The nursing contribution to seven day care: community nursing and advanced nursing practice

Summary

Ensuring patients have access to high quality care when and where they need it, no matter the day of the week, requires a whole system approach that fully involves all professional groups. The professional contribution that nursing (focusing specifically on community nursing services and advanced nursing practice) makes to achieving the aims of the seven day services programme includes:

Ensuring that all patients requiring clinically urgent or emergency healthcare have timely access to an appropriate clinical team who can determine and deliver their care

- Delivery of unscheduled and out of hours nursing care to patients with urgent healthcare needs
- Improving patient flow through the ability to triage, assess and be senior clinical decision-makers with the authority and clinical skills to diagnose, carry out interventions, admit, discharge and refer patients

Ensuring that all such patients have access to appropriate investigations and tests when they are required

- Advanced clinical skills that encompass the full cycle of care and treatment, including ordering and interpreting necessary investigations

Ensuring that all patients have continuity of care including the capacity to be discharged and supported in their discharge from hospital seven days a week

- Co-ordinating and managing patients' care, with a particular emphasis on supporting people to manage long-term conditions
- Avoiding admissions and supporting discharge through innovative multi-disciplinary services that provide care and support to patients at home

Achieving the best possible outcomes and experience for patients by using the available resources in a sustainable manner

- Clear evidence of nurse-led services improving patient outcomes and resulting in high levels of patient satisfaction
- Supporting 'hard-to reach' patients to access the care they need
- Making the best use of resources to provide care where patients need it most

Key asks:

- All Scottish Government proposals around any aspect of sustainability and seven day care, unscheduled care or patient flow, fully recognises the contribution of all professional groups across the whole system.

- All Scottish Government activities to improve patient flow and patient outcomes, which will impact on the workforce, must be fully integrated to allow for consistency and coherency of workforce planning.

1. Introduction

Ensuring that people have timely access to high quality, person-centred, safe and effective care when they need it, regardless of the day of the week, requires a whole system approach. This means focusing on community services, as well as hospital services, and looking at multi-professional models of care that maximise the potential of different professions to meet the needs of patients and improve patient outcomes.

Many nurses clearly already work seven days a week. However beyond front-door and unscheduled care/out of hours services, the nurse staffing model is largely focused on Monday – Friday core hours. This paper describes the professional contribution that nursing can make to help achieve the aims of the Scottish Government's sustainability and seven day services programme. It is not intended to underplay the role that other professions have around this agenda, but rather illustrates the particular contribution that nursing can make as part of a wider multi-disciplinary approach. It focuses on two particular aspects of nursing identified by the Task Force: nursing in the community and advanced nursing practice.

This paper refers to community nursing in its widest sense: encompassing all registered nurses and healthcare assistants from any branch of nursing, within any specialty, working in the community, whether that is in someone's home, in local health facilities such as a GP surgery, in community residential settings, or as outreach staff from hospitals[1].

Advanced Practice refers to a 'level of practice' within nursing, as opposed to a specific role. Advanced Nurse Practitioners (ANPs) work across a wide variety of settings and roles. However they will all be able to demonstrate the skills and competencies needed to work at an advanced level. These are underpinned by the principles of autonomous practice, critical thinking, high levels of decision-making and problem solving, values-based care and improving practice[2].

This paper is focused on the professional and clinical practice contribution of nursing and does not attempt to address the staff-side issues surrounding the proposals for moving towards a seven day service in the NHS[3]. However it highlights some issues for further consideration.

2. Background

2.1. Wider policy context

The move towards seven day services within the NHS cannot be looked at in isolation from wider policy developments in the delivery of health and social care that are striving to improve patient outcomes, and the increasing pressures the system is facing. We are all working towards the 2020 vision of integrated health and social care with its focus on

[1] This paper refers to 'community' services because currently there is a lack of clarity over the definition of primary care in Scotland. However RCN Scotland supports the definition of primary care as outlined by Paul Gray that this should encompass all care delivered outside of the hospital

[2] NHS Education for Scotland Advanced Practice Toolkit, available at: http://www.advancedpractice.scot.nhs.uk/home.aspx (Last accessed 1 December 2014)

[3] For further information on the wider RCN position around seven day care, see: RCN (2014) Seven day care a briefing for RCN Congress 2014, available at: http://www.rcn.org.uk/__data/assets/pdf_file/0007/580561/004658.pdf (Last accessed 1 December 2015)

prevention, anticipation and supported self-management in the community, and seven day care must work within this vision.

The Scottish Government's work around unscheduled care, patient flow and the broad quality issues of the right care being delivered in the right place, at the right time, by the right person, are of particular relevance to the provision of care seven days a week. Alongside this, there is a focus on changing models of primary care, the 2017 review of the GMS contract and the National Health and Wellbeing Outcomes that integration is striving to meet.

The health system is under pressure to reduce waiting times, cut delayed discharges, respond to unscheduled care needs, and move the provision of effective care away from hospitals and into the community. All this is in the context of an expanding population[4], in particular an increasing older population with more complex health needs, and an ageing workforce.

Seven day working offers a way of responding to these pressures. However the RCN is not advocating seven day care across all areas of nursing practice or healthcare. There needs to be an analysis of where seven day care can most improve outcomes for patients and make the best use of resources, in order to understand the most effective system changes that can manage demand across the seven day period and increase safety and capacity in a way that is sustainable.

2.2. Community nursing

Nursing in the community is the mainstay of locally delivered health care. It is both preventative and supportive, and highly technical, risk-taking, intensive and practical[5]. The nature of the work is unpredictable and changeable so community nurses must be adaptable and responsive to demand, as well as proactive in managing long-term and short-term patients. Community-based nurses and healthcare assistants help improve people's quality of life and enable them to achieve, maintain or recover independence, wherever possible. Just as important is their role in providing palliative and end of life care.

