

Advancing Practice Conference 2023



Optimising Advanced Practice across the North West

Date: Friday 19 May 2023

Time: 9:00am

Venue: Midland Hotel Manchester

Introduction

Dear Conference Delegates,

Welcome to the first North West Advancing Practice Conference for 2023.

This event brings together professionals from across the region to share best practice, knowledge and their plans for the future.

We want to encourage everyone to take this time to learn, network and create partnerships with your colleagues across the region.

Together we can optimise advanced practice in the North West, where advanced practitioners are integral to the design and delivery of every care pathway and system in the future, demonstrating the positive contribution to transforming services and improving patient care.

Yours Sincerely,

Annabella Gloster

Faculty for Advancing Practice Lead

Workforce, Training and Education Directorate, NHS England.

Acknowledgements

Thank you to our partners and regional colleagues for supporting this conference.



**Lancashire &
South Cumbria**
NHS Foundation Trust



Cheshire and Merseyside



Greater Manchester
Integrated Care

This conference is delivered in partnership with the North West Faculty for Advancing Practice, the Advancing Practice Leads from the three North West Integrated Care Systems and experts in clinical practice and academia.

Conference Programme

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Conference Agenda

9:00	Registration and refreshments	Nick Worth - Chair
9:30	Keynote - Optimising Advanced Practice across the Northwest	Annabella Gloster – North West Faculty for Advancing Practice (NHSE)
10:00	Advancing Practice in your ICS Cheshire & Merseyside Greater Manchester Lancashire & South Cumbria	Sara Dalby , Advanced Practice Lead Diane Reid , Co-chair GM Advanced Practice Strategy Group Caroline Ashworth , Lancashire Teaching Hospitals Trust Lead for Advanced Clinical Practice
10:30	Break (posters)	
11:00	Systems Leadership for Clinical Leaders	Belinda Weir (Managing Director, Centaura Consulting)
11:45	Health Economics – Demonstrating the Value of Advancing Practice	Jacque Mallender (Health Economist, Economics by Design)
12:30	Lunch (wellbeing and posters)	
13:15 – 14:00 And 14:10 – 14:55	Session A – Changes in Population Health across the North West <i>Chester Suite</i>	Steven Knuckey - Local Knowledge and Intelligence Service (LKIS) Office for Health Improvement and Disparities Jo McCullagh (Consultant in Healthcare Public Health) Dr Christina Downham (Specialist Registrar) NWAS
	Session B - Practical Steps to Research <i>Rolls Suite</i>	Professor Ian Jones (Liverpool John Moores University)
	Session C - AP education in the workplace & developing the education pillar <i>Alexandra Suite</i>	Liz Midwinter (Continuous Improvement Clinical Fellow at Lancashire Teaching Hospitals NHS Foundation Trust) Jaclyn Proctor (ACP Warrington & Halton Teaching Hospitals; Training Programme Director NHSE)
	Session D - Career progression- Consultant Level Practice / framework <i>Stanley Suite</i>	Michelle Angus (Northern Care Alliance NMAHP Consultant) Professor Rob Crouch (University of Southampton)
	Session E - Leadership – A journey of influencing <i>Derby Suite</i>	Tracy Earley (Consultant Nurse Lancashire Teaching Hospitals Trust)
14:55	Break	
15:15	Panel – How to optimise Advancing Practice – your next steps Poster prizes <i>Alexandra Suite</i>	Annabella Gloster – Chair Panel: Faculty for Advancing Practice & ICS AP Leads
16:15	Close	

Speaker Profiles

Keynote – Optimising Advanced Practice across the Northwest

Annabella Gloster

Role: Regional Faculty Lead for Advancing Practice, NHS England North West

Biography:

Annabella is a registered nurse and has worked as a nurse practitioner; senior lecturer and programme lead of a MSc Advanced Clinical Practice programme in a HEI. She has worked on national and international groups to support advanced practice.



As the Regional Faculty Lead for Advancing Practice Annabella is working to improve the quality and consistency of advanced practice education and training, supervision, and organizational governance for the region. Annabella works collaboratively with stakeholders to understand and identify the need and opportunities where Advanced Practitioners could improve care quality, service delivery and efficiency.

Annabella provides leadership for various national programmes and supports the Centre in the implementation of the ePortfolio (Supported) Route to recognition for experienced advanced practitioners.

Advancing Practice in your ICS

Sara Dalby

Role: Advanced Practice Lead

Biography:

Sara is a qualified surgical first assistant (SFA), advanced nurse practitioner and surgical care practitioner (SCP). Sara is the advanced practice lead for Cheshire and Merseyside.

Sara is part of a working group for the Extended Surgical Team project. She is an associate lecturer at Edge Hill University and has been part of a working group which has developed the Surgical Advanced Clinical Practice Curriculum.

In 2014 Sara received a Winston Churchill Travelling Fellowship to travel to the US to review their 'middle grade' system looking at both the Physician Associate and Nurse Practitioner roles in both clinical practice and education to disseminate lessons learnt across the UK.



