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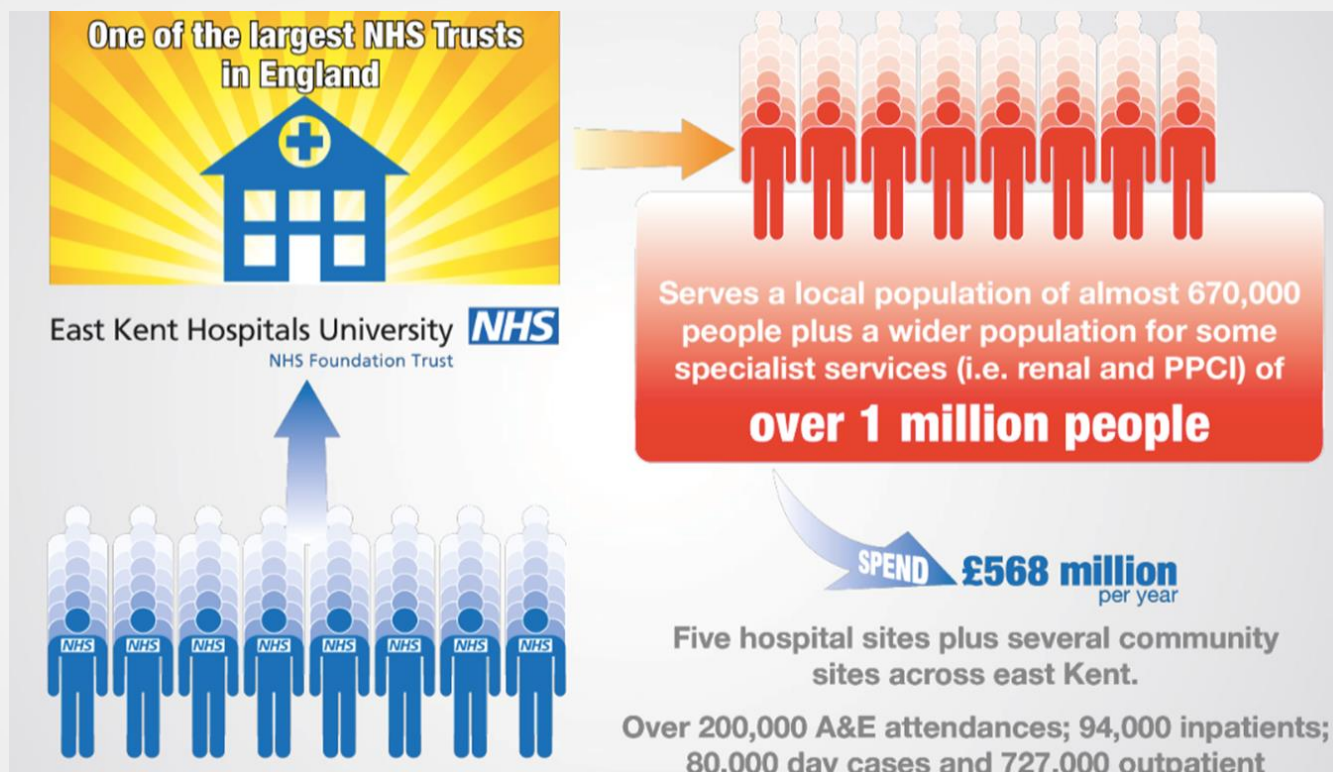
Introduction of Advanced Clinical Practitioners in Emergency Ambulatory Care

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Ian Setchfield & Oliver Phipps
Acute Care Consultant Nurses



My Trust





Our population

Almost 670,000 people live in east Kent. By 2020 this number will increase by over 21,000

+21,000
by 2020



We have a growing number of people living with long-term conditions like diabetes, lung diseases and heart disease



The number of people over the age of 70 will rise by 20% in the next 5 years



1 in 4 of east Kent residents are affected by a mental health problem



Multi-professional framework for advanced clinical practice in England



"New solutions are required to deliver healthcare to meet the changing needs of the population. This will need new ways of working, new roles and new behaviours."

Health Education England (2017)

Definition:

“Advanced Clinical Practice is delivered **by experienced registered healthcare practitioners**. It is a level of practice characterized by a **high level of autonomy and complex decision-making**. This is underpinned by a **masters level award or equivalent** that encompasses the four pillars of **clinical practice, management and leadership, education and research, with demonstration of core and area specific clinical competence**.