Registered nurses working in the community encompass a huge variety of nursing roles. This includes: practice nurses; district nurses; health visitors; public health nurses; school nurses; community ANPs; community unscheduled care and out of hours nurses; specialist nurses who work in the community, for example nurses specialising in long term conditions, palliative care, heart failure, continence, and dementia; mental health nurses, such as Community Psychiatric Nurses; liaison or outreach nurses from acute settings; nurses within care home settings; and those working in intermediate care services and supported discharge roles.

Nursing's role in the community is changing. Take practice nursing in Scotland, for example: over the last decade, the number of practice nurse consultations is estimated to have increased by 31% from 6.09 million in 2003/04 to 7.97 million in 2012/13[6]. While in the same

[4] National Records of Scotland (2014) Annual report of the Registrar General of Births, Deaths and Marriages for Scotland 2013, available at: http://www.gro-scotland.gov.uk/files2/stats/annual-review-2013/rgar-2013.pdf (Last accessed 26 November 2014)

[5] The Queen's Nursing Institute (2009) 2020 Vision: Focusing on the future of district nursing

[6] ISD (2013) Practice Team Information Statistics, available at: http://www.isdscotland.org/Health-Topics/General-Practice/GP-Consultations/ (Last accessed 1 December 2014)

time period the number of GP consultations is only estimated to have increased by 4% from 15.63 million to 16.24 million[6].

Nursing roles will need to continue to evolve to meet changing patient needs, with nurses likely to need a broader range of skills and knowledge to meet the requirements of people with multiple conditions. Nursing has always sought to innovate where it sees a gap in what traditional services can provide. RCN Scotland recently profiled nurses working at the edge of society who are delivering innovative services that improve outcomes for some of the most vulnerable people[7].

The RCN's Pillars of the Community (2010)[8] sets out the RCN's position on developing the registered nursing workforce in the community. It promotes a person-centred multi-disciplinary team approach, which is responsive to the needs of the patient, and a seamless pathway for patients across services. It also emphasises the need to embed nursing expertise within the team, including the skills of specialist, advanced and consultant practitioners.

It is not possible to baseline the current community nursing workforce, as the data is not robust enough. However the Community Nursing Data Quality Improvement exercise, currently being implemented by NHS Boards, intends to ensure that the data presented from ISD to the Scottish Government in February 2015 presents an accurate picture of the community nursing workforce.

NHS Boards are mandated to use the Community Nursing Workload Tool, which applies specifically to district nursing and public health nurses. The tool provides community nurses and managers with a reliable method to deliver evidence-based workforce plans to support existing services, redesigning of services and/or the development of new services. However there are no mandated workforce planning tools for wider community services, for example nursing in care homes.

The Scottish Government is intending to start a review of district nursing in 2015, which is especially relevant within the context of the upcoming integration of health and social care. This will look at what is needed from the role, and address issues around caseload, different models of district nursing, education and how to support a national workforce planning structure.

2.3. Advanced nursing practice

There are many examples in the past of how nursing has taken on new or expanded roles across acute and community services, in response to pressures on the system or to improve patient care. This can be seen in the introduction of nurse prescribers, hospital at night teams and minor illness advanced practice, for example.

Advanced nursing practice is at the cutting edge of nursing innovation and can challenge and offer creative solutions to traditional ways of working across professions. The evolution of advanced practice in nursing in the UK has been long and complex. This has led to

[7] RCN (2014) Nursing at the Edge, available at: http://frontlinefirst.rcn.org.uk/nursingattheedge (Last accessed 1 December 2014)
[8] RCN (2010) Pillars of the Community, available at: http://www.rcn.org.uk/__data/assets/pdf_file/0007/335473/003843.pdf (Last accessed 1 December 2014)

innovation in the profession, but also confusion about what advanced nursing practice is or the benefits it can offer. There is no single definition of a nurse working at advanced practice level. The RCN defines the level of practice within which ANPs work as encompassing the following[9] (which aligns to the NHS Education for Scotland (NES) Career Framework):

- Making professionally autonomous decisions, for which they are accountable
- Receiving patients with undifferentiated and undiagnosed problems and making an assessment of their health care needs
- Screening patients for disease risk factors and early signs of illness
- Developing a care plan with the patient to support the achievement of patient outcomes
- Ordering necessary investigations, and providing treatment and care both individually, as part of a team and through referral to other agencies
- Having a supportive role in helping people to self-care, manage and live with illness
- Having the authority to admit or discharge patients from their caseloads, and refer patients to other health care providers as appropriate
- Working collaboratively with other health care professionals and disciplines
- Providing a leadership and consultancy function as required

Advanced practice can be articulated across one of four key themes: advanced clinical/professional practice; facilitating learning; leadership/management; and research. Some ANPs may also have the necessary skills to enable them to work with patients requiring specialist clinical care, for example heart failure, dementia and asthma. In these instances it is the ability to apply the broad foundation of advanced level knowledge and skills described above that makes a nurse an ANP, rather than having expertise in a specific field of care provision.

ANPs work creatively with other professions and offer care that is complementary to medical colleagues and other health care professionals, augmenting the care a team can deliver and also acting as a primary care provider. Some ANPs work within community settings, for example ANPs connected to GP services. Their expertise lies in their ability to operate as a 'generalist', with a wide range of skills, a broad knowledge base and the ability to deliver specific aspects of care. They provide complete episodes of care for patients of any age with a wide variety of presenting problems and health care needs, including urgent/acute episodes, long-term/chronic conditions, health promotion and public health. Others work as clinical specialists within community services. An ANP will work with a patient to determine a plan of care, and may deliver care themselves, or in partnership with medical colleagues and other members of the health and social care team.

Increasing numbers of ANPs work in secondary and tertiary care settings, such as A&E, minor injury units, medical assessment units and hospital at night teams. They also work within specialities, such as paediatrics, neonatal care, cancer care, ophthalmology and orthopaedics. In any setting where patients would benefit from nurses with advanced level skills and knowledge, the ANP role is being developed.

