

Consultant Nurses: Expert Patient Care

POLICY BRIEFING



Contents

What is a consultant nurse?	3
Does Wales have enough consultant nurses?.....	9
Wales-wide	9
By health board and trust.....	10
By area of nursing.....	11
What should the Welsh Government do?	14
Actions	15

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About the Royal College of Nursing (RCN)

The Royal College of Nursing is the world’s largest professional organisation and trade union for nursing, representing over 500,000 nurses, midwives, health visitors, healthcare support workers and nursing students, including over 29,500 members in Wales. RCN members work in both the independent sector and the NHS.

Around two-thirds of our members are based in the community. The RCN is a UK-wide organisation, with National Boards in Wales, Scotland and Northern Ireland. The RCN represents nurses and nursing, promotes excellence in nursing practice and shapes health and social care policy.

What is a consultant nurse?

A consultant nurse is an expert nurse that bridges the worlds of clinical practice, research, education, strategy and leadership in order to improve patient care.

The title of 'consultant' is used in various fields 'to represent a person who provides professional or expert advice in a particular field of science or business to either an organisation or individual.'¹ In the case of consultant nurses, this expert advice is developed through extensive clinical experience, research and professional development.

There are five pillars of consultant-level practice for consultant nurses:

Figure 1 The Five Pillars of Consultant Clinical Practice



Source: NHS Wales Advanced, Enhanced and Consultant Framework²

Due to the breadth of clinical experience and expert knowledge that a consultant nurse will have acquired, consultant nurses are able to exercise a high degree of professional autonomy and decision making in order to enhance 'quality in all areas of assessment, diagnosis, management and evaluation, delivering improved outcomes for service users and extending the parameters of their field of practice.'³ This level of professional autonomy and expertise enables consultant nurses to challenge health providers and services to improve patient care.⁴

¹ <https://heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/>

² Figure 1: <https://heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/>

³ <https://heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/>

⁴ Ibid.

All nurses practicing at or above advanced level work across the first four pillars. The fifth pillar, strategy, is unique to those practicing at consultant level.⁵ How much of a consultant nurse's time goes toward each of the five pillars will vary according to their role and the needs of the health board or trust. However, clinical practice remains a very important part of their role.

As shown in Figure 1, not only do consultant nurses lead up-to-date research, they also apply it to their clinical practice, ensuring that patients see a real benefit in their lives as a result. Consultant nurses frequently have national – or even international – profiles, contributing to national projects, workstreams and forums. This allows them to advise employers, health boards and trusts, and help with strategic aims to develop services and pathways for patients. They teach and educate others, ensuring future workforce knowledge and skills, and many either work in collaboration with higher education providers or have a joint employment contract. In considering its commissioned programme of research into health and social care, the Welsh Government should ensure that it considers the impact of the consultant nurse role.

Research and practice working together to improve patient outcomes

In each health board area in Wales, around 200 children and young people are likely to need support through a feeding tube. However, commercially prepared formula may cause children to experience severe diarrhoea, vomiting and weight loss, and as a result, may severely limit their ability to go about their daily lives. Some parents, therefore, choose to administer blended diets to their children either as an alternative, or in addition to, commercially prepared formula, often resulting in the child experiencing fewer tummy upsets and an improved quality of life.



Sian Thomas worked as a Consultant Nurse (Child Health) at Aneurin Bevan University Health Board, where the parents of some of these children had expressed an interest in moving to using a blended diet for their children. Realising that there was not enough research available about the safety of this approach, Sian decided to conduct an 18 month, Wales-wide study, which was sponsored by Aneurin Bevan UHB.

All participants who received a blended diet expressed significant benefits including a better toleration of the feed, with episodes of vomiting much lower compared to those on a commercial feed. There was no increase in complications in tube blockages or infection rates and a significant reduction in the prevalence of bowel problems.

⁵ <https://heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/>

Parents also reported an improvement in the child’s mood and behaviour, weight gain, and a better toleration of medication – which led to a reduction in hospital admissions.

Sian then went on to use the knowledge that she had learnt from her research and applied it to help her own patients. In her role as a consultant nurse, Sian was therefore able to make a tangible, positive impact on the lives of her own patients. Her study also resulted in wider benefits, as it led to a nation-wide change in practice as well as a change in British Dietetic Association policy. The changes have received support from the Welsh Government as well as all health boards in Wales.

