

Pitfalls and Opportunities in Advanced Nursing Practice

Maria Parsonage RN V300 BSc MSc
Nurse Consultant in Respiratory Medicine & Pleural Disease
Wirral University NHS Hospital Trust
@ParsonageMaria @ARNS_UK

Katy Beckford RN DN QN
Chair of ARNS UK
Lead for Community Inpatient Services
Oakwood Ward Prospect Park Hospital
@KatyBeckford @ARNS_UK



Association of Respiratory
Nurse Specialists



21st Century Healthcare Challenges

- Burden of chronic disease
- Ageing population
- Financial constraints



- Around one in five (12 million) people in the UK have a diagnosis of lung disease imposing a considerable impact to patients and their families in terms of morbidity and mortality BLF (2016) The Battle for Breath Report
- By 2020 there will be a million more people over 65 years of age, 7,000 people over 100 years old and 2 out of 3 babies born today will live until they are 100 CNO Summit (2017)
- The way in which nurses were trained no longer meets the healthcare needs of the 21st century NMC (2019) Future Nurse: Standards of Proficiency for Registered Nurses

The NHS Long Term Plan (2019)



Wirral University
Teaching Hospital
NHS Foundation Trust

The screenshot shows the NHS Long Term Plan website homepage. At the top is the NHS logo and a search bar. Below is a navigation menu with links for Home, About the NHS Long Term Plan, Areas of work, Case studies, and Find out more. The main content area features a large image of a healthcare professional and a baby, with a text box titled "NHS Long Term Plan" containing a brief description. Below this are three columns of links and descriptions: "Download the NHS Long Term Plan", "View the online version of the NHS Long Term Plan", "NHS Assembly", "Interim NHS People Plan", "Implementation Framework", and "NHS Mental Health Implementation Plan".

NHS Long Term Plan

As medicine advances, health needs change and society develops, the NHS has to continually move forward so that in 10 years time we have a service fit for the future. The NHS Long Term Plan is drawn up by frontline staff, patients groups, and national experts to be ambitious but realistic.

- [Download the NHS Long Term Plan](#)
- [View the online version of the NHS Long Term Plan](#)
- [NHS Assembly](#)

Interim NHS People Plan
Our Interim NHS People plan, developed collaboratively with national leaders and partners, sets a vision for how people working in the NHS will be supported to deliver that care and identifies the actions we will take to help them.

Implementation Framework
The Implementation Framework sets out further detail on how the commitments in the Long Term Plan will be delivered.

NHS Mental Health Implementation Plan
The Mental Health Implementation Plan provides a framework to deliver the mental health commitments of the NHS Long Term Plan.

The graphic features the NHS logo at the top right. The background is a blue geometric pattern. In the center, there is a photograph of a woman holding a baby, with another woman looking on. Overlaid on the image is the text "FIVE YEAR FORWARD VIEW".

FIVE YEAR FORWARD VIEW

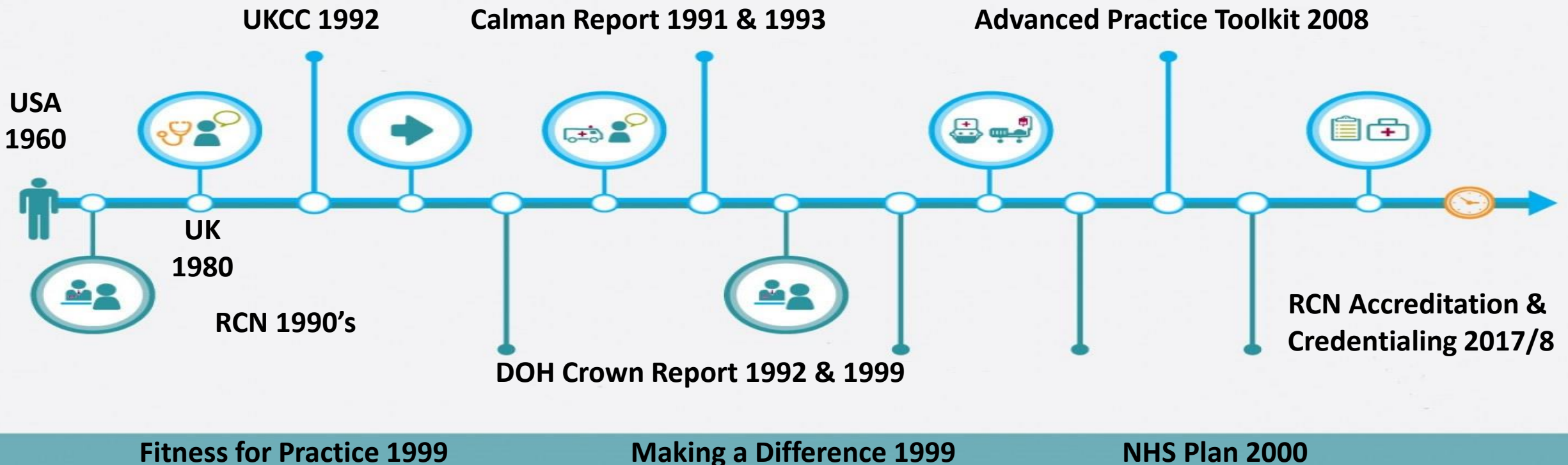


#NHSLongTermPlan



wuth.nhs.uk

The Developing Role of the Specialist Nurse



Specialist Nursing

Specialist nurses are highly valued by patients and as we face the impending crisis in nursing recruitment generally, it is now imperative that the issue of role titles is **prioritised**