The nature of advanced practice demands that ANPs have extensive clinical expertise, wider operational awareness, career-long learning and development and formal education

[9] RCN (2012) Advanced Nurse Practitioners, available at: http://www.rcn.org.uk/__data/assets/pdf_file/0003/146478/003207.pdf (Last accessed at 1 December 2014)

provision, typically to Master's-level. Scottish Government Guidance (2010) proposed that *"No posts below Band 7 should be permitted to use 'Advanced Nursing Practice' in their title since the post would not meet the level of knowledge, training and experience to be able to undertake the role*.[10]" Since 2007, NES and the Scottish Government have been working towards developing a systematic approach to support the consistent and sustainable implementation of advanced nursing practice roles across services in NHS Scotland. This includes the NHS Scotland Career Framework Guidance (2009)[11], the Advanced Practice Toolkit (2008)[2], Scottish Government guidance for NHS Boards on Advanced Nursing Practice roles (2010)[10] and NES service needs analysis tool for advanced practice (2010)[12].

The way nursing workforce data is collected nationally means it is not possible to have meaningful figures on the number of ANPs in Scotland. While in some Boards, for example NHS Grampian and NHS Ayrshire & Arran, ANPs are becoming more established within models of healthcare delivery, there is a lack of consistency and sustainability across NHS Scotland as a whole. NES's Advanced Practice Development Needs Analysis Tool[12] aims to support health services teams to plan, support and evaluate the implementation of advanced nursing practice roles in a systematic way, and to enable these teams to prepare strong, evidence-based business cases for any new advanced practice roles. It should be used alongside the Scottish Government's 2010 guidance on Advanced Nursing Practice roles[10] and the nursing and midwifery workload and workforce planning tools.

3. How can community nursing and advanced nursing practice contribute to seven day services?

No single profession can offer the solution to how high quality care can be accessed, when and where patients need it, seven days a week. There must be a multi-disciplinary, team approach that supports each profession to work to the best of its ability and potential, to meet the needs of patients and improve patient outcomes. In general, there is a lack of robust evidence that directly evaluates full models of seven day service provision. However, there are plenty of examples and evaluations of how nursing contributes to improving patient outcomes, the effectiveness and responsiveness of care and the sustainable use of resources, which are directly relevant to how care can be provided over seven days.

This section sets out the role that nursing – as part of a multi-disciplinary approach – contributes to the following key areas that the Scottish Government's seven day services programme has identified:

a) Ensuring that all patients requiring clinically urgent or emergency healthcare have timely access to an appropriate clinical team who can determine and deliver their care

Delivery of unscheduled/out of hours nursing care: Since the 2004 changes to the GMS contract, nursing has played an increasing role in the delivery of out of hours care in the

[10] Scottish Government (2010)Advanced nursing practice roles guidance for NHS Boards, available at: http://www.advancedpractice.scot.nhs.uk/media/614/sg-advanced-practice-guidance-mar10.pdf (Last accessed 1 December 2014)

[11] NHS Education for Scotland, Post Registration Career Development Framework for Nurses, Midwives & Allied Health Professionals, available at: http://www.careerframework.nes.scot.nhs.uk/ (Last accessed 1 December 2014)

[12] NHS Education for Scotland (2010) Advanced Practice Development Needs Analysis Toolkit

community. There are a variety of models for delivering out of hours nursing care across NHS Boards. Some Boards have established ANP models of unscheduled or out of hours care, such as NHS Grampian and NHS Ayrshire & Arran. Within the joint strategic commissioning plans for older people, half of partnerships identified strengthening out of hours service provisions as a priority[13]. Integrating out of hours services with wider community support and strengthening connections between out of hours services, district nursing, social work, NHS24, Scottish Ambulance Service, GPs, care homes and intermediate care services, as well as making better use of anticipatory care planning, were all emphasised as being important.

Example: ANPs within unscheduled care model, NHS Grampian
ANPs are an established part of the multi-disciplinary Grampian Medical Emergency Department (G-MED) service that delivers primary care out of hours unscheduled care in NHS Grampian. ANPs assess, diagnose and implement a range of care interventions for patients in the out of hours period who present with undifferentiated and undiagnosed problems, in their own home or within an unscheduled care centre. NHS Grampian has been developing ANP posts both in and out of hours services over a number of years. Within unscheduled care, they are planning to increase ANPs and Paramedic Practitioners and possible Advanced AHP and Pharmacy roles to meet unscheduled care needs over the next 5 years.

Example: Unscheduled care nursing service, NHS Western Isles
Using Change Fund money, NHS Western Isles has modernised its Community Unscheduled Care Nursing service into a more robust, sustainable model, through education, development and adapting workforce delivery patterns. Nurses are trained in advanced clinical assessment, minor injuries and non-medical assessment. The team has changed from working solely nights to a day/night shift rotation system, which enables them to bring their skills to the community nursing teams on days and work with the GP practices throughout Lewis and Harris. The team is supporting people to remain in their own homes. It has been well received by patients and carers in the community and staff feel they are making a valuable contribution to shifting the balance of care[14].

Senior clinical decision making: The RCPE consensus statement on patient flow[15] recognised that access to senior clinical decision-makers 24/7 is a vital requirement for improving patient flow and responding to unscheduled care needs. Importantly, this also publicly acknowledged that senior clinical decision-makers can be nurses and allied health professions (AHPs), as well as doctors[16].

Clinical decision-making is a key principle of advanced nursing practice, with ANPs making professionally autonomous decisions. They can assess and diagnose patients, develop care plans and prescribe treatment or medication. They have the authority to admit or discharge patients from their caseloads, and refer patients to other health care providers. Established

[13] RCN (2014) A review of joint strategic commissioning plans for older people: The implications for nursing
[14] http://www.jitscotland.org.uk/example-of-practice/modernising-community-nursing/
[15] RCPE UK Consensus Conference (2013) on "Acute Medicine: Improving quality of care through effective patient flow – it's everyone's business" Consensus statement available at: https://www.rcpe.ac.uk/sites/default/files/files/final_statement_patient_flow_.pdf (Last accessed 1 December 2014)
[16] RCN Scotland is currently doing a piece of work, to be published in summer 2015, to understand the role of nurses as senior clinical decision-makers and what needs to be in place to support them.

examples of nurses as senior clinical decision-makers can be seen clearly within hospital at night teams, emergency nurse practitioners within A&E departments, unscheduled/out of hours nursing teams and ANPs in primary care settings.

