

*Developing people  
for health and  
healthcare*

HEYH  
Advanced Practice  
Framework

Version 1  
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CONSTITUTION  
the NHS belongs to us all



Health Education  
Yorkshire and the Humber

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# Executive Summary

The changes and challenges in health care have led to evolution in the roles that healthcare professionals undertake; contributing to opportunities for role development and service innovation including advanced roles, which cross traditional professional boundaries.

Following the allocation of substantial funding for NHS organisations across the region to progress advanced practice initiatives, this Framework has been developed by Health Education Yorkshire and the Humber to provide guidance and achieve consistency. It is intended as a fluid resource that will be updated as work progresses. The HEYH website will act a repository for a variety of information and resources to support organisations in developing their workforce.

Key messages within the Framework are:

- Implementation of roles in line with this Framework will ensure a more consistent approach across Yorkshire and the Humber
- Key competencies and master's level education must underpin all Advanced Clinical Practitioner roles
- Workforce planning processes and tools such as the Calderdale Framework should be the key driver for role development
- A supporting infrastructure and engagement of staff must precede the introduction of new roles
- Appropriate assessment of competence is crucial to ensuring good governance
- Organisations and individual Advanced Clinical Practitioners must ensure appropriate evaluation of roles

Health Education Yorkshire and the Humber would like to thank the Advancing Clinical Practice Task and Finish Group for their assistance in developing this Framework.

## Purpose

This Framework is intended to guide the development of advanced practice roles in Yorkshire and the Humber.

In addition, it links this regional work to other national frameworks and toolkits such as those produced by the Royal College of Nursing, Department of Health, the Scottish Government and NHS Wales.

Its key purpose is to provide advice and guidance to organisations introducing advanced practice roles, spread best practice and ensure a level of consistency and standardisation with regard to Advancing Clinical Practice across the region.



*“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 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.

A priority area within Health Education Yorkshire and the Humber’s Strategy is Skills Development; aiming to ensure that the workforce provides the appropriate skills required in teams for effective and efficient care.

This Framework draws together existing guidance to encourage regional consistency and transferability and avoid duplication, as well as ensuring appropriate governance arrangements are in place to support advanced level practice. In addition, it provides the foundation on which all future advanced practice roles are to be developed and existing roles are to be reviewed and subsequently managed, and identifies the means by which roll out can be sustained in the medium and longer term. The lack of previous guidance has resulted in roles being developed in an inconsistent manner, often created to fit specific contexts or address particular service pressures.

Elements contained within the Framework will be established as a web-based resource to facilitate on-going developments as regional and national work progresses.

# Definition

The growth in advanced level roles has been accompanied by a lack of clarity and debate surrounding definitions and how to distinguish between the range of titles and accompanying meanings. This Framework aims to ensure that a consensus title and definition are sufficiently applicable across all contexts.

A considerable amount of work to define advanced practice has been undertaken by a number of different organisations, including the International Council of Nurses (ICN), Skills for Health, the Royal College of Nursing (RCN), the Association of Advanced Nursing Practice Educators (AANPE) and the Nursing and Midwifery Council (NMC). The regional Advancing Clinical Practice Task and Finish Group agreed on a multi-professional definition for regional use:

“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 master’s degree is essential for entry level.”

## *ACP Title*

The use of the title *Advanced Clinical Practitioner (ACP)* recognises the range of professional backgrounds from which ACPs may originate, and that often they are working in a hybrid role utilising skills and completing activities more commonly thought of as the domain of other staff groups. Furthermore this definition recognises the contextual nature of the skills which might be exhibited by an Advanced Clinical Practitioner, although the level of practice would be consistent with regard to the generic competencies further detailed in section six.

## *Consistency*

In order to maintain credibility for roles and ensure professional integrity, appropriate titles must be utilised consistently. Service users must be able to identify Advanced Clinical Practitioners and expectations of the role should be standardised.

All those in ACP training posts must have trainee within their role title until completion of an advanced practice master’s degree. It is important to also note that educational achievement does not, in itself, guarantee ACP status.

Several toolkits and frameworks define advanced practice as a level of practice, rather than a particular role. Our view is that the current economic and health climate means that this concept is unfeasible and that advanced practice roles should be characterised principally by high-level clinical competence.

