

ADVANCED PRACTICE NEWSLETTER

November 2023



Welcome to the Scottish Advanced Practice newsletter which has been produced for practitioners working in advanced practice roles in Scotland. This newsletter will provide detail of advanced practice developments across professional groups in Scotland.

If you are interested in contributing to this newsletter or joining the editorial board, please contact one of the team identified below:

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Thanks to James Todd, technical support at the University of West of Scotland for his ongoing support producing this newsletter.





Leadership

The Nursing and Midwifery Council (NMC) are currently undertaking a review of advanced nurse and midwifery practice to consider if additional regulation is required. This review has included commissioning two independent research reports, one of which undertaken by the Nuffield Trust has been published. The link to this report can be found in the Evidence, Research and Development section below.

The NMC review of advanced practice has identified 9 key lines of enquiry. Detail about the work the NMC are undertaking can be found on the [NMC website](#).

The NMC review will potentially have implications for all practitioners working in advanced practice roles. One of the key lines of enquiry includes cross regulatory review with key stakeholder engagement. All advanced practitioners may therefore find it useful to review the NMC work indicated in the link above.

Advanced Practice Midwifery

In 2019, the Scottish Government commissioned a rapid literature review on this topic, which was undertaken by NMAHP: Professor Helen Cheyne (University of Stirling), Dr Dawn Cameron (University of the West of Scotland) and Dr Heather Strachan (University of Stirling) and it was titled:

'A rapid review exploring levels of midwifery practice beyond the point of registration, their clinical outcomes, benefits, and disadvantages, in countries with comparable midwifery qualifications at the point of registration to the UK'.

The report was submitted in 2020 (publication in submission) and the results and conclusions were: One country, Ireland, was found to have Advanced Midwifery practitioners, registered with their regulatory body. Although UK does not have a registered advanced midwifery practitioner role, many midwives are working within specialist roles relating to specific client groups and interventions. Midwives undertake these roles well, safely and benefit from the autonomy. The identified disadvantages were increased workload.

This work now feeds into a recently formed group: 'Midwifery Career Framework Strategic Group', which is led by NES and has representation from: Scottish Government, NMC and RCM. Two workshops have been held and a third planned with the development of a Midwifery Careers Ecosystem to identify midwifery carer pathways for future development. Alongside this work, a newly formed strategic group: Nursing and Midwifery Taskforce, Education and Development Subgroup, has been established. This group will also undertake strategic work around nursing and midwifery careers in relation to advanced roles with the next workshop 17th October 2023.

We have officially launched the Advanced Practice Toolkit!



The toolkit can be accessed on the [NES website](#) or using this QR code. The toolkit is open access so there is no login required.

This short animation will showcase the toolkit and the key features currently available which you can access on [Vimeo](#).

Thanks for all your support and help with developing the toolkit, your feedback really does make a difference.

Rural Advanced Practice

MSc Rural Advanced Practice, University of The Highlands and Islands

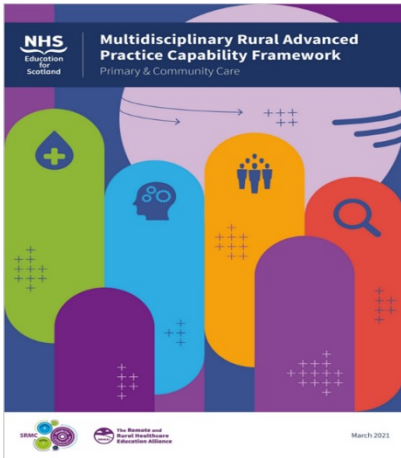
Mr Roland Preston, Senior Lecturer / Programme Lead Advanced Practice

Dr Clare Carolan, Senior Lecturer / Programme Lead Rural Advanced Practice

In Scotland 98% of the land mass is termed rural which is home to 17% of Scotland's population, 6% in remote rural and 11% in accessible rural. This equates to over 930 000 people out of a population of 5.46 million. The rural population has grown faster than the rest of Scotland's population resulting in issues relating to rural healthcare provision with rural residents being significantly disadvantaged by their geographical location (Scottish Government 2021). In 2020 the Scottish Government mandated the need for equitable access to high quality healthcare services for all patients regardless of gender, ethnicity, geographic location, or socio-economic status. Meeting this mandate places critical challenges on remote and rural healthcare provision to sustain and improve services with key challenges being faced in relation to staff recruitment and retention. A major challenge is to develop new and adapted roles with educational preparation addressing specific competencies and skills required in remote and rural contexts.