Advanced Clinical Practice embodies the ability to manage complete clinical care in partnership with patients/carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance patient experience and improve outcomes”







Consultant Practitioner Autonomous Practitioner MSc/PhD - Service development, lead educator and clinical supervisor	Job plan structured around 4 domains: <ul style="list-style-type: none"> Expert practice (as below for ACP) Professional leadership and consultancy Education, training and development Practice and service development, research and evaluation Autonomously Accountable for own practice and patient care
Advanced Clinical Practitioner (ACP) Autonomous Practitioner MSc - Continually learn and facilitate learning for others	<ul style="list-style-type: none"> Advanced Patient Assessment Independently prescribing- treatments and medicines Patient pathway planning and implementation Refer and discharge patients Autonomously Accountable for own practice and patient care
Specialist / Senior Practitioner Works within a defined scope of practice Specialist/Post graduate studies	<ul style="list-style-type: none"> Specialist knowledge and skills in defined area May prescribe medicines Required to make judgements based on theoretical and practical knowledge Accountable for own practice and patient care
Practitioner Registered practitioner Degree studies	<ul style="list-style-type: none"> Professional registration and continuous CPD Comprehensive specialised, factual and theoretical knowledge Required to make judgements and recognise own boundaries of knowledge Accountable for own practice and patient care
Associate Practitioner Guidance and Supervision available when needed Foundation Degree studies	<ul style="list-style-type: none"> Knowledge of facts, processes, principles and general concepts in field of work Carries out clinical/technical work to established protocols and procedures Responsible for personal development Accountable to registered practitioner in area of work
Support Worker Directly supervised A'Level/NVQ/Apprenticeship	<ul style="list-style-type: none"> Responsible for personal development Works to established protocols and procedures Accountable to registered practitioner in area of work

Case for change



Why did we do it?

- The Trust was forecasting an Agency spend of circa £3.4m on medical staff
- Recruitment & retention strategy
- Strategically it made sense:
 - Aligns with clinical strategy proposal & Trust's mission to provide person centred safe and effective care.
 - Improve recruitment and retention, develop a workforce succession plan, and recognise talent within the organisation.
 - Innovative



How did we do it?

Our approach: changing mind-sets

- Not modelling what we already have but what we want for the future
- Not concentrating only on numbers of staff but skills and competencies required for the future
- Focus on career pathways across traditional staff groups
- Developed links with local HEI
- Influencing key decision makers
- Ensured correct governance, policy and clinical competence document was in place
- Business case for 24 tACP's in acute care!!!



How much did it cost?

Income & Expenditure	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	Total (8 yr)
Direct Costs									
Pay	188,505	511,657	834,809	1,023,053	1,114,933	1,206,813	1,245,096	1,245,096	7,369,962
Non-Pay	48,000	96,000	96,000	48,000					288,000
less: Cost Reductions		(12,600)	(34,200)	(55,800)	(569,550)	(1,426,264)	(1,954,479)	(2,071,800)	(6,124,693)
Increase / (decrease) cost	236,505	595,057	896,609	1,015,253	545,383	(219,452)	(709,383)	(826,704)	1,533,269
Investment Required									
Pay - investment required	188,505	511,657	834,809	1,023,053	1,114,933	1,206,813	1,245,096	1,245,096	7,369,962
Pay - conversion of 7 Middle Grade posts (cohort 1)					(358,659)	(717,318)	(717,318)	(717,318)	(2,510,613)
Pay - conversion of 7 Middle Grade posts (cohort 2)						(358,659)	(717,318)	(717,318)	(1,793,295)
Pay - conversion of 7 Middle Grade posts (cohort 3)							(358,659)	(717,318)	(1,075,977)
Net investment required / (CIPs)	188,505	511,657	834,809	1,023,053	756,274	130,836	(548,199)	(906,858)	1,990,077
Financial modelling is on the basis of 16-17 outturn funding									

Did we do it?



Where are we now and what's next?

- 1st cohort of tACPs started January 2018
- 2nd cohort started September 2018
- Honorary lecturers delivering modules on MSc Advanced Clinical Practice
- Advanced practice leads
- Trust on NHSI fast track ACP programme
- Kent ACP forum



LESSONS LEARNED



**“The best way
to predict
the future
is to
create it.”**

Abraham Lincoln

