Advanced Clinical Practice: defining the future forward role
Welcome and Introduction

Professor Mark Radford
Chief Nursing Officer
University Hospitals Coventry and Warwickshire
NHS Trust
Housekeeping

- Facilities
- Fire Exits
- Wifi Password: customerfirst
- Photography / filming
- Refreshments / lunch
Twitter

#ACPconf16
An introduction to Advanced Clinical Practice

A Global development

- Emerged in Nursing in the 19th century
- The Specialist nurse role was adopted in rural communities and other challenged areas
- 1920’s and 1930’s saw increasing expansion of the role
- The Second World War increased the development of skills base amongst nurses and enhanced development of Specialist Nurse role
A Global development

• The first Clinical Nurse Specialist program was initiated at Rutgers University in 1954.

• It represented a fundamental shift in the vision of education for nurses to university-based knowledge development and application of that knowledge through expertise (Mick & Ackerman, 2002).

• The CNS was initially conceptualised as an expert nurse at the bedside, providing specialised nursing care directly to patients, and indirectly improving care by focusing on nursing staff education and system analysis (Boyd, et al, 1991; Fenton & Brykczyński, 1993; Page and Arena, 1994).

• Alongside this came the Nurse Practitioner role, which aimed to deliver care in primary care and paediatrics.
UK Development

• Examples of very specialist nursing roles in Acute Hospitals (Pain and Colorectal) emerged in the 1970’s
• Stillwell’s (1980’s) development of a community based practitioner role was visionary
• Significant expansion in 1990’s
• Further development in 2000’s
Pushing Nursing & AHPs to the front

Accelerated Policy Drivers:

Key reports from the Department of Health (DH)

- NHS Modern and Dependable (1997)
- Keeping our NHS local (2003)
- Our Health our Say (2006)
- Making A Difference – (DoH 1999)
- A health service of all the talents: developing the NHS workforce (DoH, 2000)
Making a Difference

“The introduction of nurse, midwife and health visitor consultants post will not only provide new opportunities for expert practitioners who choose to remain in practice to do so, but also provide a stronger focus for clinical leadership, helping to improve quality and shape services to make them more responsive.”

DoH 1999
Three Policy Objectives

• To provide better outcomes for patients by improving services and quality
• To strengthen leadership
• To provide a new career opportunity to help retain experienced and expert nurses in practice

NHS Executive 1999
Introduced too?

- Provide better patient outcomes
- New career opportunity
- Developing the workforce
- Strengthen professional leadership
- To retain clinical maturity in the NHS
- Aid recruitment and retention
- Recognition of extending roles
- Proper and fair reward
Advanced Practice

• Advanced practice roles emerged in the US in the early part of the 20th century (Gardner et al., 2007; Schober & Affara, 2006; Spross & Lawson, 2005; Dunn, 1997)

• ‘advanced practice nurse’ evolved as an umbrella term to encompass a growing and diverse group of nurses who had moved beyond core clinical nursing practice, either in practice and/or education
‘concerned with adjusting the boundaries for the development of future practice, pioneering and developing new roles responsive to changing needs with advancing clinical practice, research and education to enrich professional practice as a whole’

UKCC 1994

Advanced Nursing Practice
‘is not an additional layer of practice to be superimposed on specialist nursing practice. It is, rather, a description of an important sphere of professional practice which is concerned with the continuing development of the professions in the interest of patients, clients and health services’

UKCC 1994
Advanced nurse practitioners are highly skilled nurses who can:

- take a comprehensive patient history
- carry out physical examinations
- use their expert knowledge and clinical judgment to identify the potential diagnosis
- refer patients for investigations where appropriate
- make a final diagnosis
- decide on and carry out treatment, including the prescribing of medicines, or refer patients to an appropriate specialist
- use their extensive practice experience to plan and provide skilled and competent care to meet patient’s health and social care needs, involving other members of the health care team as appropriate
- ensure the provision of continuity of care including follow-up visits
- assess and evaluate, with patients, the effectiveness of the treatment and care provided and make changes as needed
- work independently, although often as part of a health care team
- provide leadership
- make sure that each patient’s treatment and care is based on best practice
‘advanced level, where the registered nurse is working at a level well beyond initial registration, using their existing knowledge and skills to inform and further develop their practice.