This will provide clarity and inform the development of future career choices and pathways

Kelly (2019) What's in a Name: Should Nursing Titles be Regulated



Evidence to Support Specialist Nursing



Examining the threat

As we enter another period of constrained public spending, many specialist nurses now face serious organisational and funding challenges that are inhibiting their ability to deliver high quality care, tailored to the needs of patients.

The potential of specialist nurses to drive the safety and quality of care, and to improve patient outcomes is under threat.

Despite the evidence of positive impacts in terms of patient care enshrined in national guidelines, no other group has been targeted to such a degree in the wake of NHS financial pressures. As an RCN (2008) survey highlighted, the scale of the potential loss of specialist nursing expertise is significant:

- more than one third of specialist nurses reported their organisations had a vacancy freeze in place
- 47 per cent reported they were at risk of being downgraded
- 68 per cent reported having to see more patients.

What is the RCN calling for?

To enable specialist nurses to continue to deliver high-quality care, tailored to patient needs, the RCN has identified three key recommendations.

- 1 **Every patient with a chronic or long-term condition should have the right to specialist nursing care.** Local decision makers should map the number and type of specialist nurses required. This information should be linked to service and workforce planning to ensure that sufficient specialist nurses are in post to support this patient right.
- 2 **Specialist nurse posts should be supported through robust long term funding.** Short-term funding of up to two years makes these posts vulnerable to cut backs. Where funding is provided by a charitable or voluntary organisation this should be underwritten by the NHS. Specialist nurse posts must not be targeted for cut backs when health spending is under pressure.
- 3 **Specialist nurses need time to fulfil the key aspects of their role.** Job descriptions and workload should recognise and allow time for the core elements of the role, which include providing clinical expertise, leadership, and education and training.



- Within this climate it is crucial that strategies for effective recruitment, retention and succession-planning for nurses in specialist roles are put in place
- The role of respiratory nurses will become ever more important as the population living with long-term respiratory conditions increases

BLF (2016) The Battle for Breath Report

RCN (2010) Changing Lives, Saving Money

Advanced Nursing Practice

The role of the Nursing and Midwifery Council

What we do

We regulate nurses and midwives in the UK, and nursing associates in England. We exist to protect the public. We set standards of education, training, conduct and performance so that nurses, midwives and nursing associates can deliver high quality care throughout their careers.

We make sure nurses, midwives and nursing associates keep their skills and knowledge up to date and uphold our professional standards. We have clear and transparent processes to investigate professionals who fall short of our standards.

We maintain a register of nurses and midwives allowed to practise in the UK, and nursing associates allowed to practise in England.

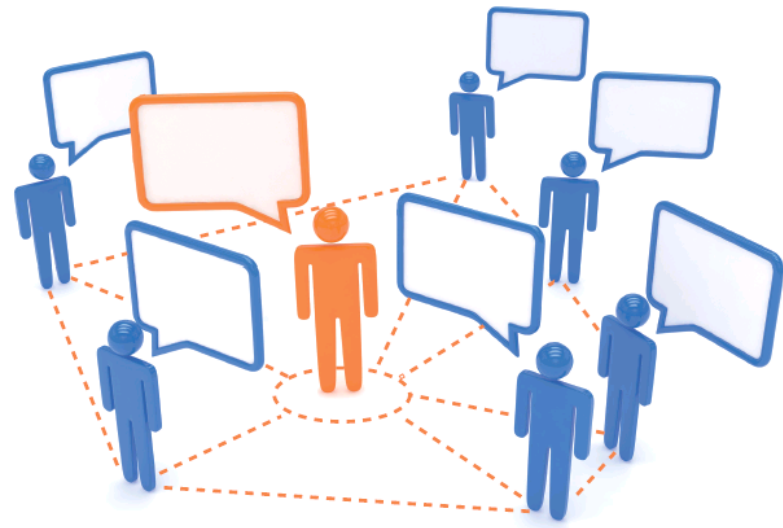
These standards were approved by Council at their meeting on 28 March 2018.