Diane Reid

Role: Go-chair GM Advanced Practice Strategy Group

Biography:

Diane has a keen interest in Advanced Clinical Practice, supported by a range of roles within the NHS, Higher Education, and multi-professional ACP committees.

These roles currently include Musculoskeletal Transformation Clinical Lead and Advanced MSK Practitioner at Manchester University NHS Foundation Trust; work as an Associate Clinical Fellow in ACP at Manchester Metropolitan University; Executive committee membership of the Association of Advanced Practice Educators UK (AAPEUK), executive committee member of the Advanced Practice Physiotherapy Network (APPN), and Co- chair Greater Manchester ACP steering group.



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Caroline Ashworth

Role: Lancashire Teaching Hospitals Trust Lead for Advanced Clinical Practice

Biography:

Caroline is an Advanced Clinical Practitioner in Surgery and the Advanced Practice Lead at Lancashire Teaching hospitals/ Chair for the ICS AP Lead group for Lancashire and South Cumbria. She has a passion for education and the development of Advanced Practice.



System Leadership for Clinical Leaders

Belinda Weir

Role: Managing Director, Centaura Consulting

Biography:

Belinda is a highly experienced leadership coach, facilitator, academic and consultant who has directed successful leadership programmes for hundreds of senior leaders in all sectors.



Belinda has a particular interest and expertise in systems leadership and in working with boards and senior leaders to develop collaborative leadership in complex systems. Belinda has designed and taught for many years on systems leadership development programmes in the UK and globally.

Belinda was a non-executive director, and latterly deputy Chair with Lancashire Care NHS Foundation Trust for six years, and in addition to her consultancy work at Centaura Ltd, Belinda is the former Director of Leadership at the University of Birmingham Health Services Management Centre, for whom she was programme director on the Nye Bevan programme and the Clinical Executive Fast-Track Scheme.

She is an Honorary Fellow at the Birmingham Leadership Institute and writes and presents on systems leadership in health and social care for national and international audiences.

Health Economics – Demonstrating the Value of Advancing Practice

Jacque Mallender

Role: Health Economist, Economics by Design

Biography:

Jacque is an international health and public policy economist. She helps stakeholders to identify and demonstrate their value, and the value of their ideas for improving health and care.

She has directed and delivered many engagements in the UK, Europe, the Middle East, North America and Africa. Her particular focus is on the economics of health systems, health financing, strategic purchasing, population health management, integrated care, health workforce transformation and digital health.

Recently, Jacque has been working with national, regional and local Integrated Care System leaders of the NHS in England on assessing the economic value of advancing practice. Jacque also designs and delivers health system economics training for health professionals and is a consultant with the World Bank Group, an Executive Committee member of the Economic Research Council and is on the Advisory Board for the Nottingham University School of Economics.



Workshops/ Breakout sessions

Session A – Changes in Population Health across the North West

Steven Knuckey

Role: Local Knowledge and Intelligence Service (LKIS) Office for Health Improvement and Disparities

Biography:

Steven works as the Analytical Programme Manager for the LKIS (Local Knowledge and Intelligence Service) team in the North West. He project manages and supports a range of local and national analytical projects to help areas better understand their health needs as well as supporting public health action. Current work includes the creation of health inequalities data packs for areas across England, mortality changes over time, and the calculation of public health profiles by hospital catchment areas.



Steven has many years experience in public health intelligence, working for the North West Public Health Observatory in Liverpool, then at a hospital trust in Greater Manchester, before becoming PH Intelligence Manager at St Helens Council.

Steven has collaborated closely with NHS data colleagues in the CCG and hospital trust to create a health analysis hub and spent several years leading on intelligence for suicide-prevention across Cheshire and Merseyside.

Jo McCullagh

Role: Consultant in Healthcare Public Health at NHS England North West.

Biography:

Jo has 29 years' experience in Public Health practice working in health service, local authority, academic and voluntary sector environments, across all domains of Public Health.

Jo's role involves systems leadership to address inequalities, improve quality and health outcomes for the North West population. Her portfolio areas include mental health, learning disability and autism, personalised care, intelligence, Individual Funding Requests and systems support to Lancashire and South Cumbria.



Session B – Practical Steps to Research

Professor Ian Jones

Role: Professor of Nursing at Liverpool John Moores University

Biography:

Ian is a cardiac nurse and internationally renowned academic with over 30 years clinical experience. He is a former President of the British Association for Nursing in Cardiovascular Care, Council member of the British Cardiovascular Society and Nurse Fellow of the European Society of Cardiology.



He was appointed to LJMU in 2016 and became the Associate Dean for Research and Knowledge Exchange in the Faculty of Health in 2017 until 2021.

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Ian was instrumental in the development of the Liverpool Centre for Cardiovascular Science, a multi-disciplinary, multi stakeholder research organisation that is focussed on the pursuit of high quality cardiovascular related research.

Ian is engaged in numerous external organisations including the Liverpool Clinical Commissioning Group, the Liverpool Health Partners, the British Association for Nursing in Cardiovascular Care, the Association for Cardiovascular Nurses and Allied Health Professionals of the European Society of Cardiology and the Council of Deans for Health Research group.