Sian said, “It has been really beneficial to develop the evidence base in this area and this has influenced innovation in clinical practice, locally and nationally. The findings from the study have enabled the development of local guidance and have informed the revision of national policy and practice as well as potentially opening the door for further research in this area. Most importantly, however, the work has empowered patients and their families and improved their quality of life. They are able to eat the same food, socialise and have support from professionals to make a choice. “We wanted to create a culture where families could openly discuss the feeding options that they wish to follow with their health professional, as well as ensuring dietitians feel supported professionally to offer a blended diet as an option if they deem it appropriate.”⁶

Sian’s experience is reflected in the evidence

Gerrish et al. (2013) analysed three domains of impact of consultant nurse roles in a study in England: clinical significance, professional significance and organisational significance, with each domain including three to four indicators of impact. The study found that “all nurse consultants showed some evidence of impact in all three domains”.⁷

According to the study’s authors:

“The impact on physical and psychological symptoms was evident in patients where NCs [nurse consultants] were directly involved in their care, for example one-to-one consultations, but it was also evident indirectly through patient-focused services developed by NCs.

“For example, through influencing healthcare commissioners, the stroke NC had developed continuing rehabilitation therapy services which had a positive impact on patients by improving their functional ability” (pp. 2297-98).⁸

⁶ https://healthandcareresearchwales.org/sites/default/files/202101/Making_a_differenceimpact_health_and_care_research_in_Wales_2020-small.pdf

⁷ Kate Gerrish, Ann McDonnell & Fiona Kennedy, ‘The development of a framework for evaluating the impact of nurse consultant roles in the UK’, *Journal of advanced Nursing*, vol. 69 iss. 10 (October 2013), pp. 2295-2308. Gerrish et al (2013)

⁸ Ibid.

RCN Wales spoke to many other consultant nurses, including Nia Boughton, a Consultant Nurse for Primary Care at Betsi Cadwaladr University Health Board:

Improving patient care, improving lives

Nia Boughton, a Consultant Nurse for Primary Care at Betsi Cadwaladr UHB, helped a patient who had unfortunately had a breakdown in her relationship with her GP.

The patient had multiple symptoms, resulting in a very poor quality of life, almost unable to leave the house and had not been in work for over a year.

Nia was able to work with her and build good rapport. Assessing her holistically, Nia was able to establish that the patient very likely had ongoing issues associated with endometriosis affecting her bladder. She had never received treatment for the menopause and as such was struggling with anxiety and multiple joint symptoms which had just been treated with very strong analgesics in the past.

Nia has worked with the patient for months to initiate a hormone replacement therapy regime which has meant that her mood has lifted. An onwards referral for cognitive behavioural therapy (CBT) that Nia generated has also enabled the patient to receive treatment for her anxiety, with the patient consequently starting to taper off her anti-anxiety medication.

A blood test that Nia had requested showed that the patient had a thyroid deficiency, which Nia then went on to prescribe medication to resolve. The patient's joint pains and intense fatigue vastly improved as a result, and she also cut down dramatically on some of the unhealthy coping mechanisms that she had developed through smoking and alcohol intake.

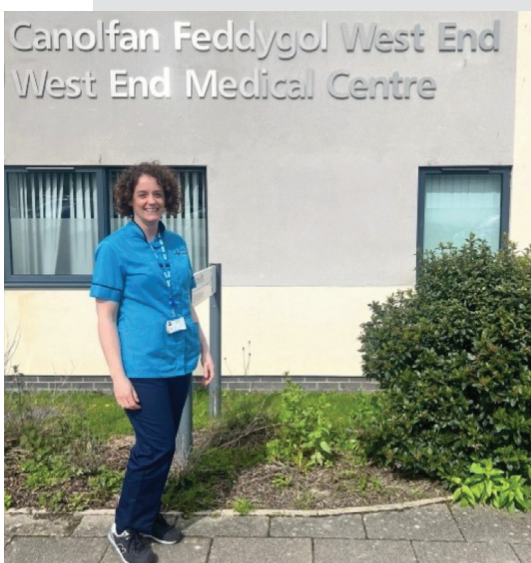
Nia Boughton said:

“When I recently reviewed the patient, she was thrilled to inform me that she has just had a successful job interview and is now returning to

employment. She plans to use the small increase in household income to fund her first holiday abroad in many years. This is something the patient never thought she would have had the confidence or level of health to do again.”