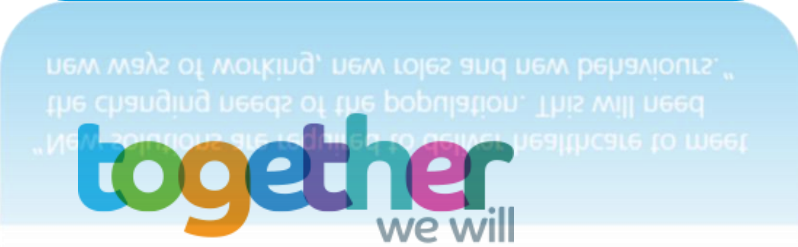
The NMC recognises that advanced nurses should:

- Practise autonomously and are self-directed assess individuals, families and populations holistically using a range of different assessment methods
- Use their professional judgement in managing complex and unpredictable care events and capture the learning from these experiences to improve patient care and service delivery
- Draw upon an appropriate range of multi-agency and inter-professional resources in their practice

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."



ARNS
Association of Respiratory Nurse Specialists

The Association of Respiratory Nurse Specialists (ARNS) was established in 1997 as a nursing forum for respiratory nurse specialists

Join Today

Inspiring, Leading, Empowering

Royal College of Nursing

Advanced Level Nursing Practice Royal College of Nursing Standards for Advanced Level Nursing Practice

NHS

FIVE YEAR FORWARD VIEW

NMC Nursing & Midwifery Council

The Code

Professional standards of practice and behaviour for nurses, midwives and nursing associates

- prioritise people
- practise effectively
- preserve safety
- promote professionalism and trust

NMC Nursing & Midwifery Council

Future nurse: Standards of proficiency for registered nurses

Published 17 May 2019

Advanced Clinical Practice

Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.

Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes.





Advanced Level Nursing Practice

Royal College of Nursing Standards for Advanced Level Nursing Practice

To be able to work at an advanced level of nursing practice, nurses need to meet a number of standards. Use our resources to find out more about working at an advanced level of practice.

Advanced practice is defined as:

Advanced practice is a level of practice, rather than a type of practice. Advanced Nurse Practitioners are educated at Masters Level in clinical practice and have been assessed as competent in practice using their expert clinical knowledge and skills. They have the freedom and authority to act, making autonomous decisions in the assessment, diagnosis and treatment of patients.

Registered nurses working at this advanced level must meet the following standards. They must:

- have an active registration with the NMC
- practice within the four pillars
- have a Job Plan that demonstrates advanced nursing practice and has equity with peers working at this level
- be educated to Masters level
- be an independent prescriber
- meet NMC revalidation requirements
- demonstrate autonomous evidence

See: [Royal College of Nursing Standards for Advanced Level Nursing Practice](#)



Health Education England

All health care professionals working at the level of advanced clinical practice should have developed their skills and knowledge to the standard outlined in this framework

The four pillars that underpin this practice are:

1. Clinical Practice
2. Leadership and Management
3. Education
4. Research



1. Management and Leadership

- Identifying need for change, leading innovation and managing change, including service development
- Developing case for change
- Negotiation and influencing skills
- Networking
- Team development

2. Education (either within clinical practice or education sector)

- Principles of teaching and learning
- Supporting others to develop knowledge and skills
- Promotion of learning/creation of learning environment
- Service user/carer teaching and information giving
- Developing service user/carer education materials
- Teaching, mentorship and coaching

3. Research

- Ability to access research/use information systems
- Critical appraisal/evaluation skills
- Involvement in research
- Involvement in audit and service evaluation
- Ability to implement research findings into practice – including use of and development of policies/protocols and guidelines
- Conference presentations
- Publications

4. Advanced Clinical Practice

- Decision making/clinical judgment and problem solving
- Critical thinking and analytical skills incorporating critical reflection
- Managing complexity
- Clinical governance
- Equality and diversity
- Ethical decision-making
- Assessment, diagnosis, referral, discharge
- Developing higher levels of autonomy
- Assessing and managing risk
- Non-medical prescribing in line with legislation
- Developing confidence
- Developing therapeutic interventions to improve service user outcomes
- Higher level communication skills
- Service user/public involvement
- Promoting and influencing others to incorporate values-based care into practice
- Development of advanced psycho-motor skills

The Nurse Consultant

Home / Features / [Consultant Nurses: reforming health services by working across professional and organisational boundaries](#)



Consultant Nurses: reforming health services by working across professional and organisational boundaries