… Advanced level practice encompasses aspects of education, research and management but is firmly grounded in direct care provision or clinical work with patients, families and populations.’

Department of Health (2010), page 7

The position statement comprised 28 elements clustered under four themes:

- clinical/direct care practice;
- leadership and collaborative practice;
- improving quality and developing practice; and developing self and others
Advanced Clinical Practice: the strategic priorities

Dr Pauline Milne, Senior Nursing Policy Manager, HEE
Our Mission

HEE:

• to ensure the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.
The Mandate

- HEE is responsible for ensuring that our future workforce has the right numbers, skills, values, cultural sensitivities and behaviours to meet patients’ needs and deliver high quality care.
- “HEE’s objective is to develop a more flexible workforce that is able to respond to the changing patterns of service.”

Mandate from Department of Health to Health Education England
The National Issue

The challenges faced by the NHS, including an ageing workforce, rise in chronic conditions and complex comorbidities, recruitment difficulties, financial pressures, all combined with a rise in patient expectations; require new models of healthcare provision and a flexible workforce.

As well as building capacity in our workforce, this includes the development of new and advanced roles and innovative attitudes toward the mix of skills in teams. The current model of primary care is unsustainable, and a new workforce is required to support primary care and community care.
Current challenges

- Long-term conditions
- 6Cs
- New roles
- Growing population
- Medical/healthcare developments
- Ageing population
- Scope of practice
- Financial issues
- Integration
- Technological change
- Changing health needs
- Staff morale
- CSR
Challenges - demographic

- Population to grow 7% to 68 million by 2022
- Over 80’s will rise from 1.4m to 2.4 (2027) and 3.6m (2037)
- 2030 4 million with diabetes.
- 4.2 million with kidney disease (8.3%)
- 40% rise in dementia patients (156% by 2050)
- 46% of men and 40% women obese by 2035
- 1.5 million with long term conditions – 70% of health spend
- Chronic care costs will rise by up to 75% by 2050
Five Year Forward View

Identified gaps:
• health and wellbeing
• care and quality
• funding and efficiency

Need for:
• new models of care
• greater empowerment of patients
• improved system leadership
• modernised workforce
• accelerated innovation
• improvements in quality of care
• greater efficiency
Shape of Caring themes:

1. Enhancing the voice of the patient/public
2. Valuing the Care Assistant role
3. Widening access for Care Assistant who wish to enter nursing
4. Developing a flexible model
5. Assuring a high quality learning environment for pre-registration nurses
6. Assuring high quality, ongoing learning for registered nurses
7. Assuring sustainable research & innovation
8. Assuring high quality funding and commissioning
NES – Advanced Practice Toolkit

1. Leadership and management
2. Facilitation of Learning
3. Evidence, research and development
4. Clinical Practice

Cited in the District Nursing and General Practice Nursing Service Education and Career Framework (HEE 2015)
# Mind the (generational) gap

![NHS Logo](#)  
*Health Education England*

## ‘Baby Boomers’
- **1946-1964**
- Motivated and hard working; define self-worth by work and accomplishments.
- 25% of the NHS workforce

## ‘Generation X’
- **1965-1980**
- Practical self-starters, but work-life balance important.
- 40% of the NHS workforce

## ‘Generation Y’
- **1981-1994**
- Ambitious, with high career expectations; need mentorship and reassurance.
- 35% of the NHS workforce

## ‘Generation Z’
- **1995-2010**
- Highly innovative, but will expect to be informed. Personal freedom is essential.
- <5% of the NHS workforce

---

Building the capacity to care

Executive Nurse  PhD

Care Assistant  Care Certificate
Accredited Specialist Practice framework

- Structured approach to CPPD for the HCS workforce at Bachelors, Masters and Doctoral Level
- Academic and work-based learning
- Programmes developed with employers, professional bodies, HEIs
- ASP development driven by service and patient needs.
Virtual Faculty of Care

• Acting as the guardian ensuring that all health professionals are enabled to deliver evidenced based care with **compassion**, discretion and integrity.