Speaking of the role of the consultant nurse, Nia Boughton added:

“I love being a nurse and I am completely passionate about high quality nursing care. I felt strongly that I wanted to influence strategy and priorities for care and service transformation, but I didn't want to step away from direct patient care as is often the case within senior nursing positions. The consultant nurse role gives the best of both worlds.”



As can be seen in this briefing, NHS Wales can benefit from the expertise of consultant nurses from all specialisms and fields of nursing, including consultant nurses specialising in psychosis:

Saving lives through early intervention in psychosis

Norman Young is a Consultant Nurse and Clinical Service Lead for Early Intervention in Psychosis in Cardiff and Vale UHB. He is also a Senior Associate Lecturer for Cardiff University.



Psychosis most commonly occurs in adolescence, with marked changes in the young person's perception of reality leading to hallucinations, delusions and muddled thoughts and speech. Consequently, there is significant disruption in the young person's education, employment, and personal relationships. Early detection and intervention play a significant role in improving recovery, saving lives and reducing NHS, social care and personal costs.

Consultant nurses have a strategic role in shaping services, research, teaching and in providing clinical services. Drawing on Welsh Government funding for children and young people, Norman has partnered with colleagues within the NHS, Barnardo's and local authorities to lead the development of 'Headroom', a service for 14- to 25-year-olds experiencing their first episode of psychosis.

The service works across the transition from services for children and young people to those for adults, thereby providing a seamless service for young people as they grow up.

Headroom has grown into a multidisciplinary team of 20 people, including employment support and peer support workers, in addition to Barnardo's, NHS and local authority staff. Headroom is a key partner with both the National Centre for Mental Health and Cardiff University, supporting research that will improve the lives of young people.

Norman acts as a consultant to young people in Headroom, overseeing the clinical management of whole episodes of care, in addition to his research and teaching roles with Cardiff University. Norman is active in the creation of advanced nurse practitioners in mental health.

"This consultant role has allowed partnerships and innovative cost-effective practices to develop for the betterment of young people and their families. Supporting the advanced nurse practitioner framework is key to developing clinical nurse leadership, innovation and a healthier population."

RCN Wales spoke to Marianne Jenkins, who spoke about her role as a consultant nurse in developing a workforce model for advanced nurse practitioners:

Development of advanced nurse practitioner teams

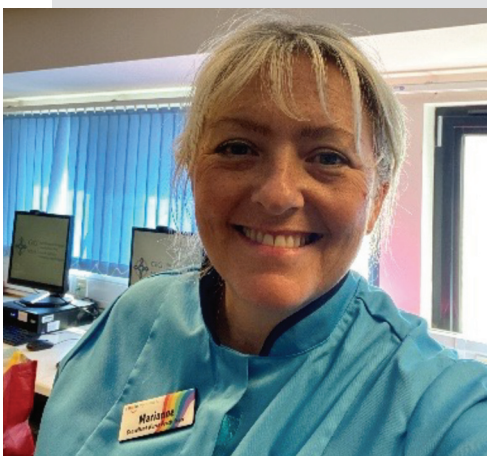
Marianne Jenkins works as a Consultant Nurse Practitioner for Emergency Care at Cardiff and Vale University Health Board. A key aspect of her role has been to develop the advanced nurse practitioner role within Emergency and Acute Medicine at the health board.

Marianne Jenkins said:

“There were 2.5 ANPs in post who had been working within the nursing rota to support staffing levels through the pandemic and with a return to the ANP role planned in January 2022. Alongside this there was transformation work within the department to improve services and patient flow.

“Working with the lead nurse and the transformation lead, I developed a workforce model for introducing advanced nurse practitioners into the Paediatric Emergency Department, Medical Same Day Emergency Care Service and returning and expanding the existing ANP team to the Adult Emergency Department. I developed a framework of practice to support their return to role as well as developing a training programme for new ANPs. This included a two-week induction programme for new staff to give them the foundation skills in clinical patient assessment.

“There is a monthly study day for the ANPs to share their learning, as well as teaching of specialty consultants to support wider ongoing learning. There is now a team of 13 ANPs in post covering all three areas: five senior ANPs, three junior ANPs and five trainee ANPs. In Paediatrics this has supported the wider workforce and the introduction of a Clinical Decisions Unit for children requiring longer periods of observation and care in the Paediatric Emergency Department.