# Workforce Planning and Skill Sharing

The primary driver for the development of advanced practice roles must be a demonstration of clinical and workforce need, following appropriate analysis and scrutiny of the capabilities and capacity of the existing and available workforce. To support this work, Health Education Yorkshire and the Humber (HEYH) have allocated substantial funding for organisations across the region to introduce The Calderdale Framework, a transformational workforce development tool. It provides a systematic, objective method of reviewing required skills, roles and service design through a seven stage process that includes service and task analysis. Utilising the Calderdale Framework has enabled organisations to undertake whole workforce review and identify new opportunities for advancing clinical practice and skill sharing.

## *Governance*

Key elements of the Calderdale approach include governance and risk assessment as well as embedding and sustaining new roles. Concern about new roles is understandable; risks arise when professionals lack the appropriate competence or safeguards to carry out their responsibilities. In response, the Calderdale Framework ensures that new ways of working are founded on safe practice and that role boundaries are clear and maintained.

It is vital that employing organisations assess and monitor the competencies of ACPs to assure fitness for practice and improve patient safety. Effective governance enables the employer to assure the public that professionals are deployed to advanced roles in such a way that their fitness to practice can be verified as purposeful, planned, and underpinned by appropriate education that is both measurable and safe.

## *Skill Sharing*

The wide adoption of the Calderdale Framework will enable the ongoing development of new approaches to skill sharing and the identification of new advancing practice roles, many of which may be in areas of service delivery that have seen no ACP role development to date.

Organisations must also understand, identify and plan for skills depletion in their existing workforce; for example, promoting internal employees to advanced level roles may leave gaps that the organisation is not able to fill.

More information about the Calderdale Framework and our regional initiative is available on the [HEYH website](#).

# Criteria for Success

This section identifies the elements that determine organisational readiness for implementing advanced practice and sets out criteria for success. These have been compiled predominantly through literature review and case studies of successful organisations in both primary and secondary care, and should be a guide to organisations making plans for new posts. Any organisation seeking to advance clinical practice and open up opportunities for skill sharing would be well advised to address these issues in their roll out plan if they are to see successful outcomes.

A key feature of this preliminary work should be identifying where these roles will add value and what support is available. New roles need to be accepted across the organisation – the introduction of ACPs without a supporting infrastructure and proper engagement of all staff is ill-advised, as evidence shows this does not foster good working relationships. It is particularly essential to secure the support of senior managers and clinicians who play a vital role in ensuring systems and processes needed are in place and also in ensuring that roles are accepted and supported.

## *Planned Approach*

- a. Clear definition and clarity of purpose regarding the ACP role
- b. Clearly stated business case for, and commitment to, the role
- c. Strategic vision – how ACPs will be used within the organisation
- d. Service driven approach
- e. Consideration of how new ACPs will fit into existing teams and organisational structures
- f. Plans to ensure that ACPs are enabled to work at an advanced level
- g. Supernumerary status during training (*dependent on level of experience of the trainee*)
- h. Identification of success criteria for the programme

## *Education/Training*

- i. Access to appropriate work-based learning opportunities
- j. Trainees that are proactive and self-directed, and willing to take responsibility for learning at masters level
- k. Good communication among stakeholders

## *Support and Development*

- l. Mechanisms to ensure that ACPs within the organisation are supported and developed on an on-going basis: supportive managers and effective mentorship
- m. Enabled continuing professional development

## *Colleagues*

- n. Communication plan to promote ACP roles in the wider organisation: all staff should receive information about the ACP role and have an opportunity to clarify expectations
- o. Support secured from senior managers and clinicians
- p. ACP champions are seen as key facilitators who should promote advanced practice throughout the organisation

# Core Elements of Advanced Practice

The following section details the generic competencies that apply to Advanced Clinical Practitioners working in a variety of settings and contexts, so that they apply as equally to ACPs in, for example, mental health as in paediatric intensive care or the care of older adults in community settings. This approach is reflected in the definition described on page five.

As has already been stated, good governance must be based on consistent expectations of the level of practice required of Advanced Clinical Practitioners; the following provides the standards against which ACPs will be assessed as competent to undertake and perform their role. Ongoing assessment of competence should be undertaken after initial attainment of the identified standards.

Regional work was undertaken in collaboration with the Task and Finish Group to identify the core elements of an ACP role using job descriptions from within and outside the region (see Appendix A). The recommendation of this Framework is that these generic competencies are included in all posts, complemented by specialist competencies related to the clinical area of work.