• Ensuring that health care **education** is delivered within a culture of compassion and learning.

• Promoting the development of educational **leadership** through the creation of discrete development programmes for health care teachers.

• Ensuring the delivery of excellence in education and **research** education is developed and delivered using the best international evidence and best practice.

• Promoting compassionate team working through the delivery of inter-professional learning that promotes self-care, advocacy and shared decision making.
Virtual Faculty of Care

- Working with both regulators, providers and professional bodies, this will set national standards and competencies that enable individuals to progress using education as a scaffold for career development, which in turn will facilitate workforce transformation.

- It is proposed that this model will be organic and expand to include other professions within the Faculty, such as the Allied Health Professions (AHPs).
Thank you
Advanced Clinical Practice

Dr Sharon Harrison, National Programme Manager, Health Education England
Which Definition?

“An Advanced Clinical Practitioner is a professional who has acquired the expert knowledge base, complex decision making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A Masters degree is essential.”

“Experienced clinical professionals who have developed their skills and theoretical knowledge to a very high standard. They are empowered to make high-level clinical decisions and will often have their own caseload’ registered practitioner to have acquired an expert knowledge base, complex decision making skills and clinical competencies for expanded scope of practice, the characteristics of which are shaped by the context in which the individual practices.”
Issues

• There are multiple definitions of advanced practitioner
• There are various established roles, across all specialties and professions working as advanced clinical practitioners
• There are practitioners using advanced skills but not in recognised ACP roles
• There is a general lack of recognition of the role
• Education level/qualification variation
• Need agreement nationally to ensure parity
A coordinated approach?

• Supports workforce planning & development of new roles
• Provides transparency, standardisation and consistency
• Provides a mechanism for role transferability
• Inform & shape educational developments
• Enable workforce transformation
• To ensure a minimum standard is achieved for all ACPs
• To promote public recognition of ACPs.

@NHS_HealthEdEng     #ACPconf16
Strategic oversight

• Establish a multi-disciplinary steering group to test out the options for a generic ACP framework with associated principles and guidance
• Identify and make recommendations about what the system can act on nationally and how it can facilitate creativity in regional and local areas to meet local demands
• Develop a strategic approach and common, comprehensive understanding of the ACP role for the benefit of the health system, education providers, commissioners, patient and public, employers and future members of the health care workforce
Thank you for listening

Contact:
Sharon.harrison13@nhs.net
AHP Advanced Practitioners: Providing Solutions

Shelagh Morris OBE
Deputy Chief Allied Health Professions Officer
NHS England
AHP Advanced Practitioners: Providing solutions

Shelagh Morris
Deputy Chief Allied Health Professions Officer

29 January 2016
Context
Five Year Forward View

NHS Has achieved a lot.....

- Currently ranked top healthcare system in the world
- Cancer survival is at its highest
- Operation waiting lists are down
- Early deaths from heart disease down over 40%
- Compared with 2009
  - 4,000 more people seen in A&E each day
  - 3,000 more people admitted to hospital each day
  - 22,000 more people have outpatient appointments each day

www.england.nhs.uk
But……

• Demand is rapidly growing
  • Rising burden of avoidable illness from unhealthy lifestyles
    • 1 in 5 adults still smoke
    • Third of people drink too much alcohol
    • 6 in ten men and 5 in 10 women are overweight/obese
  • 70% of NHS budget is now spent on LTC
  • People’s expectations are changing
The future NHS

- Three ‘gaps’ identified:

  1. **Health & wellbeing gap**
     - Radical upgrade in prevention
       - Back national action on major health risks
       - Harnessing the ‘renewable energy’ of communities

  2. **Care & quality gap**
     - New models of care
       - A menu of care models for local areas to consider
         - Greater Manchester
         - Vanguard sites