Creating a culture of patient-centred
integrated care

Monday, June 12, 2017



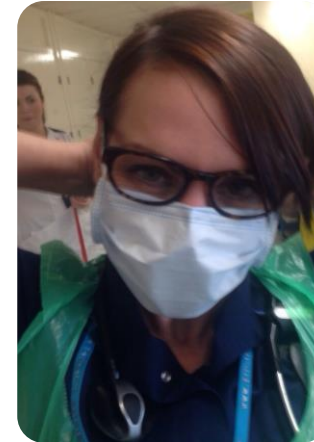
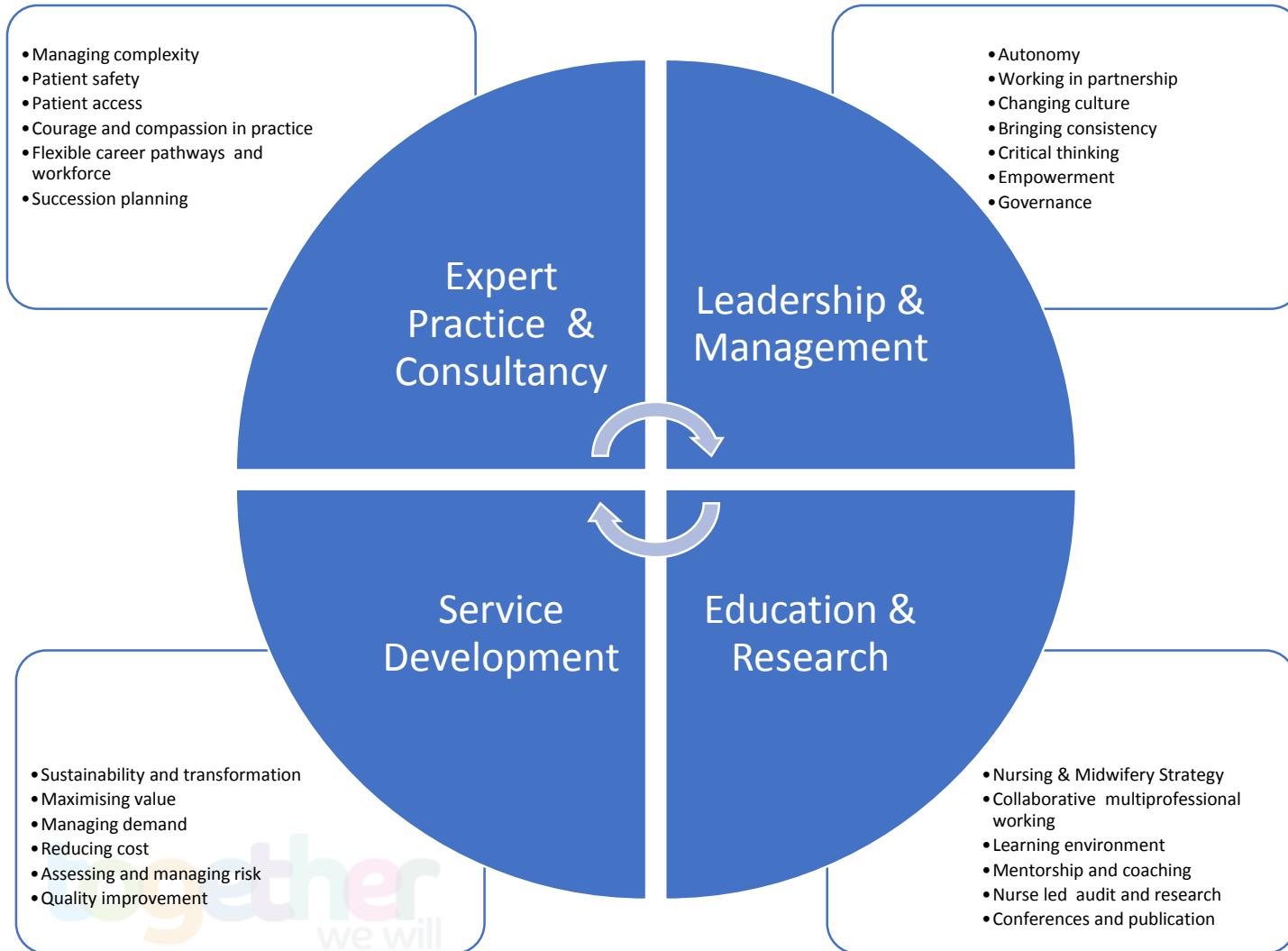
Joan Manzie is Consultant Respiratory Nurse and Clinical Lead for Respiratory and Oxygen Services South Division at Staffordshire and Stoke on Trent NHS Partnership Trust.

I became a specialist respiratory nurse in 1995 and was appointed as a community based consultant nurse in an area of social deprivation with a long mining history in 2003. Respiratory disease was prevalent then, with a heavy reliance on secondary care for diagnosis, assessment and management. This was reflected in the high number of hospital admissions and above-average length of stay. COPD prevalence was poorly recorded and life expectancy was lower than the national average with respiratory disease a significant cause of mortality.

From its inception, the consultant nurse role was seen as key to reforming health services with particular emphasis on working across professional and organisational boundaries (*reference 1: NHS National Plan 2000*). Locally, I was tasked with leading change within the key functions of the consultant nurse role (*reference 2: Department of Health*). I formed a project implementation group representing a range of clinical professions from primary and secondary care.