These core elements directly correlate to those included in other toolkits including the NMC, Scottish advanced practice pillars, Department of Health themes and Skills for Health Career Framework. It is important to describe these regionally identified competencies in relation to the wealth of other frameworks and toolkits that exist; achieving consensus to demonstrate the accepted and recognised attributes of Advanced Clinical Practitioners.

*The most common words identified in advanced practice competency frameworks*



A synthesis of the frameworks discussed above reveals the following commonly occurring competencies:

- Advanced assessment, diagnostic reasoning, discharge – planning and managing complete episodes of care
- Leading innovation and managing service development
- Teaching, mentorship and coaching, and acting as a role model
- Involvement in research, audit and service evaluation



- Developing interventions to improve service user outcomes, promote evidence-based practice
- Decision making, critical thinking and problem solving
- Assessing and managing risk
- Autonomous practice and a high level of accountability

These are reflected in the regional competency framework attached in Appendix A.

As is evident, advanced level practice encompasses aspects of education, leadership, research and management but is firmly grounded in direct care provision and clinical work. The expertise, experience and professional judgement of Advanced Clinical Practitioners is demonstrated through the depth of their knowledge in areas such as diagnostics and therapeutics, their enhanced skills in consultation, critical thinking and clinical decision-making, and the leadership they demonstrate within their teams. ACPs constantly strive to improve the quality of services and patient care, working across professional, organisational and system boundaries to develop practice and health outcomes. As an example, ACPs working in primary care have direct responsibility for the delivery of some services including running specialist clinics and walk-in minor injuries units.

Healthcare professionals working at this advanced level will have achieved these competencies during extensive clinical/practice experience and following completion of master's level education/learning.

This Framework further develops these theoretical concepts by tailoring competencies to the region and reflecting roles that have already been developed and embedded across Yorkshire and the Humber.

# Core Elements of Academia

Advanced practice education is provided by each of the Yorkshire and the Humber universities and studied at Level 7/M (master's level), underpinning all ACP role development. The need for this education to meet emerging ACP service requirements and be consistent across the region is the key to confidence in the capability and competence of the resulting practitioners.

A crucial element of the educational preparation of Advanced Clinical Practitioners is the formal assessment and achievement of advanced clinical practice skills and competencies, in depth knowledge, and professional attributes. In our region there are common core modules and elements contained within the universities' advanced practice educational frameworks, which match the core job role competencies documented in Appendix A, demonstrating a good fit between advanced practice need and provision:

Academic Elements	Mapped to Generic Core Competencies
Clinical leadership- linked to service improvement and redesign, improving patient outcomes and patient safety, clinical governance and other professional issues e.g. ethical and legal issues linked to delivering advanced practice .	<ul style="list-style-type: none"> <li>✓ <i>Accountability for episodes of care</i></li> <li>✓ <i>Clinical leadership</i></li> <li>✓ <i>Role model</i></li> <li>✓ <i>Patient records.</i></li> </ul>
Critical thinking, decision making and risk analysis.	<ul style="list-style-type: none"> <li>✓ Critical thinking</li> <li>✓ Autonomy and minimal supervision</li> <li>✓ Monitoring risk</li> <li>✓ Supervision and support junior staff.</li> </ul>
Evidence based practice – understanding and evaluating different forms of evidence, and policy implementation linked to service improvement and improving patient outcomes.	<ul style="list-style-type: none"> <li>✓ Evidence based practice and quality improvement</li> <li>✓ Lead or involved with research</li> <li>✓ Innovative working</li> <li>✓ Evaluation (service and interventions)</li> <li>✓ Health promotion (in RCN criteria)</li> </ul>
Innovation in practice, research skills, synthesis and analysis skills (usually linked to a practice improvement project, clinical research project or practical coursework).	<ul style="list-style-type: none"> <li>✓ Teaching and mentoring</li> <li>✓ Promote staff development</li> <li>✓ Leadership</li> </ul>