In 2008 it was recognised that delivering healthcare in remote, rural and island communities posed unique challenges in relation to recruitment and staff retention. Each remote, rural or island area has specific healthcare education and training needs with a substantial body of evidence confirming that tailored education relevant to remote, rural or island practice leads to increased retention of professionals (Scottish Government 2008). Following a 2-year consultation and research programme by NHS Education for Scotland (NES) and the Scottish Rural Medicine Collaborative (SRMC) The Remote & Rural Healthcare Education Alliance (RRHEAL) developed a multidisciplinary Rural Advanced Practice Educational Pathway (RAP) that defines the additional skills required of advanced practitioners working within remote and rural areas. The aim of this educational pathway was to develop practitioners to provide ready access to skilled, culturally appropriate care, improved continuity of care and follow up; a better patient experience through familiarity, trust, interpersonal relationships, and patient centred care; enhanced integration of telehealth; reduced health care costs; and less personal and economic disruption associated with transport to distant services for patients (NES 2021a).

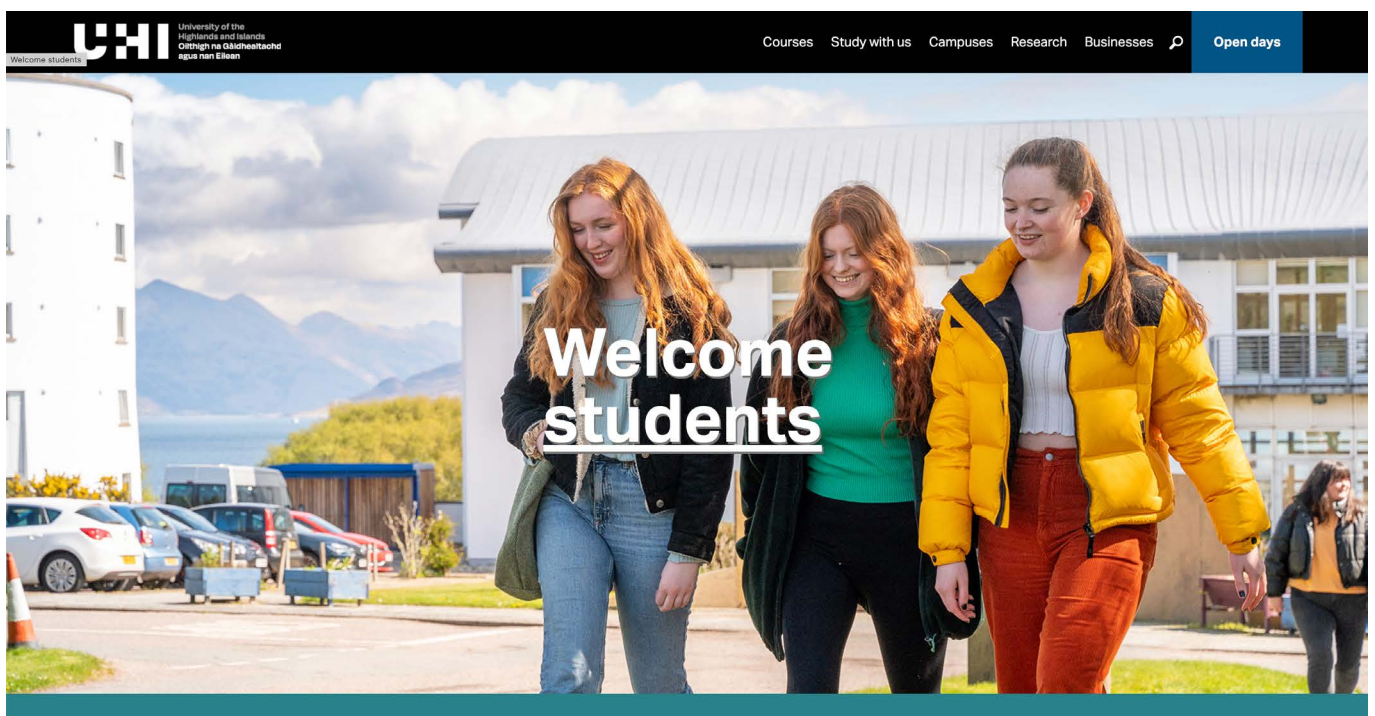




In addition to the educational pathway a capability and competence framework and an educational needs assessment document accompany the pathway – The Multidisciplinary Rural Advanced Practice Capability Framework for Primary & Community Care builds on the capabilities and competencies required of an advanced practitioner. Rural Advanced Practitioners are termed as extended generalists, in comparison to their urban counterparts, providing a wider range of services that carry a higher level of clinical responsibility. Working independently, and often in isolation, they work to promote health and wellbeing providing services across the age spectrum in the (R&R) community, GP Practices and out-of-hours settings (NES 2021a)

Developing a Remote, Rural and Island Qualification

Building on an existing foundation of Advanced Practice, Rural Advanced Practitioners require additional SCQF Level 11 education to equip them for an R&R extended generalist role. The role requires R&R specific education to enable Rural Advanced Practitioners to deliver services across the age spectrum. The need to develop new and appropriate educational provision for Rural Advanced Practitioners was recognised as a national priority by RRHEAL / NES and an educational tendering process was undertaken to seek a potential education provider. The Department of Nursing and Midwifery (DoNM) at the University of the Highlands and Islands (UHI) is recognised as an existing long-term provider of professional education in remote and rural areas and was commissioned to develop and deliver the Rural Advanced Practice educational programme.



