongoing assessment:
  - 0.25 of an SPA / week x 48 weeks (excludes annual leave) for each trainee per year – this is 1 hour per week.
  - (1 SPA - Supporting Professional Activity = a unit of 4 hours' time in a Consultant's Job Plan.)
2. To provide the annual developmental assessment e.g., Clinical Academic Support Panels, competency & progression checks plus appraisal:
  - 1.0 of an SPA per trainee once a year. (4 hours)
3. To pay the annual e-portfolio registration costs per trainee ***(this will be for the duration of the course – 3 Years maximum )*** and fund the Advanced Life Support course if required for the role. This sum will also help towards other costs associated with the Community of Practice, Exhibitions /Conference attendance and posters etc.

## 5 Identifying appropriate clinical supervision

Supervision is an opportunity for healthcare practitioners to reflect on and review their clinical practice, discuss individual cases in depth and identify changes or modifications to practice which are required to maintain professional and public safety. It provides an opportunity to identify training and continuing development needs (CQC 2013). The provision and delivery of high-quality workplace supervision for practitioners developing in advanced clinical practice is crucial for both professional and patient safety ([Workplace Supervision for Advanced Clinical Practice, The Centre for Advancing Practice](#)). Employers should identify suitably qualified co-ordinating education supervisor and associate workplace supervisors for trainee ACPs as described in this document.

### **5.1 Quality metrics**

Co-ordinating education Supervisor and Associate workplace supervisors will have received appropriate training in multi-professional clinical supervision which can be accessed [here](#). The ICS faculties of advanced practice will review organisations' supervision arrangements at the HEE ACP application stage and provide additional support if necessary to help employers meet requirements.

## **6 Capability and competency assessment**

All trainees recruited via HEE faculty process will complete a Masters level qualification in advanced practice from a nominated HEI. It is important to identify that this Masters qualification provides the trainee with underpinning knowledge and skills to allow them to work at an advanced level. For example, it will support them to develop critical thinking and analytical skills, research skills and some clinical skills, such as patient history taking and fundamentals of patient clinical assessment.

However, the academic qualification does not teach the trainee the underlying clinical principles to manage the patients they will see in clinical practice. Nor does the academic qualification provide assessment of capability to allow the trainee to practice clinically unsupervised. Assessment of capability is the responsibility of the employer, namely the associate workplace supervisor or co-ordinating education supervisor. All trainee ACPs must follow a defined curriculum, which is part of the employment contract during their training period. The curriculum should consider and align to professional standards laid out by Health and Care Professions Council (HCPC), Nursing and Midwifery Council (NMC) and include capabilities covering any specialty areas in which the trainee ACP (trainee) will be working. All training programs must use an [approved national curriculum](#) where available in order to meet the standards as laid out in the Multi-professional framework for advanced clinical practice in England (HEE, 2017) and as such all curricula used must be able to demonstrate mapping to this framework. Where an approved curriculum is not available, the training programme and capabilities should be identified by the Coordinating educational supervisor and trainee at the start of the programme. This should be reviewed periodically throughout the training to ensure all capabilities for the role are identified and training is supported.

### **6.1 How employers can ensure this is achieved**

All tACPs should have a capability framework/curriculum to work towards. This should be developed locally where there are no nationally approved credentials available. This will allow the trainee to meet the needs of the service once training is complete.

To demonstrate the level of competency required, one or more of the following current national competency/capability curriculums should be used.

#### 6.1.1 Portfolio of evidence

The NEY faculty recommend the use of an e-portfolio such as PeP , ([Practitioners e portfolio](#)) RCEM (Royal College Of Emergency Medicine) or FICM (Faculty of Intensive Care Medicine) to collate evidence to demonstrate achievement of capability and assessment against competency curricula where there is no national specialist portfolio available. Evidence could be certificates of learning activities, reflective pieces or supervised Learning Events ( SLEs) such as DOPS, Mini- CEX, CBD, MSF etc. Capability assessment is a process which should span the entire training period. Regular contact with the trainee should be maintained by the Coordinating educational supervisor overseeing their development.

#### 6.1.2 Annual Clinical and Academic Support Panel (CASP)

The CASP is a mechanism to support the clinical and academic development of Advanced Clinical Practitioners (ACPs) through yearly appraisals with oral and written feedback including a professional development plan (PDP) for the next year. Each subsequent year progress against the previous year's PDP will be discussed and a new PDP will be created. The aim of the CASP process is to assess and track the competence capability of trainee ACPs (tACPs). Assessment of competence/capability is a challenging area in ACP role development currently but one that is crucial to maintain patient safety as well as protect and develop ACPs themselves. THE NEY faculty for advancing practice recommends the use of CASP process in all settings to inform and improve the training and supervision process of trainee ACPs (**Appendix 2**).