Session C – AP education in the workplace & developing the education pillar

Liz Midwinter

Role: Continuous Improvement Clinical Fellow at Lancashire Teaching Hospitals NHS Foundation Trust

Biography:

Liz is an ACP in Emergency Medicine with a specialist interest in Simulation Based Medical Education and Human Factors.

Liz is currently working as a Clinical Fellow in the Continuous Improvement Team at Lancashire Teaching Hospitals and occasionally as a Senior Lecturer in Advanced Clinical Practice at The University of Bolton.



Jaclyn Proctor

Role: ACP at Warrington & Halton Teaching Hospitals; Training Programme Director NHSE

Biography:

Jaclyn is the Lead ACP Acute Medicine at Warrington Hospital and recently appointed Corporate Lead for Advanced Practice.

Jaclyn is invested in the trainee experience and recognising the added value of advanced practice. Jaclyn is the Training Programme Director for Acute and Speciality trainee ACPs in the North West.



Session D – Career progression – Consultant Level Practice / Framework

Michelle Angus

Role: NMAHP Consultant, Northern Care Alliance

Biography:

Michelle is a Consultant Physiotherapist working for the Complex Spinal team within the Emergency Village of a tertiary spinal referral centre at Salford Royal NHS Foundation Trust. She leads the atraumatic back pain service along with the spinal fracture clinic.

Michelle is the northwest representative for the national spine network, linking primary care and interface services with the national strategic direction for spinal care. She has a passion for advanced practice and is the chair of the advanced practice physiotherapy network. Her areas of clinical research are around service development, workforce transformation, clinical frailty and cauda equina syndrome.



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Professor Rob Crouch

Role: Consultant Nurse / Professor University of Southampton

Biography:

Rob is a Consultant Nurse & Honorary Professor of Emergency Care, University Hospital Southampton/Southampton University, School of Health Sciences. Rob has significant clinical leadership experience having led the ED nursing team at UHS for over 20 years and held a leadership role as Deputy Director of Major Trauma at University Hospital Southampton (2017 -2020).



Rob has an interest in advanced roles and pre-hospital care; he previously worked as Consultant Practitioner with the Hampshire and Isle of Wight Air Ambulance service HEMS team. Working with Health Education England/NHS England, he has contributed to the national development framework for advanced and is the NHS England Subject Matter Expert (SME) for consultant level practice.

Rob is a clinical academic and has published extensively in peer reviewed journals. He is a member of the International Emergency Nursing Editorial Board and Reviewer Advisory Group of the Emergency Medicine Journal. Rob currently leads the University Hospital Southampton Major Trauma Centre Research and Development group and is the research lead for Dorset and Somerset Air Ambulance.

Session E – Leadership – A journey of influencing

Tracey Earley

Role: Consultant Nurse, Lancashire Teaching Hospitals Trust

Biography:

Tracy has worked at Lancashire Teaching Hospitals NHS Foundation Trust for 19 years.

As a consultant nurse she is responsible for nutrition support in hospital, community, enteral and parenteral nutrition support. She has had success in implementing a new Integrated Nutrition and Communication Services Model providing a 7-day service for nutrition patients.



Until recently, Tracy was the Trust and ICS lead for advanced practice, and alongside a small team developed a new advanced practice workforce of over 100 ACP's, a governance structure, and oversight structures to support this.

Poster Abstracts

1

Changing the way we screen for Delirium: Using the 4AT in Acute Medicine

Author (s): Garry Hacking

Abstract

Introduction	Delirium occurs when the conventional conduction of signals in the brain become modified and cause a dysfunction in perception, awareness and reasoning and is believed to cost around £13,000 per patient (NICE, 2019; BGS, 2006). Incidences of Delirium increase with age, NICE (2019) guidelines recommend that 100% of patients over 65 are screened.
Aims & objectives	The 4AT is used as an aid to reduce some of the barriers to delirium screening and is widely used in the UK (Bellelli et al, 2014). Anecdotally, screening has been poor in the acute medical directorate but through teaching and implementation of the 4AT we hoped to improve screening for over 65s.
Project Details	<u>Base line results</u> A baseline audit and questionnaire were carried out to obtain the levels of screening and knowledge within Acute Medicine. For the Audit, 40 patients over the age of 65 were selected at random to see if screening had been completed. Only 3 out of 40 patients had screening completed. <u>Implementation:</u> Deliver education to Consultants, Junior Doctors, ACPs and Trainee ACPs. Add the 4AT to the Daily Review Sheet. Add 4AT to the clerking document. Utilise stakeholders to help drive the project.
Results & outcomes	Overall the project yielded a positive result of improved knowledge and screening. The Post-intervention questionnaire showed a higher narrowing range and higher average score. The Post-intervention audit showed an increase of 77.5%. Whilst not quite the NICE (2019) recommendation of 100%; it shows a significant improvement.
Conclusion & impact	The ED have implemented the 4AT into their reviews for over 65s Implemented to HIVE for the daily review with a view to incorporating into the medical clerking. Better knowledge of delirium on the whole with staff making more non-pharmacological interventions.