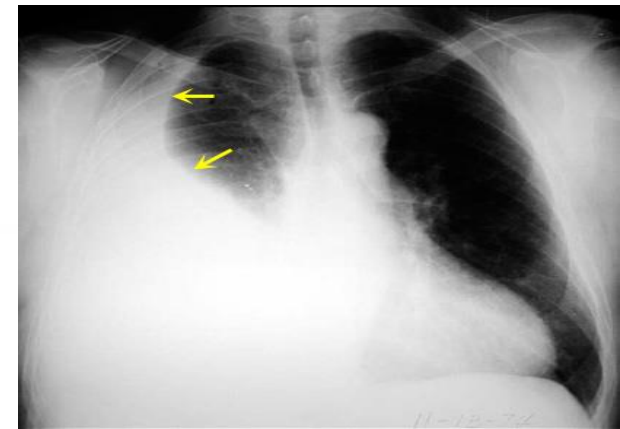
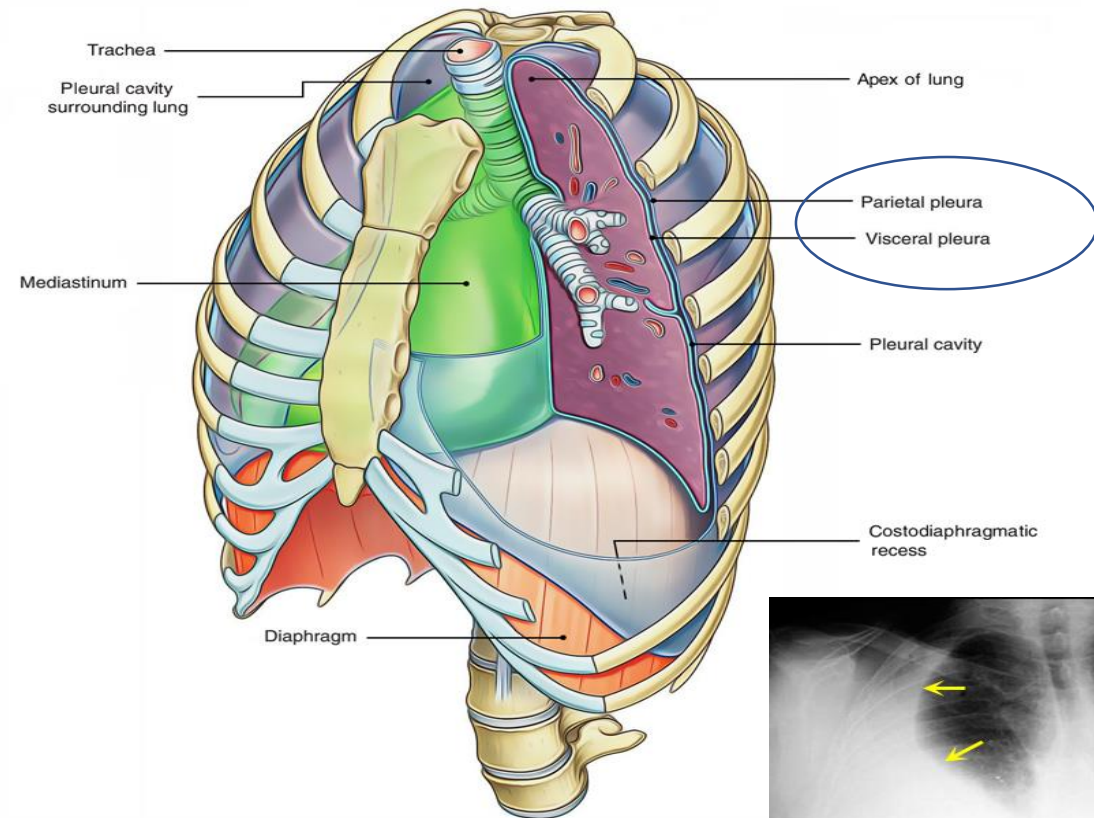
- The role of nurse consultant was introduced to strengthen leadership in nursing, improve patient outcomes and enhance the quality of healthcare services
- Nurse consultants have a wide-ranging remit that includes expert practice, professional leadership and consultancy, education, and service development