  3. **Funding gap**
     - Efficiency & investment
       - Efficiency gains & additional funding
       - Need for upfront pump-priming investment
## Exhibit ES-1. Overall Ranking

### Country Rankings

- **Top 2***
- **Middle**
- **Bottom 2***

### Overall Ranking (2013)

<table>
<thead>
<tr>
<th>Country</th>
<th>AUS</th>
<th>CAN</th>
<th>FRA</th>
<th>GER</th>
<th>NETH</th>
<th>NZ</th>
<th>NOR</th>
<th>SWE</th>
<th>SWIZ</th>
<th>UK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Care</td>
<td>4</td>
<td>10</td>
<td>9</td>
<td>5</td>
<td>5</td>
<td>7</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Effective Care</td>
<td>2</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td>11</td>
<td>10</td>
<td>3</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Safe Care</td>
<td>6</td>
<td>7</td>
<td>9</td>
<td>6</td>
<td>5</td>
<td>2</td>
<td>11</td>
<td>10</td>
<td>8</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Coordinated Care</td>
<td>3</td>
<td>10</td>
<td>2</td>
<td>6</td>
<td>7</td>
<td>9</td>
<td>11</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Patient-Centered Care</td>
<td>4</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td>11</td>
<td>3</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Access</td>
<td>5</td>
<td>8</td>
<td>10</td>
<td>7</td>
<td>3</td>
<td>6</td>
<td>11</td>
<td>9</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Cost-Related Problem</td>
<td>11</td>
<td>9</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Timeliness of Care</td>
<td>6</td>
<td>11</td>
<td>10</td>
<td>4</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>1</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Efficiency</td>
<td>4</td>
<td>10</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Equity</td>
<td>5</td>
<td>9</td>
<td>7</td>
<td>4</td>
<td>8</td>
<td>10</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Healthy Lives</td>
<td>4</td>
<td>8</td>
<td>1</td>
<td>7</td>
<td>5</td>
<td>9</td>
<td>6</td>
<td>2</td>
<td>3</td>
<td>10</td>
<td>11</td>
</tr>
</tbody>
</table>

### Health Expenditures/Capita, 2011***

- AUS: $3,800
- CAN: $4,522
- FRA: $4,118
- GER: $4,495
- NETH: $5,099
- NZ: $3,182
- NOR: $5,669
- SWE: $3,925
- SWIZ: $3,143
- UK: $3,405
- US: $8,508

**Notes:** * Includes ties. ** Expenditures shown in $US PPP (purchasing power parity); Australian $ data are from 2010.
NHS Mandate 2016/17: Objectives

1. Through better commissioning, improve local and national health outcomes, particularly by addressing poor outcomes and inequalities
2. To help create the safest, highest quality health and care services
3. To balance the NHS budget and improve efficiency and productivity
4. To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives
5. To maintain and improve performance against core standards
6. To improve out-of-hospital care
7. To support research, innovation and growth
NHS Planning Guidance: ‘Must dos’

- Sustainability and Transformation Plans (STPs)
- Financial balance
- Sustainability and quality of general practice
- Access standards for A&E and ambulance waits
- Referral to treatment standards
- 62 day cancer waiting standard
- Two new mental health access standards + dementia diagnosis
- Transform care for people with learning disabilities
- Improvements in quality
AHP Workforce
Allied Health Professions

• 67,746 FTE (2015)\(^1\)
• Third largest workforce in NHS
• System-wide (Social care, housing, education, independent and voluntary sectors)
• Assess, diagnose, treat and discharge
• Provide acute and long-term management throughout the life course, from birth to end-of-life care
• Prevention/improving health and wellbeing
• Holistic approach to develop or maintain physical, mental and social functioning
• Maximise potential for individuals to live full and active lives within their families, social networks, education/training and the workplace

1.http://www.hscic.gov.uk/searchcatalogue?productid=19760&topics=0%2fWorkforce&sort=Relevance&size=10&page=1#top
Allied Health Professions

- Art therapists
- Chiropodists/Podiatrists
- Dietitians
- Dramatherapists
- Music therapists
- Occupational therapists
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists and Orthoptists
- Radiographers
- Speech and language therapists
Advanced Practitioner
Definition……a journey

‘Advanced practitioners are experienced professionals who have developed their skills and theoretical knowledge to a very high standard, performing a highly complex role and continuously developing their practice within a defined field and/or having management responsibilities for a section/small department. They will have their own caseload or work area responsibilities.’