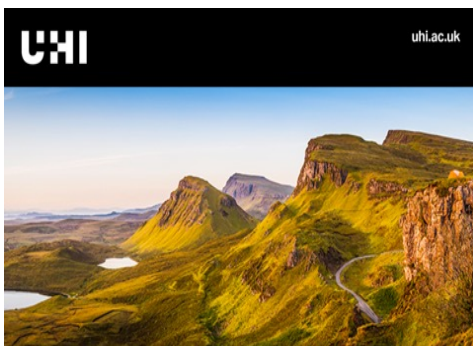
UHI and NES

UHI worked in partnership with NHS Education for Scotland (NES) to develop a multidisciplinary advanced practice master's programme specific to educational needs of remote, rural and island practice to equip practitioners for a R&R extended generalist practice role. The MSc Rural Advanced Practice Programme was successfully validated in April 2023 with the first cohort of NES funded students commencing in September 2023.

Entry requirements for this academic year entry to this course was only available as a direct year two entry point, with prospective applicants requiring to have both independent prescribing and clinical assessment qualifications.

Applicants for the programme must:

- Be a registered nurse, allied health professional or pharmacist.
- Be employed full or part-time in a health, social care, or third sector role in the UK, in a remote, rural or island setting.
- Hold current professional registration e.g. Nursing and Midwifery Council (NMC) or Health and Care Professions Council (HCPC) registration or equivalent.
- Have a first degree or demonstrate evidence of successful prior study at degree level (SCQF Level 9 or equivalent). Some flexibility may be available in the case of experienced professional applicants applying for this vocational programme
- Be working at advanced practice level with at least a postgraduate diploma level qualification (level 11) which includes a recordable independent prescribing qualification and advanced clinical assessment module.
- Applicants with a recordable independent prescribing qualification and advanced clinical assessment module at level 9 can apply for RPL by submitting additional academic work enabling an upgrade to a level 11 qualification. Applications for RPL are assessed on an individual basis.
- An alternative year one entry route is available for applicants who do not yet hold independent prescribing and/or clinical assessment qualifications. Applicants can obtain these qualifications via our MSc Advanced Nurse Practitioner/Advanced Professional Practice.



The Rural Advanced Practice (RAP) Curriculum

Study Mode

This part-time (structured) fully online course can be studied from anywhere in the UK and supported by staff at our Departments of Nursing and Midwifery in Inverness and Stornoway. Student learning is via a combination of video-conference lectures and tutorials, and online study via the university's virtual learning environment (VLE), with support from tutors.

The RAP MSc curriculum addresses the recognised national health priority to provide appropriate and extended educational preparation for advanced practitioners who support health care service delivery in remote, rural and island populations.

The curriculum builds on existing taught post-graduate provision and meets the needs of learners within our region and beyond. This development is of relevance to the Highlands & Islands as well as other remote and rural areas nationally. It offers significant potential for future research and is the first course of its kind in Scotland.

Programme Aims

The aims of this programme are to:

- Create graduates who have a critical understanding of the values and principles of living and working in remote and rural communities.
- Develop autonomous practitioners who are equipped with advanced generalist skills and the capability, competence, confidence, and accountability to function professionally in remote and rural environments.
- Create graduates with the ability to develop and enhance supporting structures that foster personal, professional and community resilience.
- Equip graduates with the skills to lead and develop remote and rural services through innovation, research, audit and education.

Content

| Title | Year/Sem | Credits |
|--|--|---------|
| Values and principles of living and working in a remote, rural or island community | Year 1, S1 | 20 |
| Improvement Science: Enhancing Quality in Health and Social Care | Year 1, S2 | 20 |
| Portfolio: Rural Advanced Practice Capability Framework | Year 1, Commences S1 and runs over 18 months | 40 |
| Major Project: Innovative Solutions | Year 2, S2 | 40 |



The portfolio forms a central element of the MSc programme enabling students to apply the principles of all four pillars of advanced practice and demonstrate capability within the 7 domains of Rural Advanced Practice as defined by the NHS Education for Scotland Capability Framework (2021). The portfolio uses a tripartite approach that recognises the student's clinical experience integrated with academic and practice-based learning, support, and assessment. Beginning with a detailed learning needs analysis, the student will develop a learning contract with objectives that are Specific, Measurable, Achievable, Relevant, Time-bound (SMART).

The learning contract forms the basis of a portfolio demonstrating 400 hours of rural advanced practice and evidence competence of advanced remote and rural capabilities, through the application of critical analysis, theory, and research. The development and assessment of clinical competence will be overseen by a Rural Practice Supervisor

Students are also supported by a Personal Academic Tutor (PAT) throughout their student journey. Each student will be allocated a PAT on entry to the programme. The role of the PAT is to help students feel part of the University community and to provide a consistent source of guidance, information, and pastoral care. Module specific support will be provided by relevant module leads and team members.