2

Improving the physical health knowledge and confidence of mental health practitioners via the use of education and training

Author (s): Jordan Ormshaw

Abstract

Introduction	As part of my QI module for the ACP course, I identified the lacking physical health knowledge of mental health practitioners within the Perinatal mental health services, and the impact this was having on patient care and practitioner confidence. The RCPsych Perinatal Quality Network standards outline the need to ensure a physical health review takes place on initial assessment, and that all practitioners understand common physical health disorders within pregnancy, which further strengthened the need for additional education/training.
Aims & objectives	The introduction of an education package for all clinical staff within cluster 2 of the PNCMHT, to enable compliance with standard 6.2j of the Perinatal Quality Network Standards.
Project Details	An educational package covering the pathophysiology and symptomology to recognise and respond to red flags was devised and delivered in house to the Perinatal Mental Health service.
Results & outcomes	All practitioners in the service attended the in house training, and this has since been added to the yearly mandatory training, and induction training for all new starters.
Conclusion & impact	<p>The presentation received very positive feedback, and practitioners felt having the ability to understand the pathophysiology behind these disorders has given them not only the ability to recognise and respond to red flags, but also to educate and prompt the patients to engage with antenatal care as required.</p> <p>The presentation has since been presented at the national RCPsych PQN Spotting the Sick Mother & Baby Event and has been requested and delivered to Perinatal services in Scotland and Winchester as this very much targets a specific PQN standard and is also well received via practitioners.</p> <p>Positive feedback has been received from each platform this has been presented at, and practitioner feel this education has been very impactful during their day to day practice.</p>

3

Improving the Peri-operative Pathway of Patients with Diabetes

Author (s): Teffy Thomas

Abstract

Introduction	Prevalence of diabetes across our Trust was found to be well above the national average with 1 in 7 patients admitted to hospital having diabetes. National audits such as NADIA (National Inpatient Diabetes Audit) has shown many areas that require improvement. One among this was the extended length of stay for surgical patients with diabetes and minimal diabetes team involvement with pre op patients leading to poor surgical outcomes and increased length of stay. This obviously led to poor patient satisfaction and experience and increasing economic burden to the hospital. In a view to improve this, diabetes team decided to take part in a National project named IP3D project, which was a GIRFT (Getting It Right First Time) diabetes initiative designed to Improve Perioperative Pathway of Patients with Diabetes undergoing surgery. Lead Consultant Anaesthetist and Diabetes ACP decided to lead the project.
Aims & objectives	<p>Improve Peri-operative Pathway of Patients with diabetes undergoing elective surgery</p> <p><u>Objectives</u></p> <ul style="list-style-type: none"> • Reduce length of stay • Reduce post operative complications • Reduce HbA1c levels • Improve patient experience • Improve staff knowledge
Project Details	Baseline data collection included patient data, patient experience and staff knowledge. Statistical analysis was done through Response Surface Methodology. Key interventions included the development of a preoperative diabetes optimisation clinic for patients waiting for elective surgery with an HbA1c>69 mmol/l and for all patients with Type 1 diabetes. A peri operative diabetes nurse was appointed as part of the project who was responsible for visiting surgical admission areas to support patients and preoperative staff in ensuring patient safety prior to surgery. Perioperative diabetes study days were organised for all staff from surgical ward areas including theatre and recovery. Resources were developed for patients such as My diabetes passport and Your Day Case Surgery Diabetes booklet which was a modified version of the National IP3D project resource portal.
Results & outcomes	<p>Post intervention data collected after 6 months showed:</p> <ul style="list-style-type: none"> • Reduction in length of stay by 4 days • 90 patients had diabetes input pre op in comparison to 9 patients during the baseline period. • 66% of patients had surgery done before 10.30 am in comparison to 44% prior to the project.

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	<ul style="list-style-type: none"> • 83% of patients seen by peri-op DSN during admission in comparison to 24% at baseline • Better patient experience • Significant improvements in staff knowledge
Conclusion & impact	Moving forward, new strategies are to expand the pre op services to other sites under the same Trust, develop ongoing induction sessions for surgical and anaesthetic trainees and diabetes link nurse trainings.

4

Creation of a virtual forum for community ACPs in Cheshire and Merseyside

Author (s): Caroline Walker

Abstract

Introduction	Community services are undergoing significant national change. Advanced Clinical Practitioner roles are making significant contributions to national community health, urgent community response and enhanced care in care home agendas. Support of such roles is vital to success.
Aims & objectives	The aim of the community ACP forum was to provide a space for local ACPs/tACPs in community roles to come together for peer support and shared learning.
Project Details	The vision for the forum was discussed with the NW faculty. Introductions were made to Sara Dalby (Advanced Practice Lead for Cheshire and Merseyside). Personal inexperience was acknowledged. Helpful links were made with those running a forum in Lancashire and South Cumbria. Draft terms of reference were written, and a presentation was made at the Cheshire and Merseyside AP leads meeting. A flyer was created and distributed via the AP leads and Community Ambassadors.
Results & outcomes	The forum met for the first time on 15.3.23. 21 ACPs/tACPs attended from multiple organisations. There was clear enthusiasm regarding the potential benefits.
Conclusion & impact	The forum aims to meet monthly via Teams. It is hoped that the forum will provide valuable support for those in challenging and potentially isolating roles. The forum will also impact on personal development in all pillars. It will allow opportunity for development in clinical skills (via shared CPD activities), education (via provision of a safe space for peer presentations), research skills (via the sharing of knowledge, professional curiosity and resources) and allowing opportunity for leadership (via shared agendas and rotating chair opportunities).