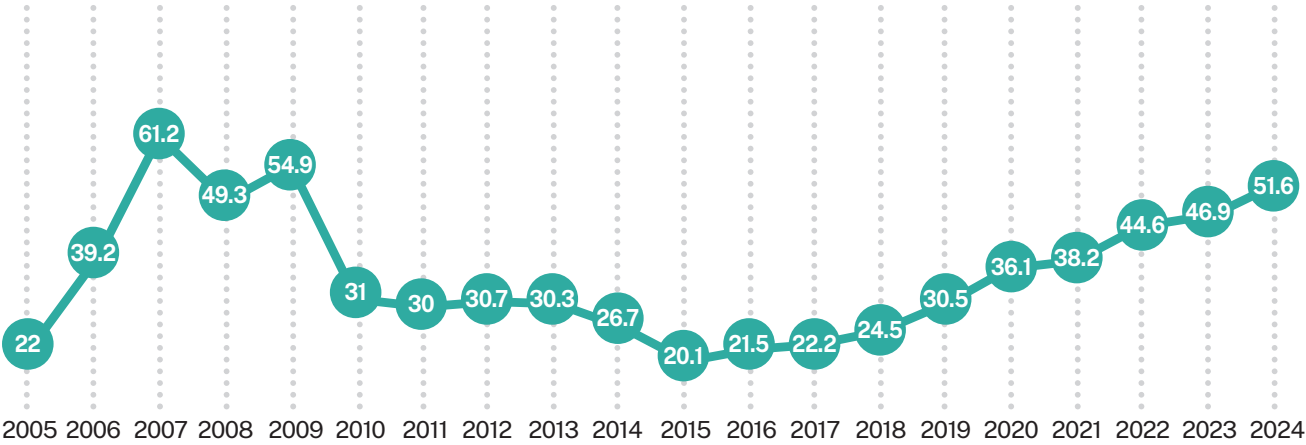
“In Medical Same Day Emergency Care, this has supported the improved patient care and flow with reduced waiting times for assessment and investigations (such as lumbar punctures). With the introduction of the ANP team there has been additional support for the Virtual Ward to increase capacity for patients to remain at home while ongoing investigations and assessments are arranged. In my role I am able to provide direct patient care across these areas as well as teaching and supervision for the trainee ANPs.”

From reading about the experiences of Marianne, Norman, Nia and Sian, it is clear that consultant nurses play a key role in improving patient care in Wales. However, are there enough Mariannes and Normans, Nias and Sians currently working in the NHS?

Does Wales have enough consultant nurses?

Consultant nurses provide an essential role in the NHS. However, currently there aren't enough of them in Wales.

Figure 2 **Number of consultant nurses (FTE), 2005-2024**



Source: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/nursingmidwiferyandhealthvisitingstaff-by-grade-areaofwork-year>

*2024 figure as of 31 March 2024

There was a rapid expansion of consultant nurses between 2007 and 2008. However, as Figure 2 demonstrates, the number of consultant nurses decreased sharply between 2009-2010, and although the number has slowly risen in recent years, it is yet to return to 2007 levels.

Wales-wide

There are some gaps in workforce planning in NHS Wales. This is particularly true for consultant nurses, where posts have historically been established and discontinued dependent on pump-priming, local pressures, and investment from the third sector.

While the Welsh Government directly provided initial funding for consultant nurses at the beginning of devolution, this funding has long come to an end, with funding now being the responsibility of health boards and trusts. Health boards and trusts in NHS Wales often take a short-term view in service planning, saving money by discontinuing posts without considering the long-term value of investing in the workforce or the long-term implications for the health of the population. The low numbers of consultant nurses compared to 2007 can be attributed to retiring consultant nurses not being replaced due to budget constraints.

Since 2017 there has been a consistent, albeit slow, increase in the number of consultant nurses, but progress varies significantly from health board to health board, and from specialty to specialty.

A required amount of 55 consultant nurses was set out by the now-defunct Health Professions Wales. Although this requirement is now out of date, it shows that there is precedent for the introduction of national indicators to determine the numbers of consultant nurses working in Wales.