#### 6.1.3 Preceptorship

Following the end of the training period and panel sign-off/EPA, a preceptorship programme should be offered to those ACPs newly qualified to the employing organisation. This may include additional programmes of study to achieve specialist competencies that are deemed necessary. An example Best Practice Preceptorship Guidelines developed in HCV ICS can be found [here](#).

#### 6.2 Quality metrics

A copy of capability/competency curriculum frameworks and organisational processes for assessing competence should be submitted to the faculty as part of the HEE funding applications. ACPs and tACPs will be surveyed annually and employers will complete a self-assessment to enable the faculty to understand any variation across the region.

It is anticipated that by collating outcomes from the CASP meetings centrally via the ICS FoAP and also locally within organisations, it will be possible to improve the training and supervision of subsequent tACPs. This data will inform the training of ACP supervisors and also the Universities providing master's degrees/apprenticeships in advanced clinical practice.

## 7 Management and appraisals

All employers should have clear, documented line management structures in place for all trainee and qualified ACPs. This should include both clinical and non-clinical pathways (in some organisations this may be the same pathway).

### 6.1 How employers can ensure this is achieved?

Line management, relevant HR policies and reporting processes should be explained to the trainee on appointment. It is recommended that, where possible, all trainee and qualified ACPs are managed by a lead or senior ACP. Where this is not possible, the task should be delegated to someone with sufficient and adequate knowledge of the role, its development, and an understanding of an ACP's needs (see supervision document). For appraisal purposes, if a lead or senior ACP is not available, the clinical element of an appraisal must be undertaken by the designated medical supervisor. It is suggested in this scenario the appraisal be a triangulation process between the line manager, the medical supervisor and the ACP. This should be standard for both qualified and trainee ACPs to ensure quality clinical care is developed and maintained through assessment and review of competence.

#### 7.1.1 Annual Appraisals

[The Multi-professional framework for advanced clinical practice in England](#) identifies 4 pillars which should underpin the working practice of all ACP roles. The ACP should aim to develop skills and demonstrate competence within all 4 pillars during training and continue to develop the skills after qualifying. These 4 pillars should therefore be the basis of the annual appraisals to ensure the ACP (trainee or qualified) continues to meet and work at a level of practice consistent with the national definition.

Alongside assessment of an ACP's progress against the 4 pillars, trainee ACPs should be monitored for appropriate professional behaviours aligned to organisational policies. As part of the appraisal process, feedback from colleagues and members of the wider multidisciplinary team should be sought. Suggestions include the use of multisource feedback templates (MSF). Any concerns regarding attitude, behaviour or unprofessionalism should be dealt with according to local HR policy.

#### 7.1.2 Absence management

Absence management should follow standard local policy. Consideration needs to be taken for absences which fall on academic days; how this is reported, governed, and acted upon.

The apprenticeship model of training will allow greater communication between HEIs and employers and absences should be considered for discussion.

#### 7.1.3 Patient Safety

Patient safety issues must be reported by the trainee using local clinical incident reporting processes. Any clinical incident must be discussed with the Educational Supervisor as soon as possible and the trainee should demonstrate reflective learning relating to the incident. As NHS employees and regulated healthcare professionals, trainees have an ethical and professional responsibility to raise concerns about matters that may harm patients or colleagues. Whistle blowing is the popular term applied to reporting such concerns about malpractice, wrongdoing or fraud. Each NHS organisation will have a whistleblowing policy/'Freedom to speak up Guardian' whom the trainee can raise issues with if they don't



feel comfortable discussing with them with their line manager or Educational Supervisor, or if initial discussions have not resolved their concerns.

Where it is in the interests of patient or trainee safety, the trainee must be informed that the relevant element of the educational review discussion will be raised through appropriate employer clinical governance/risk management reporting systems. This should be through the organisational lead for Advanced Practice who will notify the Faculty if necessary for quality monitoring purposes.

#### 7.1.4 Local Policies and Procedures

Both tACPs and ACPs must adhere to all locally agreed policies for non-medical practitioners i.e. Ionising Radiation, non-medical prescribing. These policies should be provided to tACPs and ACPs at the start of their training/employment.

#### 7.2 Quality Metrics

Staff management and appraisal provision will be assessed through ACP staff surveys and via updates from ACP Organisational Leads at regular Faculty meetings.

## 8 Trainee in difficulty

A qualified, competent ACP should complete both an academic qualification alongside local or national clinical capabilities in practice designed to meet the needs of the service. Despite optimal support there will be some trainees who fail, at varying stages during training, to meet the required standard to function as a competent ACP. This may be failure to meet academic requirements, failure to complete clinical capabilities to the required standard, poor professional standards or a combination of all of these.