5

Co-creating a digital learning and assurance platform with Advanced Practitioners at the NCA

Author (s): Lucy Knott, Vicky Gibbons and Martin Troedel - The Northern Care Alliance Foundation NHS Trust

Abstract

Introduction	The main objectives of the Northern Care Alliance Advanced Practice Project are to provide quality assurance of advanced practice roles across all professions and specialities for patient safety, and to develop the workforce to support service transformation. Sustainability, by embedding this assurance and support within the existing NCA systems and processes, is essential. Here we describe one of the project outcomes: the steps in developing an existing digital talent and performance platform to meet the needs of the advanced practitioner and provide organisational assurance.
Aims & objectives	To co-create an existing digital talent and development platform, the Virtual Campus, for Advanced Practitioners - a shared learning community for interaction, sharing best practice, access resources and training, and maintain a digital portfolio mapped to core, generic and specialty capabilities. Designed around the four pillars of advancing practice with visual indicators of progress across each pillar to support the annual appraisal process. A platform to provide where the Trust's Advanced Practice leadership team can access real-time data to provide quality assurance and inform workforce and training development plans.
Project Details	The 'wants and needs' of the Advanced Practitioner workforce of the platform were explored during a facilitated session. Mentimeter captured statements from over 70 Advanced Practitioners across the NCA. These were transformed into user stories to create the development scope for the platform. Think Learning, the software developer, produced a visual prototype of the new system with the focus on user experience, engagement, and sustainability.
Results & outcomes	The co-creation of a digital learning and assurance platform that is user friendly, responsive, sustainable, and embedded within the systems of the NCA.
Conclusion & impact	The Virtual Campus has the potential to be a collaborative platform across organisations and accessed by external users. It will provide an engaging experience for development whilst delivering the workforce intelligence required for organisational assurance.

6

Evaluating the impact of further education and training on referral optimisation to the Emergency Macular Assessment Clinic (EMAC) at Manchester Royal Eye Hospital (MREH)

Author (s): Mohammed Abid (MREH), Nicola Cassels (MREH), Rosalind Creer (MREH), Shehzad Naroo (Aston University)

Abstract

Introduction	As the burden on Hospital Eye Services in the government sector continues to escalate, it has become increasingly important patients are only referred when necessary, and referrals directed to the appropriate department.
Aims & objectives	The study aimed to evaluate the impact of enhanced training on optometrists' confidence levels in diagnosing macular conditions using optical coherence tomography (OCT) and making appropriate referrals to the Emergency Macular Assessment Clinic (EMAC) at Manchester Royal Eye Hospital (MREH). Optometrists' understanding of EMAC referral criteria was also assessed.
Project Details	An educational event remotely delivered by 2 Advanced Clinical Optometrists comprised of 3 elements: 90-minute educational workshop and 2 identical surveys, labelled 'Pre-Workshop', and 'Post-Workshop'. Using a five-point Likert scale (limits specified in brackets), optometrists were asked to appraise their confidence in assessing macular OCT ('very confident' to 'not confident at all') and their understanding of EMAC referral criteria ('understand very well' to 'do not understand at all'). They were also presented with five clinical case scenarios and asked for their management decision.
Results & outcomes	A total of 147 optometrists completed all elements of the event. Optometrists' confidence levels in assessing macular OCT significantly improved post-workshop ($p < 0.001$); an increase of 37.5% and 50% for optometrists answering, 'very confident' and 'confident', respectively. Optometrists' understanding of EMAC referral criteria significantly improved post-workshop ($p < 0.001$); no optometrist answered, 'do not understand' or 'do not understand at all'. Optometrists' performance level for all clinical cases combined significantly improved by 28% post-workshop ($p < 0.001$). More than 60% of optometrists improved by at least 1 answer post-workshop compared to their pre-workshop results.
Conclusion & impact	Further education and training have a significant positive impact on optometrists' confidence levels in assessing macular OCT and their overall diagnostic performance, which in turn, can optimise referrals to the EMAC service. Similar training may help in other ocular services.

7

Life after discharge from mental health services. Understanding the experiences of service users with severe mental illness in general practices: An exploratory-descriptive qualitative study within a primary care network in Greater Manchester.