By health board and trust

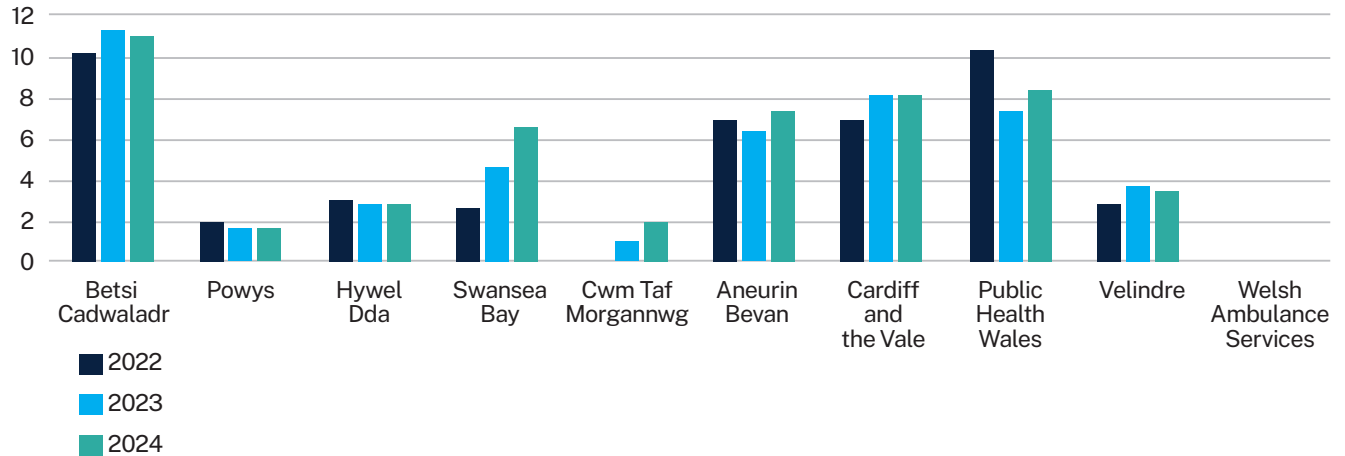
The number of consultant nurses varies across Wales and small year-by-year fluctuations can be seen in most health boards and trusts. Health boards and trusts do not all share the same enthusiasm for the consultant nurse role.

Betsi Cadwaladr has invested in consultant nurses in recent years, and small increases can also be seen in some health boards such as Swansea Bay. However, the overall picture is a very disappointing one. As of March 2024, Powys and Cwm Taf Morgannwg health boards respectively employ just 1.6 and 2.0 consultant nurses (full time equivalent). Given the important role that consultant nurses play in ensuring safe and effective care for patients, it is disappointing that so few of them are employed by health boards and trusts. As previously shown in this briefing, consultant nurses specialise in various fields of nursing, from learning disabilities to child health, with each consultant nurse bringing a unique set of skills and experience to the table. All health boards and trusts should therefore increase their respective FTE numbers of consultant nurses to reflect the diversity of specialisms that exists within consultant nursing.

Furthermore, StatsWales claims on its website that “this data item is not applicable” for the Welsh Ambulance Services NHS Trust (WAST), for all years, suggesting that the trust has never employed any consultant nurses.⁹ Serious doubts have been raised regarding the accuracy of this, however, as RCN Wales understands that WAST employs a consultant nurse in mental health. It is imperative that NHS Wales, StatsWales, and WAST all ensure that publicly available data on the consultant nursing workforce is both correct and up to date. This is crucial to ensure accurate workforce planning.

⁹ <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/nursingmidwiferyandhealthvisitingstaff-by-grade-areaofwork-year>

Figure 3 Number of consultant nurses (FTE) by health board/trust, 2022-2024



Source: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/nursingmidwiferyandhealthvisitingstaff-by-grade-areaofwork-year>