Rural Practice Supervisor Support

Rural Practice Supervisors are supported in their role by members of the MSc Rural Advanced Practice Team either on a 1:1 basis or as part of a supervisor's group. Support is also available from our colleagues in NHS Education Scotland (NES) via the NES Rural Practice Supervision Hub and dedicated MS Teams channel.

For Further Information visit [UHI Rural Advanced Practice](#) website or contact:

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- Scottish Government. (2020). [Shaping the Future Together: Remote and Rural General Working Group Report.](#)
- Scottish Government. (2021). [Rural Scotland Key Facts 2021.](#)
- Scottish Government. (2008) [Delivering for Remote and Rural Healthcare: The final Report of the Remote and Rural Workstream.](#)





NHS Education for Scotland (NES) have developed a Rural Workplace Advanced Practice Supervision Hub and Network to ensure dispersed Rural Advanced Practice Supervisors have access to relevant information, resources and development opportunities that promote excellence in supervision while supporting trainees undertaking the new Multidisciplinary Rural Advanced Practitioner MSc programme.

What is a Rural Advanced Practice Supervisor?

A Rural Advanced Practice Supervisor is an experienced and competent registered Practitioner who is prepared for the Rural Advanced Practice Supervisor role. Supervisor requirements:

For Advanced Clinical Practitioners (ACP)

- Clinically active with current professional registration.
- 5 years of clinical experience as an ACP.
- 3 years clinical experience working in a remote and/or rural context.
- Master's level education in Advanced Practice (min PG Dip).
- Hold an independent prescriber qualification and have an active prescriber status on the register of their relevant professional body.

For Doctors

- Clinically active with current General Medical Council registration and license to practise.
- 5 years post-graduate clinical experience.
- 3 years clinical experience working in a remote and/or rural context.

It is unrealistic to propose that a single Rural Advanced Practice (RAP) Supervisor, however skilful, will be equipped to support the breadth of development across the four pillars of Rural Advanced Practice, (clinical, research, education, and leadership), while also supporting the Rural Advanced Practice trainee with competing rural workplace demands. For this reason, in common with other areas of workplace professions training such as medicine and healthcare science, an integrated approach to workplace Supervision for Rural Advanced Practice is necessary. In the workplace a trainee Rural Advanced Practitioner can expect to have a designated Rural Advanced Practice Supervisor and a few Associate Workplace Supervisors.

Associate supervisors are practice-based practitioners who are experienced in practice-based education and the supervision of registered professionals. They have an in-depth understanding of specific areas (clinical, research, education, or leadership) of rural advanced practice. They work collaboratively with the designated RAP Supervisor and the RAP trainee to support the trainee's development related to aspects of the four pillars of rural advanced practice.



Background / rationale for developing the Supervision Hub and Network



Between 2011–2020, Making it Work, a 7-year international partnership identified recommendations and practical tools for the recruitment and retention of key remote and rural staff. One of the outputs of the partnership was the Framework for Remote and Rural Workforce Stability shown below, which highlighted the key elements to consider when planning, recruiting, and retaining rural staff.



The Rural Workplace Advanced Practice Supervision Hub and Network were developed, utilising recommendations from Making it work (2020), along with the findings from a rural practice supervision literature review and recent Scottish Rural Health Boards focus groups findings. Collectively these highlighted the importance of good practice supervision, positive quality rural learning environments that ensure patient, and staff safety to enable rural workforce sustainability.



The Rural Workplace Advanced Practice Supervision Hub and Network



The Workplace Advanced Practice Hub was designed by NES and is hosted on TURAS. It provides learning resources for rural practice supervisors that support excellence in remote and rural practice supervision, teaching, and learning. It supplies an accessible web-based digital platform to:

- Connect multidisciplinary Rural Practice Supervisors nationally who might not have the opportunity to interact.
- Provide a shared context for people to communicate and share information and individual experiences in a way that builds understanding and insight.
- Enable dialogue between multidisciplinary rural practitioners to explore new possibilities, solve challenging problems and create new, mutually beneficial opportunities.
- Stimulate learning, by serving as a vehicle for effective communication, coaching and self-reflection and motivate career progression.
- Capture and share existing knowledge to help rural supervisors improve their practice by providing a forum to identify solutions to problems and a process to collect, evaluate and develop best practice.
- Introduce collaborative processes to the multidisciplinary group from different Rural Health Boards to encourage the free flow of ideas and exchange information.
- Generate new knowledge to help supervisors transform their practice to accommodate changes in Rural needs and technologies and achieve excellence in Rural Practice Supervision.