Example: ANPs in hospital at night teams, NHS Ayrshire & Arran
Hospital at Night ANPs emerged in Ayrshire and Arran in 2006, following the implementation of the European Working Time Directive (EWTD) and subsequent reduction in junior doctors' hours. Now well established, ANPs are integrated into the Advance Practice team. They work across traditional medical and surgical boundaries and are the first responder to acutely unwell adults. They are responsible for full clinical assessment, initiating investigations, formulating management plans and undertaking appropriate first line interventions. ANPs may rotate in both day time (Emergency Response Team) and night time (Hospital at Night) roles to support the management of acutely unwell patients within NHS Ayrshire and Arran.

Example: Remote and rural ANP, NHS Orkney
Nurse practitioners are now sole providers of on-site primary care on some of the smaller islands in Orkney, for example, Papay Westray, Eday, North Ronaldsay and Flotta. Other islands have resident GPs and community nurses. ANPs in these solo roles need extensive skill sets, covering both emergency care as well as management of long term conditions. An ANP based on one island works on-call for two weeks then has several days off when another ANP comes and stays on the island[17].

Improving patient flow: Advanced nursing roles can improve the responsiveness and effectiveness of the team, through their ability to triage, assess and make clinical decisions. This helps improve patient flow within acute and community services and at the interface between them. An emergency nurse practitioner (ENP) is a specialist nurse who is trained in a range of advanced nursing skills that enable them to practice in emergency care. ENPs can assess, diagnose and treat a wide range of common accidents, injuries and illness. They can practice autonomously from medical staff and complement other clinicians as part of a fully integrated, consultant-led team[18].

Example: Proposed emergency care advanced practice model, NHS Lanarkshire
NHS Lanarkshire is considering introducing advanced practitioners in emergency medicine to enhance the delivery of safe, effective and person-centred emergency care. Emergency nurse practitioners would see undifferentiated patients who present at the emergency department, likely to be patients outside the scope of minors practitioners, including chest injuries, UTI, chronic illness such as COPD, asthma, rashes, suspected DVT and back pain. They would also manage patients who are clearly going to require admission, along agreed clinical pathways, working up and passing on patients to the relevant receiving team for management and ongoing care. The service would involve two shifts per day: 9.30am – 10pm and 7.30pm – 8am.

Example: ANP acute receiving admissions unit, NHS Lothian
NHS Lothian is currently recruiting for a newly developed ANP role in the acute receiving admissions unit at the Western General Hospital. The ANP will be part of a multi-disciplinary team, but is an autonomous practitioner with responsibility for their own patient caseload,

[17] Nursing Standards (2012) In Splendid Isolation vol 26 no. 46 p.18-20
[18] Swan et al (2013) An Autonomous role in emergency departments *Emergency Nurse 21, 3, 12-15*

with referrals from primary care, self referrals and emergency admissions. They will assess patients, order investigations, analyse and interpret diagnostic tests, make diagnoses, form management plans, prescribe medications and make decisions about referrals, admissions and discharges. The role is intended to improve and streamline patient care to support the four hour front-door targets; improve communication between the professions across primary and secondary care; and promote the ANP service through challenging the boundaries of the current parameters of practice. The post will cover the hours of 8am – 9pm flexibly, Monday to Friday.

Nurses provide high quality triage care to effectively prioritise urgent and serious clinical cases, for example in primary care, A&E and through NHS 24. This supports the whole team to use their skills to best effect. ANPs within acute services can help improve patient flow by identifying patients suitable for admission or transfer. This can help ensure patients are being treated on the appropriate ward, create capacity in acute wards, and help reduce boarding.

Example: Medicine for the elderly service, NHS Greater Glasgow & Clyde
A new ANP post has been established which assesses which patients are suitable to be admitted into the medicine for the elderly service in Inverclyde Hospital. Healthcare Improvement Scotland (HIS) noted at a recent inspection how this role had helped to improve patient flow[19]. The role made it quicker to identify patients suitable for transfer and helped create capacity in acute wards for other patients. Patients are admitted to the most appropriate ward and are admitted at more appropriate times, as the ANP proactively visits the wards early in the day to identify who can be transferred across.

b) Ensuring that all such patients have access to appropriate investigations and tests when they are required

ANPs' clinical skills encompass the full cycle of care and treatment, including ordering necessary investigations. An ANP within a hospital at night team, for example, may make referrals to and have skills in interpreting x-rays, imaging, pathology reports and arterial blood gas sampling. The advanced clinical skills of ANPs can increase responsiveness and the timeliness of investigations and interventions. An evaluation of the introduction of ANPs within an A&E service in England, found that the introduction of ANPs meant patients received more appropriate investigations and earlier treatment[20].

c) Ensuring that all patients have continuity of care including the capacity to be discharged and supported in their discharge from hospital seven days per week

Ensuring that patients have continuity of care across seven days a week is a key priority. However the above definition of the Task Force risks being too limited, unless it makes it clear that continuity of care needs to span across community and hospital care, and focus on preventing hospital admissions, as well as supporting patients to discharge from hospital.

[19] Healthcare Improvement Scotland (2014) Unannounced Inspection Report – care for older people in acute hospitals, Inverclyde Royal Hospital, NHS Greater Glasgow and Clyde, 19-21 August 2014
[20] Action Shapiro (2009) *Rome wasn't built in a day* – The Impact of Advanced Practitioners on Service Delivery and Patient Care in Greater Manchester, Final report – January 2009

Continuity of care: Continuity of care is fundamental to high-quality care and the experience and outcomes of patients. Breakdowns in continuity of care put patients at risk, cause duplication and add avoidable costs to both health and social care[21]. Nurses have a key role to play both in the continuity of the therapeutic relationship a patient has with a clinician and in the continuity and consistency of clinical management.