Respiratory Nurse Consultant



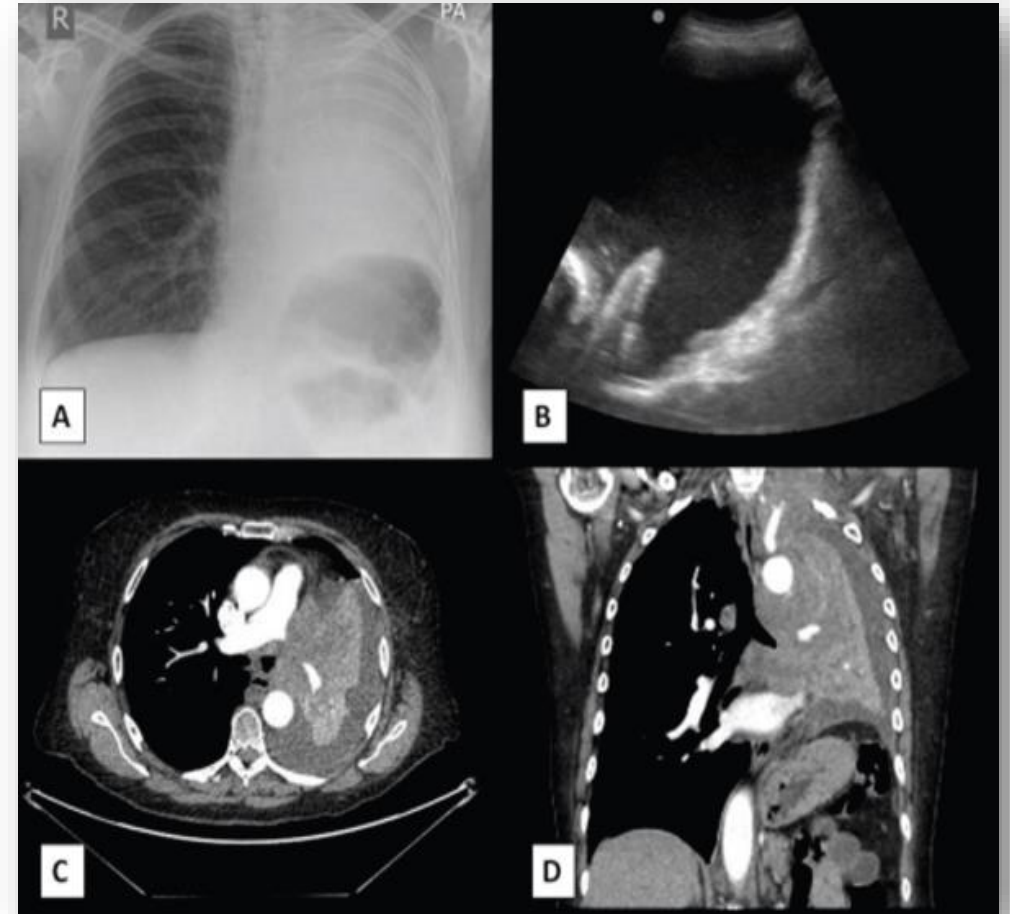
Pleural Effusion

- The pleura is a monolayer of mesothelial cells covering the lung and inner surface of the chest cavity, creating the pleural space
- A pleural effusion is the accumulation of an excess quantity of fluid within the pleural cavity
- Normally fluid enters the pleural space through the capillaries and is removed via the lymphatics of the parietal pleura
 - Normal **volume** is around 17mls/day for a 70 kg person
 - Normal pleural **drainage** is up to 1-2L/day
 - The rate of reabsorption is 20 x the rate of production
- Pleural fluid accumulates when fluid production > fluid absorption
- Excess pleural fluid can cause cough, breathlessness, chest discomfort, anorexia and reduced exercise tolerance



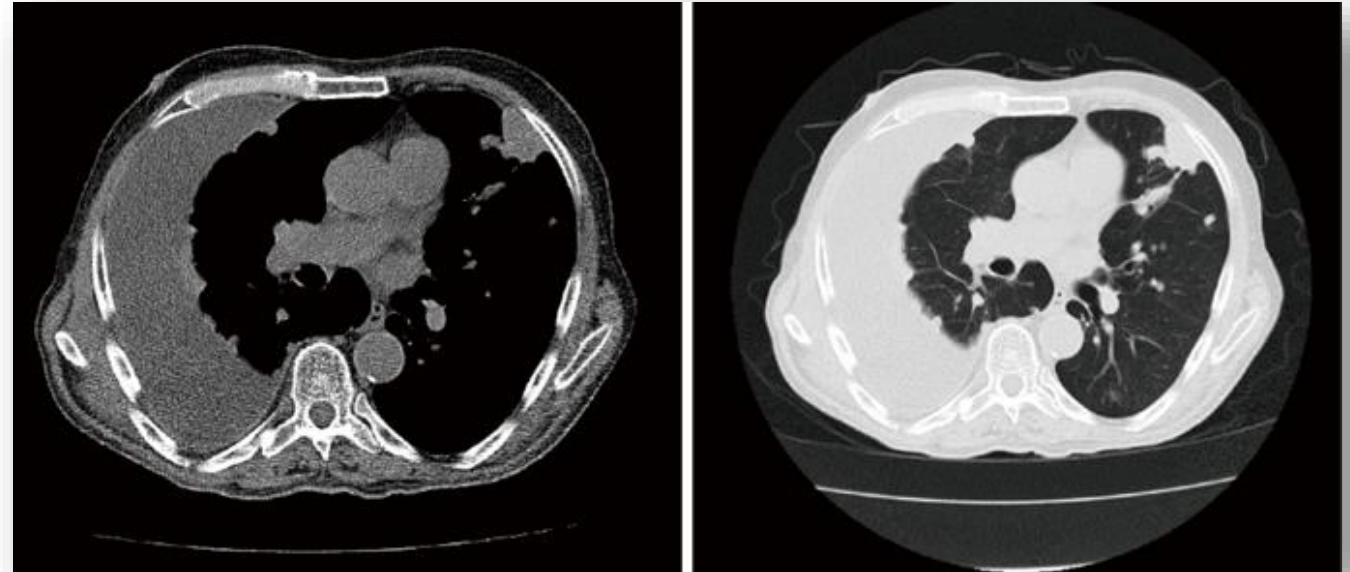
Burden of Disease

- There are 750,000 new cases of Malignant Pleural Effusion (MPE) in the US and Europe annually and increasing evidence that 1 in 6 cancers involve the pleura
 - Currently lung cancer (37%) is the most common metastatic tumour to the pleura in men and breast cancer (16.8%) in women
- The presence of MPE represents incurable metastatic disease with a median survival range of 3-12 months
- The majority of patients presenting with MPE are symptomatic and the focus of treatment is often palliative