<p>Advanced health assessment and autonomous practice (consultation, history taking, higher level communication skills, anatomy and physiology, systems review, assessment skills, differential diagnosis, treatment planning, delivering interventions and managing complex patients).</p>	<ul style="list-style-type: none"> <li>✓ High care standards</li> <li>✓ Specialist roles</li> <li>✓ Exemplary practice</li> <li>✓ Interventions</li> <li>✓ Patient assessment</li> <li>✓ Develop and deliver programmes of care</li> <li>✓ Continuity of care</li> <li>✓ Decisions and diagnosis</li> </ul>
<p>Non-medical prescribing (core in some programmes)</p>	<ul style="list-style-type: none"> <li>✓ Non-medical prescribing.</li> </ul>

The above core elements are contained within existing level 7 master's programmes at the universities within the region. HEYH fund advanced practice postgraduate education for eligible applicants through the Specialist Skills and Post-Registration Development opportunities.

Funded courses in the region can be found [here](#).

Clinical speciality modules are also supported by HEYH. Whilst it is clear that organisations are accessing these, further worked needs to be undertaken to ensure that the region is delivering the education required to develop the competencies that are emerging from new roles across the service.

## Competence, Assessment and Supervision

The educational preparation of ACPs must include assessment in practice during training, which is undertaken by academic and clinical staff working in partnership. A key element is the formal assessment of achievement of the advanced-level skills, knowledge, competences and attributes of the ACP, both at a core level and specific to the context in which they practice. Many organisations are developing best practice portfolios to structure and record this assessment of work-based learning, which parallel tools already used in medicine. Advanced practice development in neonates has grasped this challenge with trainee ACPs completing the same clinical training programme as junior doctors and recording their achievements in the same e-portfolios that are overseen by the Royal Colleges.

The role of assessors is crucial to ensuring good governance – these must be professionals who are competent in the skills being assessed and able to use their own expertise and knowledge to confirm the competence of the Advanced Clinical Practitioner. Each ACP trainee requires an identified clinical supervisor who may be a consultant, GP, nurse consultant or other senior practitioner. In order for organisations to develop Advanced Clinical Practitioners, it will be necessary to invest in, and support staff to ensure assessment in practice can take place. Trainees should be enabled to work collaboratively with these members of staff to identify individual educational needs and solutions to support their development.

As advanced practice education pathways rely heavily on locally delivered training, HEIs and providers must work in partnership to ensure a structured approach to evidencing competence.

Frameworks published to date (see References) highlight the core skills to enable role development and service innovation - as such, the core competencies that were developed are aimed at enabling practitioners to work in a variety of clinical settings. Indeed the core competencies described in section six promote this approach and are the bedrock upon which we build our approach to advancing clinical practice. However roles also require practitioners to demonstrate specific skills and competences related to the service area in which they practice.

A key continuing work stream is to develop specialist competencies and standardisation around assessment and supervision. This will require a high level of commitment from organisations and practitioners, as speciality components are different in each organisation. The lack of a structured process for the consistent recognition of achievement, and on-going maintenance, of a benchmarked level of competence by practitioners is a key governance issue.

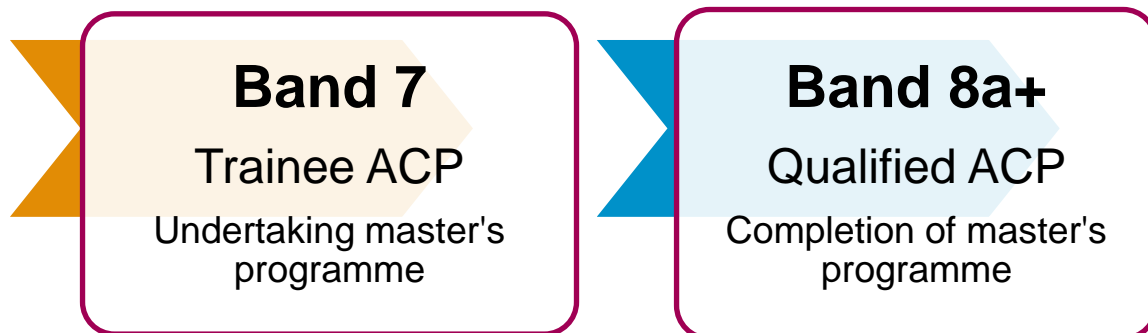
The aim is to move towards the position where capability at advanced practice level can be demonstrated through a portfolio of learning and competence assessment which addresses key elements at a consistent level, but also reflects the breadth of roles and specialities.