Author (s): Ruth Ambrose

Abstract

Introduction	<p>People living with severe mental illness (SMI) are one of the most marginalised and disenfranchised groups in society. These conditions have the potential to severely impair functional and occupational activities, increase the likelihood of social exclusion and rank among the top 10 causes of disability in developed countries worldwide.</p> <p>There is no clear direction as to who should manage patients with stable SMI, who no longer require the expertise of specialist secondary care services. A number of these patients continue to have a high need for treatment, monitoring and support, despite no longer having acute symptomology and not meeting the high thresholds for community mental health services.</p> <p>There is a need to understand patients experiences of having their care solely managed in general practice.</p>
Aims & objectives	<p>The aim of this study is to explore the experiences of patients with SMI in the context of discharge from secondary care mental health services back to the care of their general practitioner. With a view to understanding current practices and processes and informing future ones.</p>
Project Details	<p>I am a Mental Health Advanced Clinical Practitioner working in general practices within a Primary Care Network in Bolton, Northwest of England. I have identified a gap in service provision for patients with SMI who have been discharged from secondary care mental health services.</p>
Results & outcomes	<p>I have completed a systematic scoping review and there are no studies exploring the experiences SMI patients managed solely by their general practitioners in primary care.</p> <p>Based on these findings, I have developed a research study protocol for a Patient and Public Involvement and Engagement (PPIE) co-produced, exploratory-descriptive qualitative study, to understand the experiences of service users with SMI in general practices.</p>
Conclusion & impact	<p>The anticipated findings from this study could begin to address the gap in evidence and service provision. As such, having the potential to inform new, PPIE co-designed, models of care, that better serve the needs of these patients.</p> <p>Supporting the translation of evidence into routine practice to maximise improvements in service and patient outcomes for this underserved patient group.</p>

8

Community ACPs across GM: An approach to Advancing Practice transformation and innovation.

Author (s): Jennylea Gray, Karen Fern and James Fletcher

Abstract

Introduction	Three ACP Community Advisors collaborated across Greater Manchester to support Advancing Clinical Practice transformation and support the growth of these roles within community settings, by engaging with a variety of stakeholders across the GM footprint.
Aims & objectives	<ul style="list-style-type: none"> • To promote the transformation of community services through Advanced Practice roles. • Engage with current workforce to increase uptake of various ACP program routes. • Recognise and support innovation within services utilising Advancing Practice roles. • Identify, develop, and share good practice across the region.
Project Details	<p>Launch of a six-month project across the Northwest region in which eight community ACP advisor roles were developed as part of the Northwest Faculty for Advancing Practice. Three of these advisors joined together across Greater Manchester to share ideas, learning and best practice.</p> <p>Two GM wide Webinars were developed to share innovation and leadership within Advancing Practice roles.</p> <p>Several workstreams were developed across the region to support the growth and development of current workforce and services within community.</p>
Results & outcomes	<p>Two GM wide Webinars with a total of 231 registrants. Registration included a survey which identified staff awareness of the ACP role and barriers to uptake of such roles.</p> <p>New networks were built across community services to support exploration of current and new ways of working, utilising knowledge of the pillars of Advancing Practice to help employ this role in bridging the gap between services and supporting NHS demand.</p>
Conclusion & impact	<p>Outcomes from the project support a grass roots intelligence approach in shaping services to meet demand, staff retention and workforce development. Hugely beneficial collaboration: establishing networks in key areas which are likely to continue beyond the project.</p> <p>Further scope for development, sharing of resource & success, to address key challenges.</p> <p>Acknowledgements: Northwest Faculty for Advancing Practice.</p>

9

Introducing an Advanced Clinical Practitioner (ACP) led Surgical Same Day Emergency Care (SSDEC) has transformed emergency surgical workflow. With such a heavy clinical focus, what about the other pillars?

Author (s): Rachael Hanley-Hine, Stephanie Polisen, Patrizia Capozzi, Sarah Duff

Abstract

Introduction	ACPs offer senior clinical assessment to patients and have changed the face of emergency surgical assessment and care.
Aims & objectives	<ul style="list-style-type: none"> • Demonstrate success of introducing an ACP-led SSDEC through patient numbers. • Demonstrate staff and patient confidence and satisfaction. • Demonstrate how, whilst focussing heavily on the 'clinical' pillar, the other pillars are met- with the example of the HEE Extended surgical team pilot.
Project Details	<p>Data collected to demonstrate the increase in patient numbers since the introduction of SSDEC. Surveys collecting patient, consultant, and ACP feedback.</p> <p>Surveys conducted amongst members of the junior surgical team who are newly receiving clinical supervision and teaching from ACPs as part of an HEE pilot.</p>
Results & outcomes	<p>The number of patients seen through SSDEC has increased from an average of 25 per week in 2017 to 125 per week in 2023, alleviating pressure on ED and the surgical team.</p> <p>Survey results demonstrate that surgical consultants feel an ACP-led SSDEC improved the experience of their emergency patients and there is confidence in the ACPs competence. Surgical ACPs felt clinically supported and had confidence in their own clinical autonomy.</p> <p>93% of patients were satisfied with their practitioner and experience.</p> <p>The feedback from the HEE EST pilot was 100% positive, with foundation year doctors feeling that working with ACPs as supervisors was a highlight of their foundation year.</p>
Conclusion & impact	<p>An ACP-led surgical SDEC leads to high levels of patient satisfaction with consultants feeling confident in ACP competence to assess and manage emergency surgical patients. Moreover, the ACPs report feeling autonomous, confident and satisfied in their job, demonstrating that it is possible to have a heavy clinical focus whilst also working towards the other four pillars.</p> <p>Although the clinical pillar contributes to a large proportion of ACP workload, it is possible to meet the other pillars whilst benefitting both ACPs and the extended team.</p>