Skills for Health
Definition……..work in progress

- Advanced practitioners:
  - are experienced professionals
  - have developed expert knowledge base
  - use and build the evidence base
  - demonstrate complex clinical decision-making skills
  - manage risk
  - continually learn and facilitate learning for others
  - innovate to deliver sustainable improvements in patient care
  - exhibit proactive leadership to transform services
  - understand local and national contexts of healthcare
  - work across boundaries
Advanced extended roles

• Advanced
  • “…acquisition of additional expertise to achieve a higher performance level.”

• Extended
  • “…..additional expertise sufficient to provide services or perform tasks that are outside the usual scope of practice of the profession.”

Generalist ........ specialist roles

- Advanced
- Generalist
- Specialist
## Transformational change

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible workforce</td>
<td>Multidisciplinary teams</td>
</tr>
<tr>
<td>Embracing developments in practice</td>
<td>Non-medical prescribing</td>
</tr>
<tr>
<td>Working across boundaries</td>
<td>Integrated services</td>
</tr>
<tr>
<td>New roles</td>
<td>Urgent &amp; Emergency Care</td>
</tr>
<tr>
<td>New ways of working</td>
<td>Technology/social media</td>
</tr>
<tr>
<td>Leadership</td>
<td>New care models</td>
</tr>
<tr>
<td>Service redesign</td>
<td>Self-referral</td>
</tr>
</tbody>
</table>
A thought to end............

“Stand in the prow of the canoe
Let the spray of the future be on your face”

Maori Proverb
Thank you

shelagh.morris@nhs.net

@ShelaghDCAHPO

www.england.nhs.uk
Summary

• Morning outcomes
• Questions
• Workshop choices (see registration desk)
• Break (20 minutes)
Advanced Clinical Practice: defining the future forward role

Refreshments
Atrium area
Back at 11:40am
Workforce challenges and changes in the West Midlands

Mandy Shanahan
Local Director, HEE WM

Developing people for health and healthcare

www.hee.nhs.uk
Workforce in the West Midlands

• Five Year Forward View (FYFV) requires us to work together across patient pathways and within new models and frameworks of care

• Workforce transformation is key to delivery of sustainable service models. Significant in both upskilling the existing workforce as well as looking at future workforce models that will often require new roles to be developed with new education to be designed

• Enablers - Shape of Training and Shape of Caring, new and enhanced roles such Nursing Associate, Physicians Associate and models of advanced practitioners

• HEE in West Midlands - 5 Transformation Themes programmes supporting the wider system changes
Workforce Challenges and Changes

- Recruitment and retention
- Deployment of new roles
- Multi-disciplinary/cross sector working
- Affordability
- Scale and spread of innovation
- Culture- individual/ organisation
- System Leadership
- Professional boundaries
Examples of how West Midlands is meeting the challenge

**Workforce examples**
- Physicians Associates
- **Multi-disciplinary Advanced Clinical Practice**
- Enhanced Pharmacy
- Apprenticeships/higher
- GP CCT Fellowship
- Return to practice

**System examples**
- System Leadership programme
- Building workforce planning and development capacity and capability
- Workforce expertise to support STP
Multi disciplinary Advanced Clinical Practice

Drivers

• Increased service and workforce demand e.g.
• Medical workforce shortages
• To reduce or avoidance of A&E admission
• To enable care closer to home
• 24/7 services
Multi disciplinary Advanced Clinical Practice

Vision

To enable a skilled and knowledgeable Advanced Clinical Practice workforce to be used effectively to enhance the capacity of the existing health workforce to ensure a quality service for patients, now and in the future.
Implementation