# Agenda for Change Pay Bands

Early discussions with stakeholders regarding advanced practice revealed a lack of consistency with regard to the Agenda for Change (AfC) band of posts across the region, with the consequence that ACPs trained by one organisation were often recruited to a higher banded role offered by another provider upon completion of their training. Such issues do not give organisations the incentive to continue to go to the effort and expense of training staff if they have little or no guarantee of them remaining in their employment.

The Task and Finish Group reviewed a large number of regional job descriptions, confirming this high level of variation.

**The group has recommended that trainee Advanced Clinical Practitioner posts are positioned at band 7, progressing to 8a and above (dependent on the scope of practice) on completion of a full master's degree.**



HEYH are keen to ensure that the risks to service associated with organisations competing for a specialist pool of staff are minimised. To facilitate this, the LETB will work with Human Resource Directors to gain their support for this proposal and discuss how to ensure that all Yorkshire and the Humber organisations adhere to this recommendation. This Framework also aims to encourage organisations to share with the LETB details of all emerging advanced practice posts, to enable the tracking of consistency.

HEYH wish to work closely with service providers to ensure uniform adoption of the Framework across the region.

# Evaluation

The importance of ensuring continuous improvement in the quality of care to service users is widely recognised. It is therefore necessary to measure the impact of the activities of all staff, with a particular focus on new roles added to the workforce. The development and utilisation of robust evaluation methods is essential. In addition, evidence demonstrating value for money and enhanced quality of care may be required to influence senior management teams to support the introduction of the role.

This framework aims to provide a recognised evaluation approach that organisations can use to evaluate advanced practice initiatives including outcome measures such as patient experience and safety and staff satisfaction.

## *Longitudinal Approaches*

Longitudinal outcome evaluation continues to prove useful to demonstrating the utility of ACPs, and HEYH supports work carried out by York Teaching Hospital NHS Foundation Trust and Barnsley Hospital NHS Foundation Trust, in addition to new research bids that emerge.

Appendix B contains a list of demonstrated outcomes and evaluation references.

Whilst this type of research is incredibly valuable, HEYH recognise the associated challenges that hinder a Yorkshire and the Humber wide evaluation strategy of this kind:

- The impact of healthcare roles is inherently hard to capture through quantitative outcome measures such as reduced length of stay.
- Attributing changes with any certainty to the impact of ACPs is impossible. Doing so does not fully take into account the effect of any other changes that have taken place within the relevant environment.
- Intended aims, priorities and outcomes may not be consistent across all sites or for all Advanced Clinical Practitioner groups.
- Data may not be available for capture at all organisations.
- Evidence suggests that it takes at least five years for a new post to develop fully, and therefore assessing impact earlier may be premature<sup>5</sup>.

## *Case Study Approach*

Therefore the alternative approach recommended by this Framework is the requirement of organisations receiving funding from HEYH to commit to producing qualitative case studies encompassing some or all of the following outcomes:

- Patient involvement and communication

- Patient satisfaction
- Patient engagement
- Continuity of care
- Patient safety
- Patient complaints and incidents
- Workforce stress
- Staff morale
- Staff motivation
- Job satisfaction
- Team communication
- Workload distribution
- Acceptance of role
- Retention, turnover, sickness
- Perceived patient and service benefits

As roles are embedded and case studies are produced, these will be collected on the Health Education Yorkshire and the Humber website, which aims to exist as a repository of advanced practice resources and information.

In addition, Higher Education Institutions take responsibility for educational evaluation regarding quality of provision and learner feedback.

## Next Steps

Workforce transformation and in particular advancing clinical practice remain key priorities for Health Education Yorkshire and the Humber. As such, this framework is intended as a fluid resource that will be updated as work progresses. The HEYH website will act a repository for a variety of information and resources to support organisations in developing their workforce.

HEYH acknowledge the following next steps that are required to advance this area of work:

- Focus on clinical/placement curriculums to address issues of consistency, transferability and wider recognition.
- Contribute to a national library of specialist competencies, to complement the generic competencies documented in section six, which are additionally required for specific roles. Priority areas are those with the most workforce shortages.
- Produce further guidance relating to the recruitment and deployment of ACP trainees.
- Consider the requirement of specialist skills training for ACPs such as advanced life support and resuscitation.
- Enable organisations to share advanced practice examples and best practice.
- Work with Human Resource Directors on the issue of consistency in banding.
- Continue to provide support and guidance on case study development.
- Promote an equality of opportunity for all professions with regard to Advanced Clinical Practitioners.