10

Is ACP- led discharge of acute surgical patients safe in the Surgical Assessment Unit in a busy Teaching Hospital?

Author (s): Anjaly Thomas, ACP(Surgery), Caroline Ashworth ACP(Surgery) , Victoria Heald(Prescribing Pharmacist), Tracy Earley(Consultant Nurse, Nutrition), Kish Pursnani (Consultant Surgeon, UGI), Vinutha Shetty(Consultant Surgeon, UGI), Jeremy Ward(Consultant Surgeon, UGI)

Abstract

Introduction	Acute admissions to our Surgical Assessment Unit (SAU) are triaged and assessed by Advanced Clinical Practitioners (ACPs) who organise investigations and initiate an appropriate management plan. Patients subsequently undergo senior medical review, ideally within 4 hours of admission. Retrospective audit showed an average of 4 patients/week with normal investigations and resolved symptoms wait beyond 4 hours for senior review prior to discharge.
Aims & objectives	A 5month pilot study of ACP-led discharge of selected acute referrals was devised and conducted from April-August2022. The aim of this study is to assess whether ACP-led discharge is safe.
Project Details	Definite inclusion and exclusion criteria were agreed by ACPs and senior clinicians for patient selection for ACP-led discharge. Patients discharged on this pathway received open access to SAU for 24hrs and those requiring further review received Surgical Hot Clinic appointment. Patients discharged with no further follow up received next day telephone review.
Results & outcomes	26 patients were discharged under this pathway over the 4-month period. There were 18(69%) female and 8(31%) male patients with median age 30(16-66) years. The clinical diagnoses were non-specific abdominal pain (46%), ovarian pathology (15%), gastritis (12%), pelvic inflammatory disease (8%), musculo-skeletal pain (8%), urinary tract infection (8%) and skin infection (3%). 11(42%) patients required follow up in surgical hot clinic, 2(8%) patients were transferred to gynaecology, 4(15%) patients were brought back to SAU following day for review and 9(35%) patients were discharged with no further follow up. There were no failed discharges/unplanned readmissions.
Conclusion & impact	ACP led discharge is safe in a selected group of acute surgical patients. This reduces the workload of a busy on call surgical team in dealing with less acute diagnoses, as well as making pathways more efficient. This model may be suitable for further expansion, although robust exclusion and inclusion criteria should be agreed.

Commented [AN1]: @Annabella Gloster - this poster should really have the full names to be consistent with the others. - and number 11 below

Commented [2R1]: ok will email author to get full names - thanks

Commented [AG3R1]: done!

11

Advanced Clinical Practitioners in clinical research – Opportunities and Challenges to transform research delivery.

Author (s): Suja Subin NIHR/Manchester Clinical Research Facility , Manchester University Hospitals, NHS Foundation Trust; Lorraine Turner. NIHR/Manchester Clinical Research Facility, The Christie NHS Foundation Trust.

Abstract

Introduction	To highlight the Advanced Clinical Practitioner (ACP) role in providing safe and effective clinical research delivery. The challenges that the ACP role face in clinical research; how these are being addressed and the future innovation that these highly skilled, autonomous practitioners can provide in a forever changing NHS research landscape.
Project Details	ACPs in clinical research play a pivotal role in providing safe and consistent medical management of adult and paediatric patients on clinical trials. Over the years the role was instrumental in providing the medical support that was required for the sustainability of medical research considering the ongoing challenges faced within the NHS as well as providing holistic care to patients with complex medical and psychological needs. During the Covid 19 pandemic ACPs provided the medical infrastructure to sustain research activity and the increase clinical demands of Covid-related trials, whilst other medical colleagues were reallocated to non-research duties. Despite the successes of the role, there continues to be barriers affecting the role's autonomous practice. The most significant barrier being the subjective interpretation of the Good Clinical Practice guidelines from sponsors, R&I division and multidisciplinary team members. These limitations and inconsistencies in practice can impact the effective delivery of clinical trials within an overstretched medical workforce.
Conclusion & impact	The innovative use of the ACP role is paramount to sustaining a safe and effective workforce to deliver clinical research. Moving forward, investing more in autonomous practice and outreach model of clinical research delivery are proposed to support research activity. In order to address the barriers, there needs to be a collaborative approach from all key stakeholders, including the National Institute of Health Research and the Medicines and Health Regulatory Authority to provide a pragmatic resolution that ensures the ACP role can be fully utilised and further innovation can be achieved across all areas of clinical research.