A screenshot of the Rural Workplace Advanced Practice Supervision Hub website. The page has a blue header with navigation links: Home, My Learn, Admin, Reports. The main header features the logo of The Remote and Rural Healthcare Education Alliance (RURAL) and the title 'Rural Workplace Advanced Practice Supervision Hub'. There is a search bar and a dropdown menu showing 'All' and 'Rural Workplace Advanced Practice Supervision Hub'. Below the header, the page content includes a sidebar with a list of links: 'What are Rural Advanced Practitioners?', 'What is a Rural Advanced Practice Supervisor?', 'Multi-professional Registration and Standards for Rural Advanced Practice Supervision', 'Overview of Rural Advanced Practice MSc', 'Rural Advanced Practice Supervision Overview', 'Pillars of Practice', 'Rural resources and CPD', 'Recruit, Retain & Making it Work', and 'News'. The main content area has a 'Welcome' section with a 'Welcome' heading and a paragraph: 'A very warm welcome to this Rural Workplace Advanced Practice Supervision Hub. The purpose of this hub is to provide education to enable sustainable health and social care service improvement, wellbeing and JOY in living and working in a remote, rural and island settings. Recognising the challenges in providing effective rural practice supervision and to support the implementation of the new MSc in Rural Advanced Practice, this Supervision Hub will provide learning resources for rural practice supervisors that promote excellence in rural practice supervision.' There is also an image of a rural landscape with green hills, a white path, and a sun.



The Rural Advanced Practice (RAP) Network

The RAP Network partners the Rural Workplace Advanced Practice Supervision Hub hosted on TURAS. The Network is a Microsoft TEAMS online collaborative space for RAP Supervisors to meet, interact and provide peer support for one another. It will enable connections throughout Scottish rural communities and internationally, allowing dispersed multidisciplinary RAP Supervisors to link up, learn and develop together to promote excellence in supervision. The Network has a dedicated confidential channel for RAP Supervisors to discuss their own personal development, challenges, and ideas that can contribute to achieving excellence in rural practice supervision. Although hosted by NES, the plan is that this Network will eventually be self-sustaining with minimal moderation or intervention from the NES Rural Team.

The RAP Hub and Network are closed NES sites and will only be available to designated RAP Supervisors following induction to the RAP MSc programme. NES would also like to encourage Associate Supervisors to contact us at rrheal@nes.scot.nhs.uk and NES will arrange access to the Hub and Network sites and continuous professional development sessions.

Rural advanced practice supervision supports staff to practise in accordance with Health and Social Care Standards (2018). It promotes a culture of high-quality professional practice that is safe, effective, legal, and adheres to the NHS Boards agreed policies, procedures, and priorities and promotes understanding about respective roles, duties, and responsibilities. Effective supervision provides developing trainees with appropriate support, guidance and advice and assists the trainee to make professional judgements and decisions, and where appropriate, endorses actions that have been taken by the trainee.

With active supervisor engagement and participation, it is hoped the Supervision Hub and Network will help drive advances in rural practice through achieving excellence in rural teaching and learning, inspirational rural leadership, research, and service improvement, while encouraging rural supervisors to share the joy and happiness experienced while working and living in our remote rural and island communities.

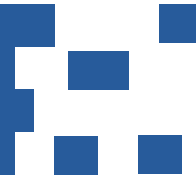
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- Care Inspectorate. (2017). [Health and Social Care Standards: My Support, My Life](#). Scottish Government.
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Facilitating Learning



Advanced Practice Conferences

This year UK Advanced Practice week was November 12–18, 2023. A number of successful conferences and events were organised during this week. The editorial team are interested in reporting on any updates in the next issue of this newsletter, so do contact one of the editorial team if you would like to contribute to a future newsletter with an update about #AdvancedPracticeWeek2023.

The North of Scotland Advanced Practice Academy is hosting the International Council of Nurses Nurse Practitioner/Advanced Practice Nurse Network Conference in Aberdeen 9–12th September 2024

Although the name implies this conference is nursing specific, the UK is unique in having a multiprofessional approach to advanced practice. The organising committee are keen to reflect this and ensure that all professions are welcomed and represented at the conference.

The [website for the conference is under development](#):

Please follow us on Twitter account is @NPAPN2024.

Home Venue Visit Aberdeen

International Council of Nurses NP/APN

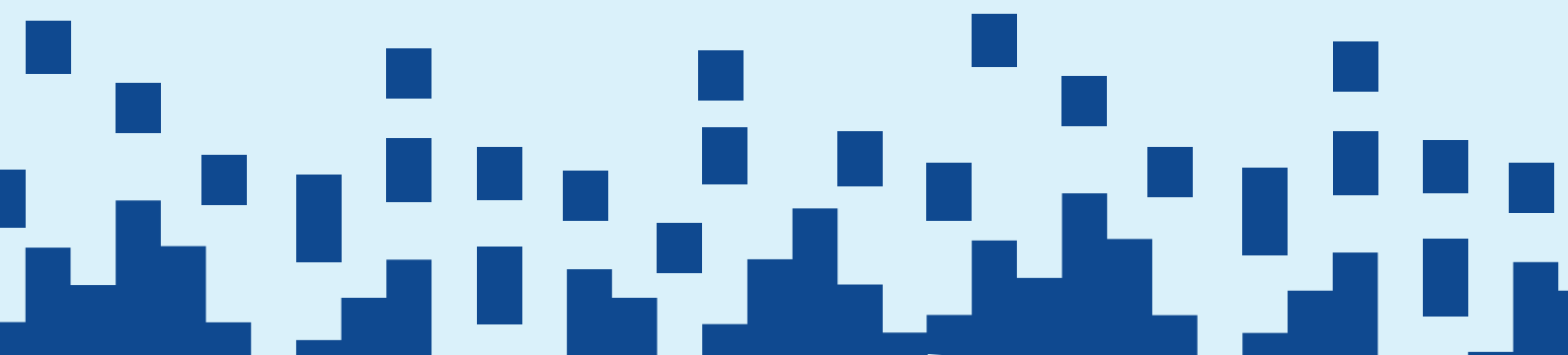
13th Network Conference, Aberdeen, Scotland, UK
9–12 September 2024