# References

- 1. Barnsley Hospital NHS Foundation Trust (2013)**  
[Executive Summary: An evaluation of the implementation of Advanced Nurse Practitioner \(ANP\) roles](#)
- 2. Department of Health (2010)**  
[Advanced Level Nursing: A Position Statement](#)
- 3. Gerrish et al. (2013)**  
[Impact of AP on Service Delivery and Patient Care in Greater Manchester](#)
- 4. Institute for Employment Studies (2009)**  
[Evaluation of Advanced Practitioner Roles](#)
- 5. National Nursing Research Unit (2007)**  
[Advanced nursing roles: survival of the fittest?](#)
- 6. NHS National Practitioner Programme (2007)**  
The Productivity and Efficiency Benefits of Using the New Practitioner Roles
- 7. NHS Wales (2010)**  
[Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales](#)
- 8. Royal College of Nursing (2012)**  
[Advanced Nurse Practitioners](#)
- 9. Skills for Health (2010)**  
[Career Framework for Health](#)
- 10. Society of Radiographers (2010)**  
[Education and Professional Development Strategy: New Directions](#)
- 11. South Yorkshire Advanced Practice Forum (2013)**  
[Advanced Practice](#)
- 12. The Scottish Government (2008)**  
[Supporting the Development of Advanced Nursing Practice](#)
- 13. York Teaching Hospitals NHS Foundation Trust (2014)**  
[Evaluation Report](#)

## APPENDIX A

### Generic Competencies for Advanced Clinical Practitioners

The following are the core elements of all advanced practice roles and should be supplemented by specialist competences according to the specific role.

#### *Duties and Responsibilities*

- Provide specialist knowledge and skills
- Utilise a high level of scientific theory and knowledge to underpin any practical work undertaken
- Provide expert advice
- Analyse a wide range of complex and challenging facts and situations
- Provide clinical leadership to ensure the highest standards of clinical care and act as a role model
- Demonstrate critical thinking and a high level of judgement and decision making
- Be accountable for planning and managing total episodes of care

#### *Interventions and Treatments*

- Independently undertake assessment of patients using a range of different methods
- Develop and deliver programmes of care
- Optimise continuity of care for patients
- Autonomously make decisions and diagnoses (such as ordering investigations, identifying a deteriorating patient, identifying contraindications and precautions)
- Undertake non-medical prescribing
- Evaluate interventions and treatments

#### *Supervision*

- Work independently and take responsibility for own caseload
- Supervise and support junior members of staff and promote staff development
- Participate in teaching and mentoring activities
- Contribute positively to leadership and demonstrate exemplary practice

#### *Evidenced-based Practice and Improving Quality*

- Lead or participate in research and development in order to identify innovative ways of working to improve the quality of healthcare
- Ensure that all actions performed are evidenced-based
- Monitor risk
- Evaluate impact and effectiveness and act on findings

## APPENDIX B

Outcome measures demonstrated in advanced practice research.

Measure	Reference
Patient experience	An evaluation of the implementation of Advanced Nurse Practitioner (ANP) roles at Barnsley Hospital NHS Foundation Trust
Patient outcomes and safety	An evaluation of the implementation of Advanced Nurse Practitioner (ANP) roles at Barnsley Hospital NHS Foundation Trust
Impact on other staff	An evaluation of the implementation of Advanced Nurse Practitioner (ANP) roles at Barnsley Hospital NHS Foundation Trust
More timely care	An evaluation of the implementation of Advanced Nurse Practitioner (ANP) roles at Barnsley Hospital NHS Foundation Trust
Communication	An evaluation of the implementation of Advanced Nurse Practitioner (ANP) roles at Barnsley Hospital NHS Foundation Trust
Continuity of care	An evaluation of the implementation of Advanced Nurse Practitioner (ANP) roles at Barnsley Hospital NHS Foundation Trust
Acute bed days saved	Framework for Advanced Practice in Wales - Abertawe Bro Morgannwg
Reduction in length of stay	Framework for Advanced Practice in Wales - Abertawe Bro Morgannwg
Patient satisfaction	Framework for Advanced Practice in Wales - Powys Local Health Board
Waiting list reduction	Framework for Advanced Practice in Wales - Powys Local Health Board
Unplanned admissions from nursing homes	Impact of AP on Service Delivery and Patient Care in Greater Manchester - Bolton PCT
Improved access to primary care services (e.g. extended hours)	Impact of AP on Service Delivery and Patient Care in Greater Manchester - Salford PCT