12

Addressing the National Crisis: The next chapter

Author (s): Payal Wilson and Jason Holland

Abstract

Introduction	The Crisis Response Service, established in 2013, was the first non-medical team to formulate pathways with Northwest Ambulance Service (NWAS), GP's and A&E to avoid unnecessary hospital admission. The service provides clinical management and therapeutic support to patients in their own home. The integrated and multi-disciplinary ACP led service has rapidly expanded and developed more further subsystems pathways, including the Acute Home Visiting Service (AHVS), Reactive Care Home Service (RCH), ED frailty direct and the 111 A-traumatic lower back pain and MSK upper and lower limb Pathway.
Aims & objectives	<ul style="list-style-type: none"> • Working collaboratively to provide Advanced Practice led urgent care with primary and secondary care, community services and NWAS. • To avoid unnecessary hospital admission providing rapid and comprehensive clinical assessments and implementing robust management plans to ensure patient safety and medical stability in their usual place of residence (1–2-hour response) • Empowering care home staff from two local PCN's to refer directly into RCH service, providing formal education to all care home staff to enable prompt identification of the deteriorating patient. • Working closely with local HEI's to support training of ACP's and provide clinical educator support for MSc ACP programmes.
Project Details	Guidance in 2022 tasked all Integrated Care Services with evidencing urgent 2-hour community response for patients. The Crisis team were in a privileged position to act as pioneers for this, resulting in a city-wide Crisis model being established across Manchester and more recently Trafford. This has resulted in a 90% deflection rate from A&E attendance for Crisis referrals, 30% increase in A&E deflection for RCH service and increased capacity for primary care with the incorporation of the AHVS.
Results & outcomes	<ul style="list-style-type: none"> • 90% A&E deflection rate for Crisis referrals (approximately 60-80 referrals per week) • 30% increase in hospital avoidance for RCH referrals. • Increased credibility with all referrers from Primary Care, Urgent care teams and community colleagues allowing safe governance, managing increased levels of acuity in the community. • Strong links with HEI's to ensure evidence based clinical interventions. • Most vulnerable patients being able to access high quality clinical intervention in their own place of residence. • Frequently reviewing, adapting and forecasting the projected needs of our complex and at times very frail and vulnerable patients with a fluid inclusive model of service delivery.

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	<ul style="list-style-type: none">• Further investment to work with our acute colleagues to develop, implement and support new Hospital at Home and Virtual Ward models of care to further enhance the service offer, improve patient experience and support our urgent care teams.
Conclusion & impact	<p>We have developed a highly skilled highly motivated workforce across our services who are capable of innovative service and experiencing enhancing projects which are in line with the needs of our patient population. We will continue to work with our key stakeholders and partners to ensure fair and equitable access to all our services and maintain an open and honest approach to dealing with any issues as they arise.</p>

13

What enables Hospice Advanced Clinical Practitioners to integrate the four pillars of advanced practice?

Author (s): Alice Thompson and Gill Isherwood

Abstract

Introduction	The Advanced Clinical Practitioner (ACP) role is relatively new within Hospices, with most having just one or two in post if any. Hospice ACPs are therefore required to develop their role across the four pillars with limited structures and role models. ACPs are expected to work across all four pillars of advanced practice which in practice are intertwined. In order to examine the factors which enable Hospice ACPs to integrate the four pillars, a qualitative study was designed following a social constructionist methodology.
Project Details	Participants (12 hospice ACPs) were recruited through the regional Clinical Strategic Network. Three focus groups were arranged for collection of data. Questions followed the Appreciative Inquiry model (Cooperrider et al. 2008) in order to draw out the positive enabling factors of integrated roles. Qualitative data was coded, and analysis is underway using a reflexive thematic analysis approach (Braun & Clarke, 2022).
Results & outcomes	<p>Early findings suggest the following to be key enabling factors -</p> <ul style="list-style-type: none"> • A clear job plan with defined areas of responsibility which consider the four pillars as symbiotic • Ability to manage own time • Being able to work fluidly between teams and departments • A trusting and respectful relationship with medical and management colleagues • Opportunity to network with peers across the region and work collaboratively • Supervision and regular support with agreed outcomes • Opportunity for high quality CPD covering skills and knowledge in all four pillars • Links with partners to build research relationships
Conclusion & impact	<p>There was a strong focus on collaboration and peer support as a priority across all 3 focus groups. This is something that is now in development within the region for Hospice ACPs. Participants feel the need to work with peers across organisations due to limited resources and expertise in ACP development. This is particularly relevant to improving governance systems and research activity.</p> <p>ACPs are often in unique and new roles within Hospices but it is clear that they are motivated to find creative ways to develop and integrate the four pillars of advanced practice. There is an obvious drive to demonstrate the value of the role and ACPs have developed key areas for responsibility by evidencing this themselves.</p>

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A model for integrating the four pillars is expected to emerge following deeper analysis of the data. This could be used to support those in isolated roles to enhance organisational structures and systems.