*2024 figure as of 31 March 2024

By area of nursing

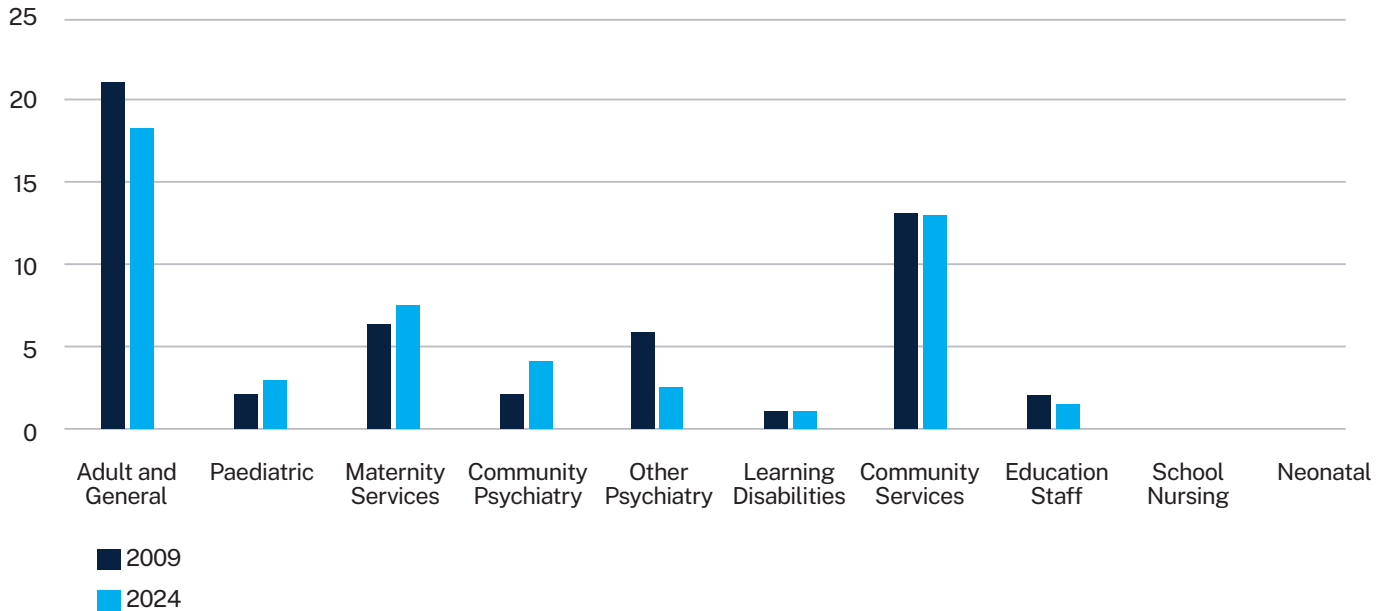
Having consultant nurses in a specialty across health boards and trusts enables the sharing of good practice and trials, and for the scaling up of projects, ensuring geographical equality.

In recent years, the two areas in which consultant nurse posts have received the most investment have been adult and general services and community services. Currently, there are 18.5 FTE and 13.1 FTE consultant nurses in each of these areas of nursing, respectively. However, even here, the numbers of consultant nurses working in these respective fields of consultant nursing were higher in 2009 compared to in 2024, as shown in Figure 4 below.

Furthermore, it is clear that there is a vast disparity in the number of consultant nurses depending on the area of nursing. There are no consultant nurses in neonatal nursing, school nursing or critical care, and only one in learning disabilities.¹⁰

¹⁰ <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/nursingmidwiferyandhealthvisitingstaff-by-grade-areaofwork-year>

Figure 4 Number of consultant nurses in Wales by area of nursing



Source: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/nursingmidwiferyandhealthvisitingstaff-by-grade-areaofwork-year>

*2024 figure as of 31 March 2024

The Welsh Government correctly notes in its Healthy Child Wales Programme that “the emerging evidence shows investment in the early years of life has significant positive impact on a child’s health”.¹¹ Paediatric nurses, neonatal nurses and school nurses play a crucial part in providing safe and effective care for infants and children, and by extension, in helping to ensure that each child can have the best possible start in life. It is therefore very disappointing that Wales has no consultant nurses working in neonatal nursing, none in school nursing and such low levels in paediatric nursing working at full-time equivalent. This becomes even clearer when contrasted with the number of consultant nurses working in adult and general (18.5 FTE). Sian Thomas’s experience points to the positive difference that consultant nurses can make in improving patient outcomes for children; employing more consultant nurses working in child and infant health, for example, would further contribute to ensuring that every child in Wales has the best possible start in life.

¹¹ <https://www.gov.wales/sites/default/files/publications/2022-03/an-overview-of-the-healthy-child-wales-programme.pdf>, p. 3.