In community settings, patients' care can be co-ordinated and managed by practice nurses, community nursing teams, community ANPs or specialist nurses. There is an increasing focus on nurses supporting patients to self-care and manage long-term conditions, providing care to older people and providing care to more vulnerable patients. These patients are more likely to have co-morbidities, with a number of professionals involved in their care, which means continuity is particularly important.

Over the last ten years the estimated number of GP consultations for long-term conditions like coronary heart disease, asthma, chronic obstructive pulmonary disease (COPD) and diabetes has fallen, while the number of practice nurse consultations for these conditions has risen[6]. For example, the number of GP consultations for COPD is estimated to have decreased from 165,720 in 2003/04 to 144,390 in 2012/13 while the number of practice nurse consultations for these conditions has increased from 34,500 to 116,530[6].

Example: Anticipatory care planning service, NHS Lothian
East and Midlothian anticipatory care planning service is a nurse-led service that supports patients with long-term conditions, with a specific focus on COPD. District nurse case managers receive referrals from hospitals, specialist nurses, GPs and other agencies. The service aims to improve patients' quality of life, offers support to their carers and reduces preventable hospital admissions and associated length of stay. The service has been highly valued by patients[22].

Community nursing teams can provide scheduled visits to patients in the evenings and at weekends. In addition there are a number of projects focusing on improving the interaction between community nursing and out of hours care, to reduce admissions to hospital. Some boards are making particular use of ANPs to deliver primary care. This can improve access to primary health care services, especially in areas where it is difficult for patients to access GPs[20]. ANPs in primary care can either be generalist primary care roles or leads in particular services, such as mental health services. Specialist nurse-led services in the community, though typically not provided seven days a week, have a key role in managing patients care, improving outcomes and avoiding admissions to hospital for patients with particular clinical needs.

There is growing evidence that patients value the relationships they develop with nurses who manage their care[22]. Evaluations of ANP services have found that there is improved continuity of care, more consistent use of care plans, better co-ordination of care and a smoother care pathway for patients[20].

Example: Community nursing service, NHS Lothian
The community nursing service in Lothian provides a seven day service with evening and

[21] The King's Fund (2010) Continuity of care and the patient experience
[22] ISD (2012) available at: http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/SPARRA/Docs/Lothian.pdf (Last accessed 1 December 2014)

night services available. The evening service is mainly scheduled visits for conditions such as diabetes or palliative care. The evening service in Edinburgh is currently based at the Western General Hospital (and local hubs in the other Community Health (and Care) Partnerships) whereas the service during the day is based in more dispersed geographic clusters. NHS Lothian in Edinburgh is exploring how the day service and the evening service can be merged to a model that is more effective and efficient and provides care closer to communities. Care required after midnight is provided by Lothian Unscheduled Care Service so nurses undertaking home visits work more closely with the medical staff and out of hours social care staff.

Example: 24/7 Community nursing service model, NHS Shetland
NHS Shetland established a shift based 24/7 model of Community Nursing services in 2012, initially funded through the Change Fund[23]. District Nursing services are provided from each of the Health Centres 8.30am-5pm, Monday to Friday. From 5pm-8am an out of hours service covering all of mainland Shetland is provided on a shift system, with the evening shift 5-9.30pm and overnight 9.15pm-8.15am, based in Gilbert Bain Hospital. The service provides a 24/7 service to individuals resident on mainland Shetland. Other areas in Shetland have maintained an on-call out of hours service because the level of activity and geographical challenges mean that it would not be appropriate to move to a shift based system. NHS Shetland has noted the importance of having advanced care plans, to avoid unnecessary admissions to hospital.

Example: ANPs within primary care, East Renfrewshire
East Renfrewshire recruited three ANPs through the Change Fund[24]. Each of the ANPs are aligned to a GP cluster area and have built effective relationships within their cluster area, to manage referrals. The ANPs have been preventing hospital admissions through anticipatory care planning and supported self-management.

Example: Heart failure specialist nursing service, NHS Tayside
NHS Tayside's heart failure specialist nursing team manage the care of patients with chronic heart failure in the community, according to SIGN guidelines. The service reduces admissions by improving management of patient care and providing a rapid response facility. An evaluation of the service has resulted in improvements in patient outcomes, positive patient feedback and a reduction in hospital admissions, length of stay and readmissions[25]. There are significant savings for NHS Tayside through reduced admissions and length of stay, and also a reduced burden on GPs, who would otherwise have been the main contact for the patients.

Avoiding admissions and supporting discharge: Intermediate care services offer alternatives to emergency inpatient care, support timely discharge from hospital, promote recovery and return to independence, and prevent premature admission to long-term residential care. Therefore it is vital that they are considered in the context of seven day care, as well as how they support wider policy aims around improving patient flow, responding to unscheduled care need and reshaping care for older people. They are typically highly multi-disciplinary, with a particular nursing and AHP focus, and include

[23] http://www.jitscotland.org.uk/example-of-practice/247-community-nursing-service-model/
[24] http://www.jitscotland.org.uk/example-of-practice/advanced-nurse-practitioners-east-renfrewshire/
[25] http://www.rcn.org.uk/__data/assets/pdf_file/0009/527409/Jill_Nicholls_innovation_2013.pdf

services such as hospital at home, step-up/step-down beds in care homes and teams providing integrated community assessment and support.