The Changing Landscape of MPE Management

- There are certain factors to consider for the modern management of symptomatic MPE
 - Prognostic factors
 - Lung entrapment and loculation
 - Role of oncological therapies prior to intervention
 - Is a histological diagnosis always required?
 - *Patient choice and reported outcomes



ERS/EACTS statement on the management of malignant pleural effusions

Anna C. Bibby^{1,2}, Patrick Dorn³, Ioannis Psallidas⁴, Jose M. Porcel⁵, Julius Janssen⁶, Marios Froudarakis⁷, Dragan Subotic⁸, Phillippe Astoul⁹, Peter Licht¹⁰, Ralph Schmid³, Arnaud Scherpereel¹¹, Najib M. Rahman^{4,12}, Giuseppe Cardillo^{13,14} and Nick A. Maskell^{1,2,14}

Eur Respir J 2018; 52: 1800349

Prognostic Factors

BMJ Journals Subscribe Log In ▼ Basket

Thorax Latest content

Home / Archive / Volume 69, Issue 12

Lung cancer
Original article

Predicting survival in malignant pleural effusion: development and validation of the LENT prognostic score

Amelia O Clive^{1,2}, Brennan C Kahan³, Clare E Hooper^{1,2}, Rahul Bhatnagar^{1,2}, Anna J Morley², Natalie Zahan-Evans², Oliver J Bintcliffe², Rogier C Boshuizen⁴, Edward T H Fysh^{5,6}, Claire L Tobin⁵, Andrew R L Medford², John E Harvey², Michel M van den Heuvel⁴, Y C Gary Lee^{5,6}, Nick A Maskell^{1,2}