ICN Nurse Practitioner / Advanced Practice Nurse Network

International Council of Nurses
The global voice of nursing

ICN NP/APN Aberdeen, Scotland, UK 2024

Please save the date for the 13th International Council of Nurses Nurse Practitioner / Advanced Practice Nursing Network



One Approach to Advanced Practice CPD

Lizanne Hamilton-Smith PhD candidate, MSc ANP, INP, PgCert TLHE, BSc (Hons), RGN, SFHEA)
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Aim: Creating a sustainable blended learning approach to develop a global community of evidence-based advanced contemporaneous practice.

Rationale: While quality assurance and regulation discussions are progressing, professional healthcare bodies recommend developing a CPD model for the advanced practitioner to demonstrate continued competency and capability within their scope of professional practice (Palmer, et al., 2023).

Scope: Approximately 1,000 advanced practitioners are working across diverse healthcare settings with recommendations of 3.75 hours minimum of CPD per week (NES, 2019; and Scottish Government, 2021).

Considerations: Recognisant of the political, economic, social, and technological influences which may impact the national strategic and workforce plan.

Enablement: Progressing learning opportunities will require adaptable and agile attitudes, workforce availability, partnership working across boundaries and infrastructure and compatibility to inform investment availability for contemporary education sessions.

Proposal: A national consistent approach strategic multi-professional plan to meet the ever-evolving advanced practice competencies portfolio. The overall work plan will be mapped to the varied core capabilities, competency, legal, and regulatory frameworks to meet individual's personal, academic, and professional obligations. For equity and parity, utilising the TURAS national digital platform as the central access point for the evidence-based teaching and learning materials. To review the stimulus, listening to the advanced practitioner voice via educational needs analysis, discussions, and anonymous questionnaires with 360-degree feedback.

Future Looks Bright: Implementation of a one approach to CPD will undoubtedly evolve the innovative, cohesive, and collaborative advanced practice community to effectively support transformation across the whole health and social care system via our various modus operandi! (ICN, 2021; NES, 2020). Currently 20 workshops have been completed this includes collaborations with NHS England.

The link for anyone with NHS Scotland account: [NHS 24 Advanced Practice CPD sessions - \(external\)](#), if accessing via another account please do not hesitate to contact Lizanne.hamilton-smith@nhs24.scot.nhs.uk or NHS 24 ANPs: ANP@nhs24.scot.nhs.uk if wish to be added as a member or as this is a free, fluid membership, you can attend or link to your preferred workshop as you require.



Please remember all sessions are recorded and materials available on [Microsoft one drive](#) at present and in the process of uploading onto TURAS.

References:

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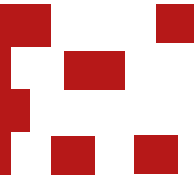
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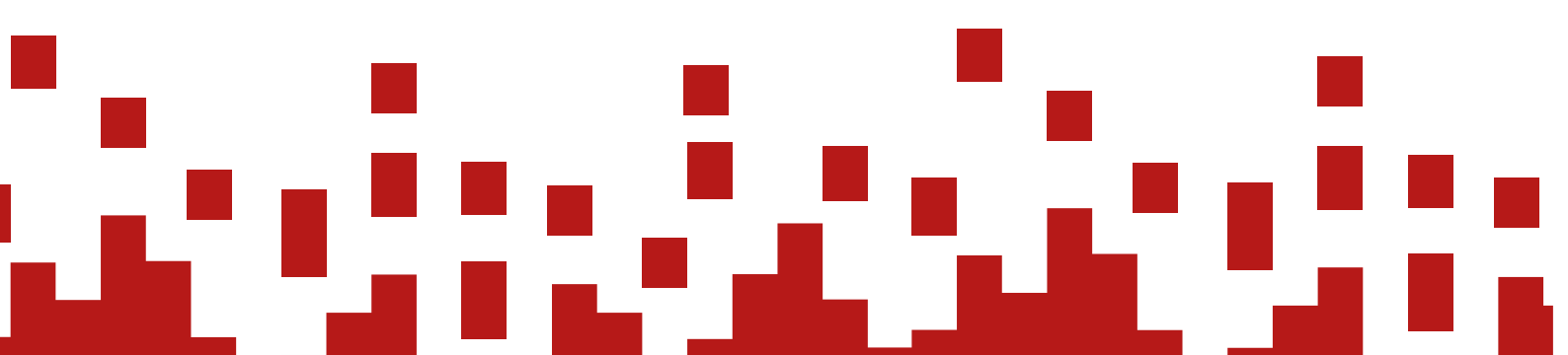