One of the objectives of the Scottish Government's Intermediate Care Group is for intermediate care to be provided in all localities and for this to be accessed 7 days, if appropriate. In 2013, the Joint Improvement Team (JIT) surveyed partnerships' intermediate care service provision[26]. All partnerships are developing or enhancing aspects of Intermediate Care. Although some services operated with extended hours and over 7 days, in other services gaps are generally covered by community nursing and out of hours services (Table 1)[26]:

Table 1: Provision of intermediate care services across partnerships

	Available in all localities	Available in some localities	Operates 7 days per week
Re-ablement Service	25	5	21
Community Rehabilitation Team	24	5	10
Integrated Community Assessment and Support Team	10	8	5
Rapid Response/Crisis Care	24	1	14
Early supported discharge	26	3	7
Hospital at Home	4	2	5
Rapid Access Day Hospitals	11	4	0

Example: ASSET model, NHS Lanarkshire
NHS Lanarkshire's Age Specialist Service Emergency Team (ASSET), is a multi-disciplinary Hospital at Home service in North Lanarkshire[27] that provides specialist geriatric services in the home as an alternative to hospital admission. Patients have a full assessment in their own home, after being referred, and a management plan is developed. They will then be reviewed by a consultant geriatrician within 90 minutes. Patients are admitted to a virtual ward and discussed at a daily virtual ward round, where the whole team is present and the management plan is reviewed. The ASSET team is made up of consultants, nurses, rehabilitation staff, occupational therapists, physiotherapists and a community psychiatric nurse. ASSET also works with North Lanarkshire Social Work Department to enable patients to receive immediate additional home care if needed. Approximately 80 per cent of people who are referred to the scheme are able to remain at home.

Example: Community wards, NHS Ayrshire & Arran
NHS Ayrshire & Arran established three community wards within each of its Community Health Partnership community hubs. The community wards provide an anticipatory care service for patients with long-term conditions. Patients receive intensive medical and advanced nursing support, with a view to avoiding hospital admission and enabling patients to stay at home (including nursing home) with the appropriate intensive support. Each community ward is managed by a GP, ANP and an administrator. The teams are part of wider integrated services – enablement services, social work, voluntary organisations and care homes – that operate within the community hubs[28].

[26] Joint Improvement Team (2013) Intermediate Care Readiness to Scale
[27] http://www.nhslanarkshire.org.uk/Services/rcop/projects/Pages/asset-team.aspx
[28] http://www.jitscotland.org.uk/wp-content/uploads/2014/08/AA-Community-Ward-Final-Evaluation-Report-FINAL-v3.0-06-Nov-2013.pdf

Example: **Integrated Community Support Team (ICST), South Lanarkshire**
ICST provides around the clock home-based, personalised support. It started operating in East Kilbride in 2012 as a pilot of a new approach to providing multi-disciplinary care to people in their own homes 24 hours a day, seven days a week. Teams are made up of community nurses, physiotherapists, occupational therapists, generic support workers, home carers and social workers. A key element of the team is that it is made up of existing rather than specifically recruited staff, thereby building in longer term sustainability of the approach. The service has allowed an increasing number of frail older people with complex conditions to remain at home[29].

d) Achieving the best possible outcomes and experience for patients by using the available resources in a sustainable manner

Improving patient experience and outcomes: Patient outcomes and patient experience need to be at the heart of any service changes to support seven day care. There will need to be a careful analysis of what will best improve outcomes for patients and provide a sustainable service.

Expanding nursing roles has a history of improving patient care. An evaluation of the expansion of nurse prescribing in Scotland, for example, showed that patient care was improved and patients generally showed considerable confidence in nurse prescribing. Patients placed greater value on getting appropriate and effective care, from someone who was trained and competent in providing it, rather than whether they were a nurse or a doctor[30].

ANPs have been shown to have a positive impact on patient care and improve patient outcomes. An evaluation of the impact of ANPs across different services in Manchester found ANP roles helped to reduce admissions and length of stay, increase the responsiveness of teams, improve access to primary health care services, facilitate better engagement of patients in 'hard-to-reach' groups, reduce waiting times, and allow more timely and responsive interventions[20].

Research into the safety and effectiveness of ANPs has provided overwhelmingly positive evidence of the value of the role and the patient satisfaction that arises from ANP care[31,32]. In primary care settings, for example, patient health outcomes were as good for patients treated by nurses as those treated by doctors, however patient satisfaction was higher with nurse-led care[32]. Nurses tended to provide longer consultations, give more information to patients and recall patients more frequently than did doctors.

Example: Nurse practitioners mental health service, Moray, NHS Grampian
The service was originally set up to deliver a rapid triage and out of hours and emergency on call mental health service within the Moray area, receiving and assessing referrals from

[29] http://www.jitscotland.org.uk/wp-content/uploads/2014/08/Integrated-Community-Support-Team-ICST-East-Kilbride-and-Strathaven-Pilot-Poster.pdf
[30] Scottish Government (2009) An evaluation of the expansion of nurse prescribing in Scotland
[31] Horrock S, Anderson E and Salisbury C (2002) Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors, *BMJ,* 324, pp.819-823
[32] Laurant M, Reeves D, Hermens R, Braspenning J, Grol R and Sibbald B (2005) *Substitution of doctors by nurses in primary care (review),* Cochrane Database of Systematic Reviews 2005, Issue 2, Art No: CD001271, Hoboken: John Wiley and Sons Ltc.

primary health care, mental health teams, social work, out of hours services including police and all inpatient staff teams within the Dr Gray's site. It has now expanded to six ANPs and two junior doctors (though it is usually five ANPs and three junior doctors). The nurse practitioners provide liaison psychiatry alongside receiving and assessing emergency and urgent referrals, non-medical prescribing, CAMHS assessment and long-term management clinics. The service provides 24/7 cover with shifts being 9am-9pm / 9am-6.30pm / 1pm-1am on site, with on call from 1am to 9am the next day. Staff work 9am-9pm and then 9pm-9am on the weekends, with the night shift being able to transfer to on call if it is not busy.

Supporting access to care for vulnerable groups: As data on health inequalities makes clear: some groups of people find it harder to access the care and support they need. The move towards seven day care needs to makes sure it reaches the patients that need it most.