- West Midlands Advanced Clinical Practice Framework
- Funding - HEE WM investment agreed for 3 years to cover course fees
- Course costs - standardise
- Employer to cover backfill costs
- Demand 15/16 - full Masters and top ups to Masters
- HEIs signed-up to deliver MSc ACP programme – 9 Universities
- September 2015 MSc ACP programme cohort commenced with 147 students across the West Midlands
- January 2016 cohort commenced with 106 students across the West Midlands
- Signed Executive commitment from employers required e.g. support during and post programme, Advanced Clinical Practice role identified on qualifying
Moving Forward

• Secure sustainability of the programme
• Working with National and local HEE and professional bodies to develop a standardised approach across England
• Evaluation
Questions
Development of a local ACP Framework: West Midlands

Professor Mark Radford
Chief Nursing Officer
University Hospitals Coventry and Warwickshire NHS Trust

Developing people for health and healthcare

www.hee.nhs.uk
What's changed for healthcare workers?

• The workplace context
  – Specialisation (Medical, Nursing and AHP)
  – Finance and productivity agenda
  – Policy support for professional expansion
  – Challenge to medical dominance in healthcare

• Multi-professional relationships at ward and board

• The status and experience of nurse, doctors and AHPs

• Patients expectation

• Training and education

@NHS_HealthEdEng      #ACPconf16
• Liberating the ‘NHS’ to ‘Five Year Forward View’
• Continued operational and financial challenges
• 11/12 and beyond in the local health economy
• Reducing planned referrals
• Increasing unplanned & maternity needs
• Foundation Trust status
• Social & community care reorganisation – closer to home
• Building relationships with emergent CCG and Clusters
• High public expectation
• Re-focussing on care quality (post Mid-Staffs)
Spending review

Real change in budget 2010-11 to 2015-16

- Communities and Local Government
- Work and Pensions
- Justice
- Culture, Media and Sport
- Treasury
- Environment, Food and Rural Affairs
- Home Office
- Foreign and Commonwealth Office
- Business, Innovation and Skills
- Defence
- Transport
- Northern Ireland
- Wales
- Scotland
- Education
- Cabinet Office
- Health
- Energy and Climate Change
- International Development

Source: IFS/Treasury
Spending review

Annual change in total NHS spend in England, 2009/10 to 2020/21

- Coalition government, annual change
- Conservative government, annual change
- Coalition government, average growth rate
- Conservative government, average growth rate

<table>
<thead>
<tr>
<th>Year</th>
<th>Actual</th>
<th>Planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-11</td>
<td>-0.9%</td>
<td></td>
</tr>
<tr>
<td>2011-12</td>
<td>0.8%</td>
<td></td>
</tr>
<tr>
<td>2012-13</td>
<td>0.5%</td>
<td></td>
</tr>
<tr>
<td>2013-14</td>
<td>2.2%</td>
<td></td>
</tr>
<tr>
<td>2014-15</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>2015-16</td>
<td>1.3%</td>
<td></td>
</tr>
<tr>
<td>2016-17</td>
<td>1.7%</td>
<td></td>
</tr>
<tr>
<td>2017-18</td>
<td>0.8%</td>
<td></td>
</tr>
<tr>
<td>2018-19</td>
<td>0.2%</td>
<td></td>
</tr>
<tr>
<td>2019-20</td>
<td>0.1%</td>
<td></td>
</tr>
<tr>
<td>2020-21</td>
<td>1.0%</td>
<td></td>
</tr>
</tbody>
</table>
Implications

The Acute sector

• Reassessment of target delivery
• Tariff troubles
• Competition and ideological differences
• Healthcare providers diversity in FYFW
• Carter Efficiency Agenda

Primary Care/Community

• Diversification
• Consolidation
• Federation
• Competition
• Providers will market their services to patients
• Providers will focus on services where their costs enable them to generate a surplus
• Efficiency in delivery will become even more important e.g. in use of staff
Professional Drivers for Nursing, Midwifery and AHP’s

• Enhanced professional education models (Diploma to Degree)
• Academic autonomy and knowledge development
• Advanced Education & research requirements
• Professional advanced and development
What does this mean for Advanced Clinical Practitioners?

