Nursing, Midwifery and Allied Health Professions Research Unit

The Implementation of Advanced Nurse Practitioner Roles in Primary Care in Scotland

Background:

Effective, high-quality and safe delivery of primary health care is increasingly dependent on multi-professional teams, including those working in expanded or enhanced roles. There is a large body of evidence suggesting that nurses with advanced competencies are capable of delivering elements of doctor's roles at the same level and quality of care. Additionally, it is recognised that this is dependent on the context in which the services are provided and the level and standard of education and training provided to the nurses. However, our understanding of ANP roles, their implementation and impact in the context of primary care services in Scotland is limited. A better understanding is required in order to support the appropriate development of these roles given the:

- increasing pressure on primary care services, workforce challenges and opportunities
- need to deliver high quality, efficient, sustainable health care services now and in the future.

Aims and objectives:

Following implementation of the role of Advanced Nurse Practitioner in Primary Care: what works, for whom, why and in what circumstances?

Specific objectives

- Identify stakeholders experience of implementing ANP roles in primary care in Scotland.
- Explore barriers and facilitators to the implementation of ANP roles in Scotland and Internationally.
- Explore the impact, scalability and sustainability of implementing ANP roles and the lessons learnt.

Methods:

A case study design based on the SSPC national evaluation framework for new models of care was used. This involved a realistic evaluation using qualitative mixed methods within a case study design in order to develop and test the programme theory.

Methods included

- A Scoping review of the literature - to identify the facilitators and barriers to implementing ANP roles in primary care internationally.
- Development of a programme theory for implementation of ANP roles in Primary care.
- Phase 1 - A scoping review of ANP implementation from an organisational perspective across all 15 Scottish Health Boards.
- Phase 2 - 'Deep dives' of five Scottish Health Boards with regards to ANP implementation, impact and sustainability.

Data collection

- Scoping review of the literature (n=54).
- Documentary analysis (n=72)
- Semi structured interviews and focus groups with key informants (n=68).

Key informants

Primary care development leads, Directors of Nursing, Clinical Service Managers, Educational leads (Nurses & GPs), ANPs and GPs identified using a snowball sampling method.

Data analyses

Data was analysed using a Narrative Synthesis and Framework Analysis approach.

Key findings:

- The number of ANPs in Scotland could not be established.
- ANPs were undertaking elements of the GPs role including: assessment; differential diagnosis; investigations; treatments including prescribing; discharge or referral. They undertook these tasks across all age groups for minor illness and injuries, and across a range of primary care services. In rural areas, ANPs managed more complex cases and multiple nursing roles.
- Reported key facilitators to successful ANP role implementation were: the national ANP definition and criteria; professional leadership from government and health boards; collaboration between health boards and GPs, and funding to enable GPs with training expertise to provide a high standard of supervision and work based learning.
- Reported key challenges included: resistance from some GPs and nursing colleagues, possibly arising from insufficient understanding of ANP roles and fear of own role erosion; shortage of GP and ANP clinical supervisors; age profile and local availability of potential trainees and inadequate study leave for ANPs. These findings resonate with the international literature review of 54 peer reviewed research studies.
- Health boards rarely measured ANP impact although some small-scale evaluations implied a positive patient experience and improved patient access to primary care services.

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- Scaling up was viewed as dependent on funding and service capacity for study leave and clinical supervision from experienced ANP and GP supervisors.
- Sustainability issues included: skill maintenance, governance concerns, and succession planning concerns as the recruitment pool were mainly community and practice nurses over 45 years of age.

Key recommendations:

- **ANP role definition and planning** for new models of care should be used as an opportunity for primary care team members to reflect on current service redesign, establish a shared vision for the multidisciplinary primary care team taking into account local patient needs and consider how best to support patients in accessing the most appropriate healthcare professional for their needs.
- In order to reduce role overlaps, 'role erosion' and to help with ANP **succession planning**, new career pathways for all nurses in primary care and community settings should be developed to support and reflect their changing roles within the multidisciplinary teams and their advanced skills.
- Transparent **governance arrangements** for ANP should be developed across primary care to address perceived concerns regarding standards of practice and education.
- Those charged with funding the development of ANP roles should recognise and provide adequate **resources** to those providing **clinical supervision**.
- Those charged with funding the development of ANP roles should recognise and provide adequate resources for nurse trainee **study leave** and other learning opportunities.
- A structured competency-based education approach should extend to **continuous professional development** to ensure **maintenance of competencies**.
- **Outcome measures** relating specifically to the ANPs role require development to facilitate meaningful **evaluation** of ANP impact.

Conclusions:

ANPs have the capabilities to address current and future workforce and workload challenges and enable multi-disciplinary models of primary care that allow people to remain at or near home. To enable this requires leadership, collaboration and investment from nurse leaders, GPs, and educational staff across Primary Care, Health Boards and Higher Education Institutions to deliver necessary education to address the shortage of ANPs with primary care experience. Capacity issues in primary care are however a significant challenge. Likewise, the need to develop new nursing roles that make the best use of advanced nursing competencies and experience is required rather than simply using nurses to replace elements of the GPs roles. This is best achieved by ensuring all members of the primary care and community team are appropriately developed and deployed to deliver new models of primary care that ultimately improve both service users experience of care and health outcomes through multidisciplinary teams.

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