Nurses working in the community provide a key role in assisting more vulnerable patients to access the care they need, for example: learning disability nurses; nurses working in mental health services and the criminal justice system; nurses working with those with drug or alcohol problems; and nurses in liaison roles, for example care home liaison nurses. RCN Scotland's recently launched *Nursing at the Edge* profiles a series of nurses who provide innovative and inspirational services for people at the margins of society, that mainstream services fail to reach[7].

Example: Alcohol Related Brain Damage Service (ARBD), NHS Fife
Using a multi-agency approach, a small community mental health nurse-led team based at Whytemans Brae Hospital in Kirkcaldy identifies and works with people with ARBD. The service helps to prevent the cognitive and physical health decline that often ends with sufferers becoming incapable of independent living. The team works collaboratively with psychiatry, occupational therapy, addiction services, social work and the voluntary sector. Evaluation shows that it works. As well as making a marked difference to clients' quality of life, and significant improvement to cognitive functioning, the ARBD service has reduced A&E attendance, cut hospital admissions and generated savings for NHS Fife of £112,000 in its pilot year.

Making best use of resources: The Task Force has a firm emphasis on sustainability. Part of this means ensuring the most effective use of resources in providing care to people when and where they need it, as well as targeting service change to where it provides the most positive impact on patient outcomes.

The positive impact that ANP and community nursing roles can have on reducing admissions, reducing length of hospital stay and supporting discharge has an obvious cost benefit, as well as the positive impact on patient outcomes. Evaluation of ANP roles also show they increase the responsiveness and efficiency of care provision, as well as freeing up time and reducing pressure on medical roles[9,20]. However, the RCN is not advocating ANP roles as substitutes for medical roles, rather it is about the effectiveness of the team as a whole, and how to maximise the contribution of each profession.

Example: Outpatient antimicrobial therapy, NHS Greater Glasgow and Clyde
Outpatient Parenteral Antibiotic Therapy (OPAT) is an alternative to inpatient care for those who require parenteral antibiotic therapy for moderate to severe infections. Prior to developing the OPAT service in Greater Glasgow and Clyde, all patients had to remain as

an in-patient to receive their course of treatment. The OPAT team includes a consultant in infectious diseases and general medicine, three clinical Nurse Specialists and an antimicrobial pharmacist. The OPAT service avoids admissions, supports discharge and reduces bed days, with substantial savings associated with this. Currently the service is constrained by running Monday – Friday 8am-4pm. By expanding to a seven day service this would enable patients to be seen and discharged more quickly, therefore freeing up more beds. An economic analysis shows that for every additional pound invested in OPAT to expand the service to 7 days a week, there would be a potential saving of £8.55 while providing an efficient, clinically effective, safe alternative to in-patient care for a suitable group of patients[33].

Example: Nurse-led intensive community CAMHS service, NHS FIFE
NHS Fife set up a nurse-led Intensive Therapy Service (ITS) to provide personalised community-focused care for 8-18 year olds, following the closure of its child and adolescent mental health inpatient unit in 2002. Led by a Nurse Consultant, the ITS brings together nurses, psychiatrists, psychologists and therapists to offer high-intensity home-based support and therapy. Core services run Monday to Friday, 8.30am-4.30pm, across the whole NHS Fife area, with additional services provided out of hours as required. The service has resulted in a marked improvement in Health of the Nation Outcome Scales for Children and Adolescents, a reduction in hospital admissions and a reduction in average inpatient length of stay from 56 to 21 days. With the much lower operational cost than the previous inpatient unit, there has been an annual operational cost saving of £417,295 for NHS Fife[34].

e) Enablers

There are certain enablers needed to maximise the contribution and positive impact of nursing and other professions to support seven day care:

Telehealth, telecare or assistive technology: All partnerships identified this as commissioning priority in their joint strategic commission plans for older people[13]. This is especially important to support management of long-term conditions or when people are in crisis[35].

Advanced care planning: Having an advanced care plan in place means that patients seen in the out of hours period will have the most appropriate care delivered and will be less likely to have an inappropriate admission to hospital. Almost all partnerships identified anticipatory care planning as a commissioning priority for their older people's services, focusing on those identified at risk of hospital admission, those with long-term conditions or for people over 75 years old[13]. NHS Shetland has noted the benefit of having advanced care plans in ensuring that patients, for example palliative care patients, receive the most appropriate treatment when being seen out of hours by its community nursing team[23].

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[33] RCN (2014)Outpatient Antimicrobial Therapy (OPAT) Economic Case Study (2011-2012) Available at: http://www.rcn.org.uk/__data/assets/pdf_file/0012/597594/Lindsay_Semple_Outpatient_Parenteral_Antimicrobial_Therapy_OPAT.pdf (Last accessed 1 December 2014)

[34] RCN (2013) Improving outcomes for children and young people with severe mental health conditions, available at: http://www.rcn.org.uk/__data/assets/pdf_file/0019/529120/Lee_Cowie_Fife_CAMHS_summary_final_-_June_2013.pdf (Last accessed 1 December 2014)

[35] RCN is Scotland is planning to publish a report on access to healthcare for older people in remote and rural areas in Spring/Summer 2015, which will include the role of telehealth/telecare

IT systems: IT systems need to allow people across different agencies to access and share information when needed, to support continuity of care.

Evidence-base and evaluation: There needs to be in-built monitoring and evaluation of any service change, no matter how small, to ensure that services and initiatives provide the best outcomes for patients and the most effective use of resources.