• How does Advanced Clinical Practitioner fit into this model?
  – New models of care
  – Clinical leadership and development
  – Social entrepreneurship

• Can this be achieved without a consensus across professions and clinical environments?
The ACP as a Modern Leader

• Size and pace of change – drives it
• Seen it before – uses experiences
• Not enough time or money – new ways of working gives efficiency gains
• It is threatening – get involved
• Why change? – continuous improvements
Deliverables for Regional Advanced Practice Programme

- 5 key themes

<table>
<thead>
<tr>
<th>a) Creation of Baseline</th>
<th>b) Curriculum</th>
<th>c) Competencies</th>
<th>d) Communication</th>
<th>e) Deployment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey Results 2014</td>
<td>Standardised Modules for Advanced Practitioners</td>
<td>Core Competencies for Disciplines</td>
<td>Communication Strategy</td>
<td>Draft Contents &amp; Timetable for Creating Toolkit for Deployment of Advanced Practitioners</td>
</tr>
<tr>
<td>Workforce Plans 2014 Summary</td>
<td></td>
<td>Specialist Competencies for Disciplines</td>
<td></td>
<td>This workstream requires influence/negotiation at a senior level in trusts</td>
</tr>
</tbody>
</table>
Curriculum and Competence

- Consensus across all HEI’s
- Clear outlined model and framework
- Defined 80% core curriculum
- Covers Primary, Secondary, (Nurse, Midwife and AHP) MH and LD
- 20% local academic and speciality variation

@NHS_HealthEdEng  #ACPconf16
Professional issues and Deployment

- Agreed model
- Alignment of educational and professional educational standards
- Requirements and training portfolio
- CPD requirements
- Nomenclature
Vision - to enable a skilled and knowledgable Advanced Clinical Practice workforce to be used effectively to enhance the capacity of the existing health workforce to ensure a quality service for patients, now and in the future.
Education

- Links with academic institutions
- Practice development
- Influencing/contribution to CPD
- Curriculum development pre and post registration
- National influence of educational standards
- Internal and External teaching
Research and Audit

• Research
  – Principle, supervisor and supporter / promoter
• Conducting own portfolio
• Influencing & finding research funds
• Dissemination of good practice
• Clinical/Educational Audit
Leadership

• Functioning across agency & professional boundaries + uni-professional areas
• Projecting own specialty & respecting and thinking outside own profession
• Role Models
• Opening up the pathways so that others can follow
• Confidence, courage, resilience, risk-taking
• Visionary
Workforce and education

• Clinical Diversity: Complex, LTC and closer to home vs. increasing in-hospital acuity and throughput
• Knowledge: High levels of critical and analytical thinking at point of registration
• Adaptability: Core vs Advancing Practice
• Leadership: Workforce demographics and 2015
• Education: Need for innovation locally and nationally
Advanced Clinical Practice Framework for the West Midlands

Developing people for health and healthcare
www.hee.nhs.uk
Questions
Introduction to the Workshops

- 5 workshops
- Share learning and experience nationally
- Workshop choices (see registration desk)

Professor Mark Radford
Advanced Clinical Practice: defining the future forward role

Lunch and Networking
Atrium area
Back at 13:30pm
Welcome back and Workshops

- 5 workshops
- Colour stickers with numbers 1 or 2
- Workshop session 1 at 13:40pm to 14:20pm
- Workshop session 2 at 14:40 to 15:10pm
- Rooms 1\textsuperscript{st} floor and 2\textsuperscript{nd} floor
- Sign-posted

Professor Mark Radford
Workshop Session 1

Workshop session 1
13:40pm to 14:20pm
Advanced Clinical Practice: defining the future forward role

Refreshments (afternoon)
Atrium area
Back at 14:20pm
Workshop Session 2

Workshop session 2
14:40 to 15:10pm
Panel Debate

Mark Radford
Mandy Shanahan
Sharon Harrison
Shelagh Morris
Advanced Clinical Practice: defining the future forward role

Thank you for attending