In the last 14 years, the number of learning disabilities consultant nurses in NHS Wales has never risen above one. Investing in learning disabilities consultant nurses would ensure Wales has the resources available to provide expert leadership and educate the next generation of learning disabilities nurses. It would improve the knowledge of the general workforce and produce innovative research, service improvement and development and function at a strategic level. Additional learning disabilities nurses would work on key areas such as improving health outcomes and supporting those with complex behaviours in line with the Welsh Government Learning Disability Strategic Action Plan¹². To invest in learning disabilities consultant nurses is to invest in the whole system and embed the importance of individuals with learning disabilities rightfully at the centre of health and social care.

There is a clear lack of succession planning for consultant nurse roles. Without succession planning and a clear career pathway from student to consultant nurse, posts remain empty, and the unique and expert influence on patient care will remain absent.

There is a clear lack of an evidence-based methodology to determine the number of consultant nurses that a particular speciality requires. Patient groups that predominantly receive a nurse-led service like diabetes care have no consultant nurses at all.

Moreover, at times, the roles and responsibilities of consultant nurses can seem unclear to patients, especially given the title of Consultant Nurse Practitioner. To ensure clarity for patients, the Welsh Government and NHS Wales should work towards a consistent job title, such as 'Consultant Nurse – [specialty]', for all nurses working at consultant level. This should be informed by the advice and guidance of the Chief Nursing Officer.

¹² Welsh Government Learning Disability Strategic Action Plan 2022 to 2026: <https://www.gov.wales/learning-disability-strategic-action-plan-2022-2026.html>

What should the Welsh Government do?

The Welsh Government should invest in consultant nurses of all types and in all parts of Wales. They should focus this investment into their priority areas such as Urgent & Emergency Care, Planned Care, Cancer, MH & LD and CAMHS. This investment needs to establish viable career progression pathways available for nurses who wish to utilise all their skills and knowledge across the pillars of consultant practice to support employers strategically, while contributing to research, education and the clinical care of patients.

Health boards and trusts are best place to conduct a local assessment of service needs. It would be helpful for HEIW to develop an evidence-based methodology or guidance to support this workforce planning process and thus identify the numbers required (similarly to how the required numbers of consultant midwives are currently calculated). This would also allow for a strategic shift in care provision as well as a sustainable supply from student nurse to consultant nurse. This methodology should be used locally to determine the optimal number of consultant nurses.

It is the role of the Welsh Government to determine health policy on a national level, to provide funding to NHS Wales to ensure effective implementation of policy, and to monitor progress on a national level. As such, RCN Wales believes that the Welsh Government should introduce a national programme, with national indicators, to ensure that local determination of the optimal number of consultant nurses across Wales has been undertaken and applied. Such a programme would help enable the Welsh Government to monitor, coordinate and lead progress at the national level.

To achieve this, RCN Wales believes that the Welsh Government should take the following actions:

ACTION 1:

The Welsh Government should ensure that, across NHS Wales, there is an optimal number of consultant nurses posts in each specialty to meet patient need.

ACTION 2:

The Welsh Government should instruct HEIW to undertake a gap analysis of the current consultant nursing workforce. This should be in line with HEIW's Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales.¹³

ACTION 3:

The Welsh Government should instruct HEIW to develop evidence-based guidance to enable health boards and trusts to regularly scope population need and determine the number of consultant nurses that each health board and trust needs.

HEIW should ensure that its workforce planning and education commissioning reflects this.

¹³ <https://heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/>

ACTION 4:

The Welsh Government should direct HEIW to work with health boards and trusts to develop a career pathway from nursing student to consultant nurse.

This must be promoted within every health board and trust to ensure consultant nursing positions are developed and filled when vacant. This would ensure continuity of patient care.

HEIW should develop an evidence-based workforce planning methodology based on population need. HEIW should also ensure that its Strategic Nursing Workforce Plan¹⁴ embraces this methodology to determine the optimal number of consultant nurses and support the development of those nurses.

ACTION 5:

The Welsh Government should ensure that consultant nurses have a strong voice, both within the NHS via organisations' Quality Statements¹⁵ and within the Welsh Government (especially via the Chief Nursing Officer for Wales).

¹⁴ <https://heiw.nhs.wales/workforce/strategic-nursing-workforce-plan/>

¹⁵ Part 2, Health and Social Care (Quality and Engagement) (Wales) Act 2020: <https://www.legislation.gov.uk/asc/2020/1/part/2/enacted>; The Duty of Quality Statutory Guidance 2023 and Health and Care Quality Standards 2023: <https://www.gov.wales/duty-quality-healthcare>