4. What is future demand likely to be?

The current lack of community nursing and ANP workforce data makes it challenging to monitor and predict future workforce needs, though the community nursing workforce recoding work will make this easier going forward. Local unscheduled action plans show NHS Boards are exploring multi-disciplinary team approaches, including enhanced nursing roles, to reduce the pressure on unscheduled care[36]. They include, for example, plans to introduce or develop:

- Emergency nurse practitioners (NHS Borders, NHS Grampian, NHS Fife, NHS Orkney)
- Development roles and clinical caseloads within general practice for ANPs from out of hours services (NHS Ayrshire & Arran)
- Multi-disciplinary discharge co-ordination teams (NHS Dumfries & Galloway)
- Seven day nursing service, including more advanced roles in the community (NHS Forth Valley)
- AHPs as part of front-door services to help prevent admission; AHPs available to access seven days a week (NHS Highland, NHS Grampian)
- ANP roles to support primary care out of hours (NHS Orkney)
- Nurse Consultant and ANP posts for older people (NHS Tayside)
- Shared clinical posts across unscheduled care spanning GP, OOH, A&E and NHS 24 (NHS 24)

There is a similar focus on multi-disciplinary teams and enhanced nursing roles within the joint strategic commissioning plans for older people services. With the integration of health and social care, and integrated workforce planning and development, there is likely to be an increased focus on multi-disciplinary teams and enhanced nursing roles to support achievement of the National Health and Wellbeing Outcomes for patients. The Local Delivery Plans also currently show that Boards are looking at more creative approaches to the delivery of services, especially in remote and rural areas. As one noted: *"The traditional model of primary care in rural areas no longer meets the needs of our populations or our staff.*[37]*"*

In England there are examples of nurses successfully holding GMS contracts. The RCN thinks that this is a model with real potential, which could be further developed in Scotland.

5. Challenges and what needs to be in place for the future

This paper demonstrates that there are many examples of good practice and creative, multi-disciplinary approaches across Scotland that are responding to the priorities identified by the

[36] From analysis of 2014-15 Local Unscheduled Care Action Plans provided by Chief Nursing Office, Scottish Government

[37] NHS Highland (2014) Local Delivery Plan 2014/15

seven day care programme. However at times of pressure, there is a natural tendency to revert to the known traditional models, even if we know that this does not work as well as it should. We need to consider how we can spread this good practice in a sustainable way that best meets the needs of patients, seven days a week.

Some Boards, such as Ayrshire & Arran and Grampian, have embedded advanced practice models, but this has not been replicated consistently across Scotland and there are still challenges to the sustainability of the models that do exist. Through the career framework, toolkit and guidance, NES and Scottish Government have been working towards developing a consistent approach to support sustainable implementation of advanced nursing practice roles. However this is not being translated consistently into practice.

There is a disconnect between advanced practice and workforce planning. There needs to be long-term workforce planning, succession planning, including for senior clinical roles to supervise ANPs, and the resourcing to underpin it. The development of advanced nursing practice roles needs to be based on demonstrable patient and service need, with careful planning, organisation support and investment. This has to be alongside strong leadership structures, robust governance of roles and clear professional structures and lines of accountability.

Advanced practice has suffered from a lack of clarity over its definition and regulatory framework in the past. Work led by NES has established a Post Registration Career Development Framework[11] to support the continuing and changing development needs of the Nursing, Midwifery and Allied Health Professions workforce across the Career Framework for Health. This overarching framework identifies key aspects of practice that are transferable across discipline specific and speciality groups. This supports consistency of approach across different professional and speciality groups, allowing benchmarking between specialities and supporting transferability of staff across geographical areas. The higher level nature of this framework differentiates it from other frameworks as it provides structure and cohesion for context and speciality specific, professional and competency frameworks. NES has used this to develop career pathways for some specific areas of advanced practice, for example paediatrics and neonatal services. However, whilst this has provided a framework to support consistent development and governance of such roles, there needs to be a more co-ordinated approach to post-registration education, with education development and consistent career pathways across all areas of advanced practice. This aligns with the strategic aim of Scottish Government's *Setting the Direction For Nursing & Midwifery Education in Scotland*[38] to develop a sustainable national approach to post-registration and postgraduate education and continuing professional development.

There have been calls in the past for the NMC to regulate advanced nursing practice. However, despite discussion, this has not been progressed. In the meantime, the concepts of professional, educational and clinical governance need to be better articulated in the context of role development. Having clearer employer or commissioner governance over role development, deployment and evaluation, which is based on the consistent application of advanced practice role benchmarks (i.e. through the Advanced Practice Toolkit and Post-Registration Career and Development Framework), will ensure the quality and focus of any role and the contribution it provides.

[38] Scottish Government (2014) Setting the Direction for Nursing & Midwifery Education in Scotland

With the integration of health and social care, locality planning is going to be the driving force for the design of integrated services. This needs to fully involve all professional groups, and be underpinned by robust integrated workforce planning, that ensures services deliver care when and where patients need it, regardless of the day of the week.

There is important work happening in other Scottish Government workstreams that will be directly relevant to the issues the Seven Day Task Force is facing, for example around unscheduled care, patient flow, criteria-led discharge and use of the multi-professional workforce planning tool for emergency departments. All of this will need to be considered and applied in the context of seven day care.

6. Key asks

Key ask: All Scottish Government proposals around any aspect of sustainability and seven day care, unscheduled care or patient flow, fully recognises the contribution of all professional groups across the whole system.

Key ask: All Scottish Government activities to improve patient flow and patient outcomes, which will impact on the workforce, must be fully integrated to allow for consistency and coherency of workforce planning.

With respect to nursing, this is important because:

- As a key part of every delivery team, nursing will be affected by any change in the model of care provision. Nursing needs to be included in discussions regarding capability, capacity and sustainability, rather than an assumption that the profession will be there to 'plug a gap'
- Nursing has a professional contribution to make, which could be in a number of different ways: changes in volume, but not the nature of the nursing contribution; changes in the nature of the nursing contribution (i.e. through advanced practice roles); changes in the nature of the nursing role (expansion of the skills/responsibilities of nurses)
- This is a complex agenda that requires a multi-disciplinary approach. In some areas nursing will need to lead service change, but in other areas nursing's role will be to support the professional contribution of another professional group, for example AHPs

7. Questions for discussion

- How can we support what this paper sets out as being needed to allow the full contribution of all professions, including nursing, to deliver seven day care where it is needed most?
- How can we analyse where seven day care can most improve outcomes for patients and make best use of resources?
- How can we balance the service changes needed to improve patient outcomes and sustainability of services seven days a week, with the impact on the healthcare professionals who will be providing it?

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