Evidence, Research and Development



In 2023, the Nuffield Trust published their independent report on the regulation of advanced practice in nursing and midwifery. If you haven't had an opportunity to review the report yet, you can find it at <https://www.nuffieldtrust.org.uk/research/independent-report-on-the-regulation-of-advanced-practice-in-nursing-and-midwifery>

Also published in 2023 were the results of a survey undertaken by the European Federation of Nurses. This survey focused on the development and implementation of advanced practice nursing across Europe and the link to the survey can be found at <https://pubmed.ncbi.nlm.nih.gov/37458267/>.





Joint Working – Scottish Ambulance Service Advanced Practitioners working in GP Practices within Edinburgh’s Health and Social Care Partnership

SAS APs in Urgent and Primary Care work in a rotational model, involving shifts attending 999 calls in an Advanced Practitioner Urgent and Primary Care response vehicle, remote consultation shifts and primary care / out of hours shifts. As part of the Primary Care Improvement Plan (PCIP) to implement the New GP Contract, Edinburgh Primary Care support Team (EPCST) as part of EHSCP has worked closely with Scottish Ambulance Service (SAS) to embed Advanced Practitioners (APs) into 6 GP practices in Edinburgh. APs provide autonomous assessment and care for patients within their scope of practice in a primary care setting. This is primarily in the form of home visits but has increasingly expanded to practice based clinical work. Responsibility for clinical governance is maintained by SAS and the placements are undertaken as a joint venture between EHSCP and SAS.

In May 2022, EPCST and SAS undertook a joint evaluation process to understand the impact of APs on GP workload in Primary Care. Both qualitative and quantitative data were collected to inform the evaluation. Activity data was extracted from Practice data systems as well as manual audit data collections undertaken by the APs themselves. Feedback was gathered from APs, GP Practices and patients. The evaluation was supported and guided by a cross representative workstream group, which used the evaluation to inform improvements and next steps for the service. At the time of the evaluation, the APs had been working within surgeries for varied lengths of time, from five months to two and a half years. Of the SAS APs involved, three were from a nursing background and eight have a paramedic background.

Training and induction within GP Practices

Initial training involved in-person practical tutorials which the GP practices felt were useful and important. For example, one GP practice set up four tutorials at 90 minutes each. Initial support and supervision for APs did impact on GP workload and GP practices suggested it would be important to factor this time into future funding agreements. Ongoing support was provided through the offer of case-based discussion following AP consultations. GP practices suggested looking to centralise induction and training for future SAS APs. They also suggest a flexible induction period would be useful, which would allow individual experience and level of training to be considered. There were also suggestions for the future development of the role, such as training, allowing APs to manage a particular patient population, such as diabetes or frailty.

Role within GP practices

The APs provided home visits (62.7% of AP time), and were also involved in results recording, triage and receiving phone calls from patients. As APs became more embedded in the practice, their role expanded to include other work such as home visits, acute visits, hospital admissions, letters from outpatients, emergency consultations, twilight visits and third-party consultation.

Outcomes

Most cases were discharged (45%), around 16% of calls were referred to the GP and 15% were followed up later by a GP or AP, 8% were referred to medical wards and 5% to A and E. Although no data was gathered on whether these outcomes changed over time, APs, and GP practices both reported a reduced need for GP support as APs became more embedded in the practice.

Treatment provided by APs included advice only (27%), referral (22%), 16% received a prescription from the AP, 14% received a prescription from the GP and 11% had bloods taken. Some APs were trainees and not yet supplementary prescribers when the GP rotation started, utilising GPs for a prescription or Patient Group Directions (PGDs), where patients fitted the strict PGD criteria.

GP Practice Feedback

GP Practices reported benefits such as the ability of the APs to manage their high volume home visit workload and felt the home visits conducted by APs were safe and effective. APs worked at an autonomous level, provided thorough assessments, and were competent and comfortable with acute presentations. APs also had links with other services such as Hospital at Home and were comfortable using PGD drugs.

GP practices also identified that SAS AP skills in remote consultation could be utilised where home visit workload was limited. Towards May 2022, GP practices had started to explore opportunities to use the APs in different ways, such as in clinic-based sessions and remote consultations.

While APs provided thorough assessments, there were some reported challenges with diagnosis, prescribing, or creation of patient management plan. Specifically, the management of chronic disease and pain management was highlighted as an area needing development for the SAS APs. Eight of the APs were trainees at the time of starting in the practice and four were trainees as of May 2022.