### 8.1 How employers can ensure this is achieved?

Stringent mechanisms must be in place, alongside annual appraisals, to identify the trainee in difficulty and offer heightened support. This should include not only clinical support (in the form of teaching and supervision) but also pastoral support. The apprenticeship route has structured support mechanisms i.e. the 12-weekly tripartite reviews that should help to mitigate such issues.

Concerns about progression should be brought to the attention of the trainee during educational review meetings. Account should be taken of all relevant factors that might affect performance (e.g. health or domestic circumstances), conduct or capability and these should be documented for inclusion in the trainee portfolio.

Local HR policies should be followed. If concerns persist or escalate, further advice should be sought from HR departments. It is possible the professional regulator for the trainee would also need to be informed of any issues that impact on their professional code of conduct.

Should supportive measures fail, a process for supporting redeployment or termination of a trainee's contract should be explored. This process needs to be made clear to the trainee at the beginning of employment, either as part of their contract or as an additional HR supported document. This should stipulate responsibilities of the trainee and employer, the support which will be offered should the trainee fail and timescales involved.

## 8.2 Quality Metrics

Staff management issues will be assessed through ACP staff surveys and via updates from ACP Organisational Leads at regular Faculty meetings where quality is a standing agenda item.

If a termination of contract or redeployment is being explored for trainee ACPs, the organisational ACP lead should support supervisors and managers to follow local HR policy and provide an update to the local/regional FoAP as part of quality monitoring. The HEI should also be informed about any performance issues. The Faculty will endeavour to support employers with advice and guidance on next steps if required.

## 9. Development of practice across all 4 pillars

The HEE ACP framework identifies 4 pillars of advanced practice which both qualified and trainee ACPs need to encompass within their work (namely clinical practice, leadership, education and research). It is therefore imperative that employers support ACPs in developing their practice in all 4 areas to ensure they are continually working towards the national definition of advanced practice.

### 9.1 How employers can ensure this is achieved?

To facilitate this, it is recommended that employers ensure non-clinical working time is incorporated within the ACPs job plan; as an example, 4 hrs per week for audit/meeting attendance/teaching/ anything that is not direct clinical care. The frequency and duration of time afforded to non-clinical work is to be set locally but should be discussed and shared with the ACP upon commencing the role. There should be agreement between the employer and the ACP as to what activities are permitted within this time to ensure both parties benefit from the output.

The [ACP toolkit for employers](#) supports on-going work across the sector to enhance understanding of the ACP role. It also provides support for the benchmarking of this level of practice and its application to specific roles across clinical practice, leadership and management, education and research.

### 9.2 Quality Metrics

The level of support afforded to ACPs to undertake work aligned to the 4 pillars will be assessed through ACP staff surveys and annual employer self-assessments.



Appendix 1

**Quality Assurance Framework**

This QA framework shows how standards outlined within this document will be assured to ensure that all tACPs and ACPs in the region have high-quality learning and working environments. An example is shown to illustrate how the FoAP will use it as a supportive tool to help employers to continuously improve.

Each application received through the Local FoAP will be assessed against this framework

Quality standard	Quality metric	Checkpoint	Review Date	Outcomes			Support required
				Standard fully met	Standard partially met (Some faculty support required)	Standard not met (Faculty support required with action plan if necessary)	
<b>1. Governance</b> Employer has governance/training policy in place for tACPs and ACPs that encompasses quality assurance, quality improvement and risk and incident management	Comprehensive governance policy/process in place for ACPs within organisation	<ul style="list-style-type: none"> <li>• HEE application stage</li> <li>• Annual tACP/ACP staff survey</li> <li>• Annual employer self-assessment</li> </ul>		<i>Example – employer provides copy of governance/training framework that illustrates how tACPs will be supported, how risks will be mitigated. No support required.</i>	<i>Employer provides draft copy of governance/framework with timeline of planned completion. Faculty offers support with completion.</i>	<i>Example – employer has no policy in development and/or does not have the resource to develop one. Faculty works with employer to develop action plan/seek peer support for</i>	<i>Example – Faculty outlines here what support is required with clear timelines.</i>

Quality standard	Quality metric	Checkpoint	Review Date	Outcomes			Support required
				Standard fully met	Standard partially met (Some faculty support required)	Standard not met (Faculty support required with action plan if necessary)	
						<i>organisation i.e. shares policy from another organisation.</i>	
<b>2. Workforce Planning</b> The employer has undertaken workforce planning using evidence-based tools	Application form outlines workforce planning has occurred	HEE application stage					
<b>3. Recruitment</b> Employers recruit staff with the right skills in the right place and at the right time to advanced practice roles	Included with the application form is: <ul style="list-style-type: none"> <li>• Evidence of recruitment strategy</li> <li>• A job description</li> <li>• A person specification</li> <li>• A job advert</li> </ul>	HEE application stage					