Better engagement of patients	Impact of AP on Service Delivery and Patient Care in Greater Manchester - Salford PCT
Better support and career progression for practice nurses	Impact of AP on Service Delivery and Patient Care in Greater Manchester - Salford PCT
Greater patient choice and increased satisfaction	Impact of AP on Service Delivery and Patient Care in Greater Manchester - Salford PCT
Reduced stress amongst GPs	Impact of AP on Service Delivery and Patient Care in Greater Manchester - Salford PCT
Reduced waiting times, improved achievement of 18 week target	Impact of AP on Service Delivery and Patient Care in Greater Manchester - Stockport NHS FT
More cost-effective service delivery	Impact of AP on Service Delivery and Patient Care in Greater Manchester - Stockport NHS FT
Contribution to achieving EWTD	Impact of AP on Service Delivery and Patient Care in Greater Manchester - Stockport NHS FT
Improved continuity of care, smooth care pathway	Impact of AP on Service Delivery and Patient Care in Greater Manchester - Stockport NHS FT
Improved communication between staff	Impact of AP on Service Delivery and Patient Care in Greater Manchester - Stockport NHS FT
More timely and responsive interventions	Impact of AP on Service Delivery and Patient Care in Greater Manchester - Pennine Acute Hospitals
Fewer inappropriate admissions	Impact of AP on Service Delivery and Patient Care in Greater Manchester - Pennine Acute Hospitals
Shorter length of stay	Impact of AP on Service Delivery and Patient Care in Greater Manchester - Bolton Hospitals NHS Trust
Better continuity of care	Impact of AP on Service Delivery and Patient Care in Greater Manchester - Bolton Hospitals NHS Trust
Reduction in emergency admissions	Impact of AP on Service Delivery and Patient Care in Greater Manchester - Bolton Hospitals NHS Trust
Source of expert advice for nursing staff	Impact of AP on Service Delivery and Patient Care in Greater Manchester - Bolton Hospitals NHS Trust

Reductions in waiting times for diagnostics	Institute for Employment Studies - Evaluation of Advanced Practitioner roles
Reductions in waiting times for procedures	Institute for Employment Studies - Evaluation of Advanced Practitioner roles
Reductions in waiting times for admissions	Institute for Employment Studies - Evaluation of Advanced Practitioner roles
Reductions in time to discharge	Institute for Employment Studies - Evaluation of Advanced Practitioner roles
Reduction in average length of wait for day surgery	Institute for Employment Studies - Evaluation of Advanced Practitioner roles
Increase in number of patients treated overall per year	Institute for Employment Studies - Evaluation of Advanced Practitioner roles
Increase in number of complex cases treated overall per year	Institute for Employment Studies - Evaluation of Advanced Practitioner roles
Reduction in average weekly hours of junior doctors	Institute for Employment Studies - Evaluation of Advanced Practitioner roles
Release of junior doctors and expert staff time	NHS National Practitioner Programme (2007)
Improvement in staff retention	NHS National Practitioner Programme (2007)
Reduced waiting times for assessment and surgery	NHS National Practitioner Programme (2007)
Reduced length of stay for patients	NHS National Practitioner Programme (2007)
Efficiencies in throughput	NHS National Practitioner Programme (2007)
Patient flow	Framework for evaluating the impact of nurse consultant roles in the UK (Gerrish et al.. 2013)
Length of stay	Framework for evaluating the impact of nurse consultant roles in the UK (Gerrish et al.. 2013)

Morale, motivation and job satisfaction of staff	Framework for evaluating the impact of nurse consultant roles in the UK (Gerrish et al.. 2013)
Staff turnover/sickness	Framework for evaluating the impact of nurse consultant roles in the UK (Gerrish et al.. 2013)
Workload distribution	Framework for evaluating the impact of nurse consultant roles in the UK (Gerrish et al.. 2013)
Patient involvement and satisfaction	Framework for evaluating the impact of nurse consultant roles in the UK (Gerrish et al.. 2013)