GP practices suggested some practicalities that would be useful for other practices to consider in setting up an arrangement with SAS. The changes in staffing (APs work in primary care on a rotational basis), meant there was limited opportunity for continuity and ownership of complex cases. In addition, annual leave and short notice absence management was another issue that would need consideration, as cover was not always available. GP practices also suggested that mornings were the most useful time for APs to meet the home-visit workload need, and this may be a good consideration for future agreements.

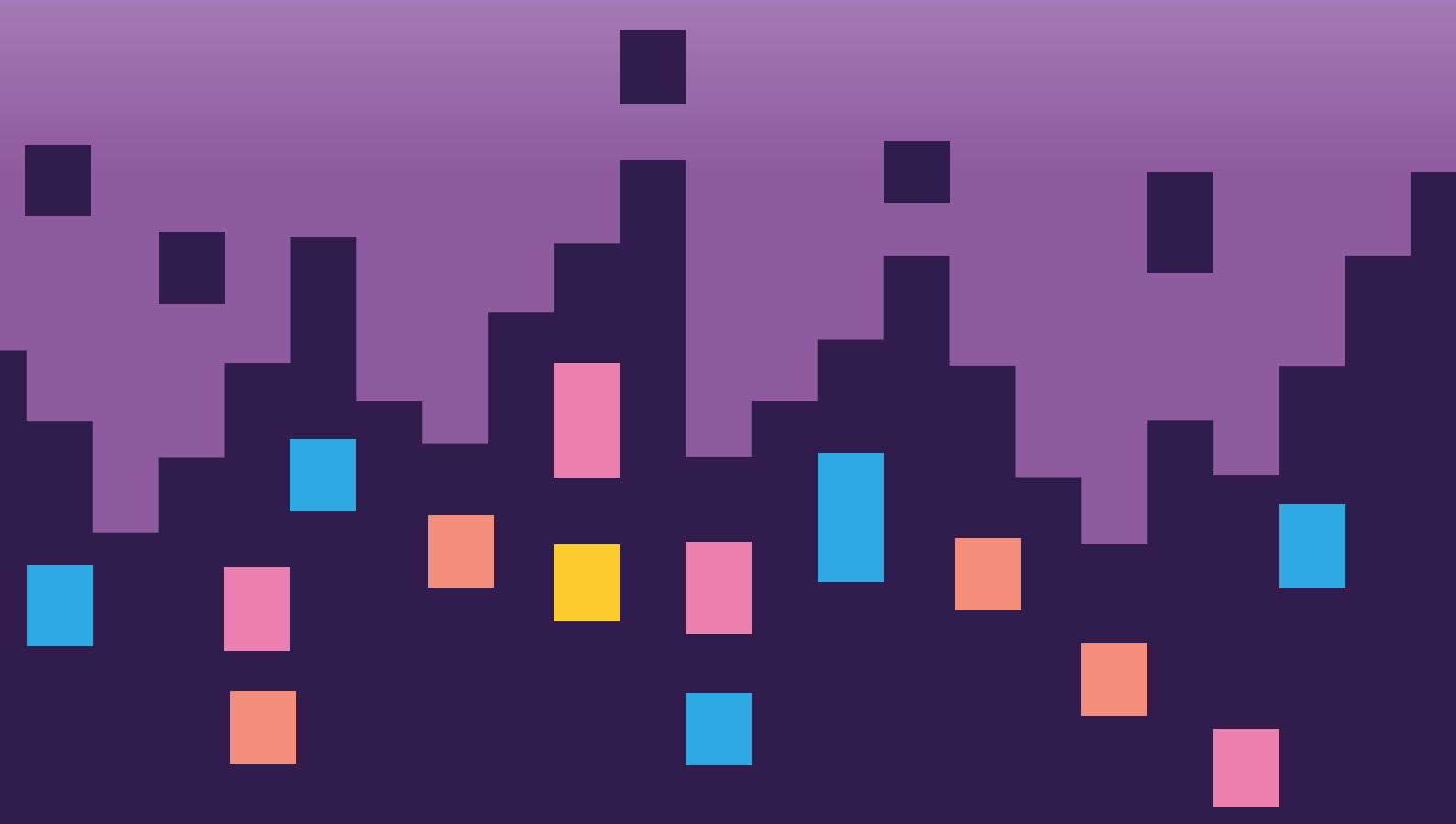


Summary

Benefits for both the GP practices and the APs, and in turn SAS, were demonstrated. Of the small number of patients who provided feedback, there was an overall appreciation and acceptance of the service. SAS APs saw a broad range of presentations and managed many conditions autonomously. Most consultations did not require medication or prescription and half of prescriptions were issued by the AP (though they were not all Supplementary Prescribers as of May 2022). The GP home visit workload reduced because of SAS AP involvement in the practice, although there was an initial increased workload due to the training and supervision requirements. Practices supported APs with patient management and found the support requirements reduced as the APs became embedded. The viewpoint was that this short-term investment outweighs the long-term gain of having autonomous practitioners managing their own workload embedded in each practice team.

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