Quality standard	Quality metric	Checkpoint	Review Date	Outcomes			Support required
				Standard fully met	Standard partially met (Some faculty support required)	Standard not met (Faculty support required with action plan if necessary)	
<b>4. Finances – Funding</b> Employers apply for funding, either via HEE or via levy to support trainee ACPs in their organisation	Application form stipulates funding route and, if HEE funded, how it will be used to support trainee	HEE application stage					
<b>5. Finances – salary</b> Trainees should be paid AFC Band 7 and ACPs /AFC Band 8 to promote regional consistency and reduce movement of staff	Application form/related documents outline salary for trainee as AFC Band 7  Annual staff survey results show consistency in pay	<ul style="list-style-type: none"> <li>• HEE application stage</li> <li>• Annual tACP/ACP staff survey</li> <li>• Annual employer self-assessment</li> </ul>					
<b>6. Identifying appropriate clinical supervision</b> ACPs are supervised in line with national	Application form indicates supervision requirements	<ul style="list-style-type: none"> <li>• HEE application stage</li> </ul>					

Quality standard	Quality metric	Checkpoint	Review Date	Outcomes			Support required
				Standard fully met	Standard partially met (Some faculty support required)	Standard not met (Faculty support required with action plan if necessary)	
<a href="#">Workplace Supervision for Advanced Clinical Practice Guidelines</a>	will be met based on local/national guidelines. Posts recruited to commencing Jan 2021 onwards will be asked for candidate name and workplace supervisor.	<ul style="list-style-type: none"> <li>Annual tACP/ACP staff survey</li> <li>Annual employer self-assessment</li> </ul>					
<b>7. Capability and competency assessment</b> All trainees will: <ul style="list-style-type: none"> <li>Complete a Masters level qualification in advanced practice from a credentialed HEI</li> </ul>	A copy of capability/competency curriculum frameworks and processes for review is submitted to the faculty with HEE funding application.	<ul style="list-style-type: none"> <li>HEE application stage</li> <li>Annual tACP/ACP staff survey</li> </ul> Annual employer self-assessment					

Quality standard	Quality metric	Checkpoint	Review Date	Outcomes			Support required
				Standard fully met	Standard partially met (Some faculty support required)	Standard not met (Faculty support required with action plan if necessary)	
(or due to be credentialed) <ul style="list-style-type: none"> <li>• Have a robust capability framework/curriculum Framework</li> <li>• *Have their portfolio signed-off byCASP panel (*when available)</li> </ul>	ACPs/tACPs will be surveyed annually to understand how their competence is being assessed  Employers will complete annual self-assessment  Outcomes from CASP meetings will inform the training of ACP supervisors universities.						
<b>8. Management and appraisals</b> All employers should have clear, documented	Employers have provided tACPs/ACPs with HR policies	Annual tACP/ACP staff survey					

Quality standard	Quality metric	Checkpoint	Review Date	Outcomes			Support required
				Standard fully met	Standard partially met (Some faculty support required)	Standard not met (Faculty support required with action plan if necessary)	
line management structures in place for all trainee and qualified ACPs	and clear explanations on processes in relation to annual appraisal, absence management and patient safety reporting  ACP leads update the Faculty on quality/safety concerns and/or quality improvements	Regular updates from ACP leads at Faculty meetings (Quality/safety as standing agenda item)					
<b>9. Trainee in difficulty</b> Stringent mechanisms must be in place, alongside annual appraisals, to identify the	Employers have provided tACPs/ACPs with HR policies and clear explanations on	Annual tACP/ACP staff survey  Regular updates from ACP leads	Faculty meeting dates				

Quality standard	Quality metric	Checkpoint	Review Date	Outcomes			Support required
				Standard fully met	Standard partially met (Some faculty support required)	Standard not met (Faculty support required with action plan if necessary)	
trainee in difficulty and offer heightened support	processes in relation to the trainee in difficulty	at Faculty meetings					
<b>10. Employers support ACPs in developing practice in all 4 pillars</b> to ensure ACPs work towards the national definition of advanced practice	The level of support afforded to tACPs/ACPs to undertake work is reasonable and aligned to the 4 pillars	Annual tACP/ACP staff survey  Annual employer self-assessment					

Developed with thanks to members of the:



- HCV FoAP
- Derbyshire ACP Collaboration Group