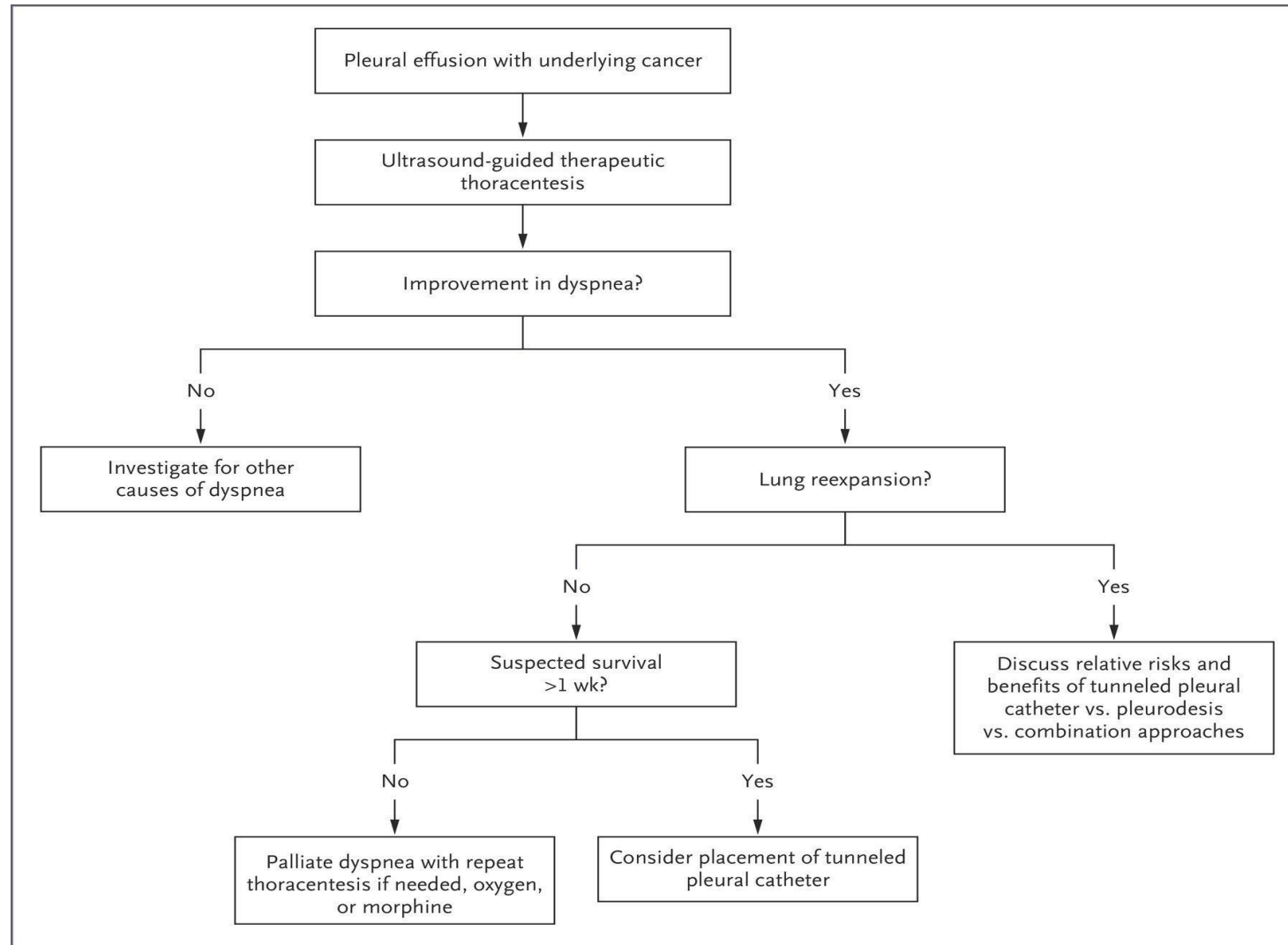
Citation Tools

- Multiple factors predict prognosis
- LENT is the only validated prognostic tool in MPE
- Patients with longer survival require definitive pleural intervention whilst those at end of life often benefit more from a more supportive approach

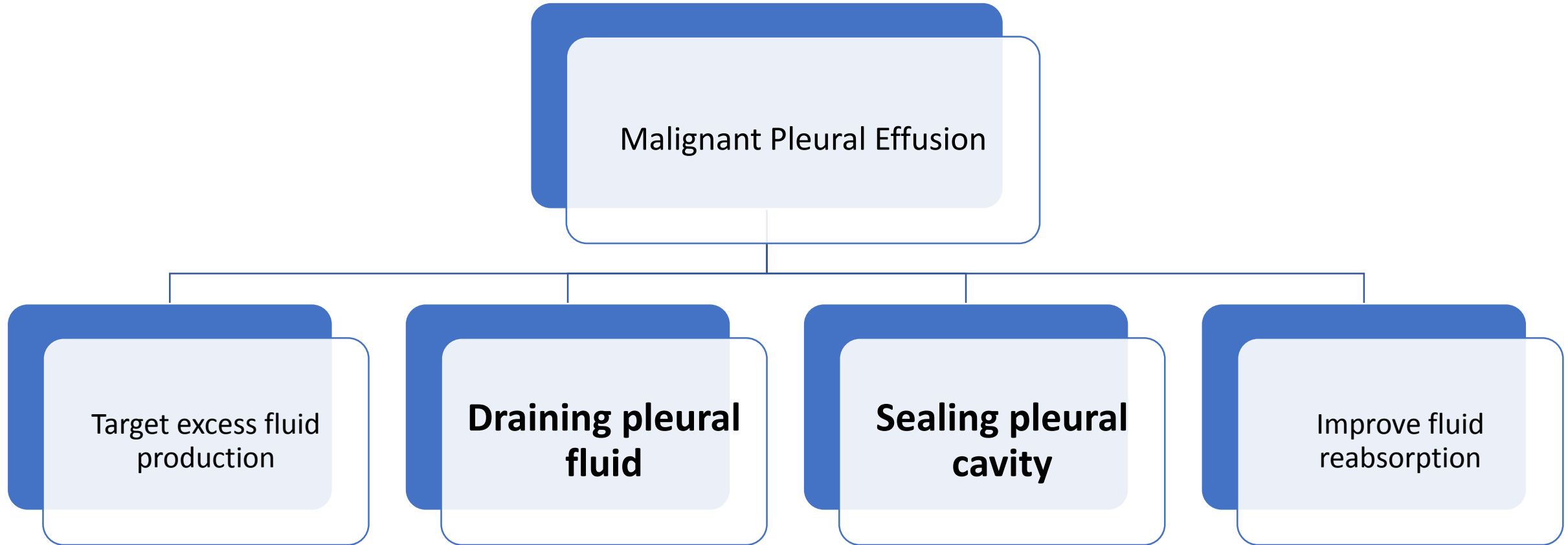
	Variable	Value	Score
L	Pleural fluid LDH level IU·L ⁻¹	<1500	0
		>1500	1
E	ECOG PS	0	0
		1	1
		2	2
N	NLR	3-4	3
		<9	0
		>9	1
T	Tumour type	Mesothelioma	0
		Haematological malignancy	
		Breast cancer	1
		Gynaecological cancer	
		Renal cell cancer	
		Lung cancer	
Other tumour types	2		

Risk category	Total score
Low risk	0-1
Moderate risk	2-4
High risk	5-7

Optimum Management of a *Malignant Pleural Effusion

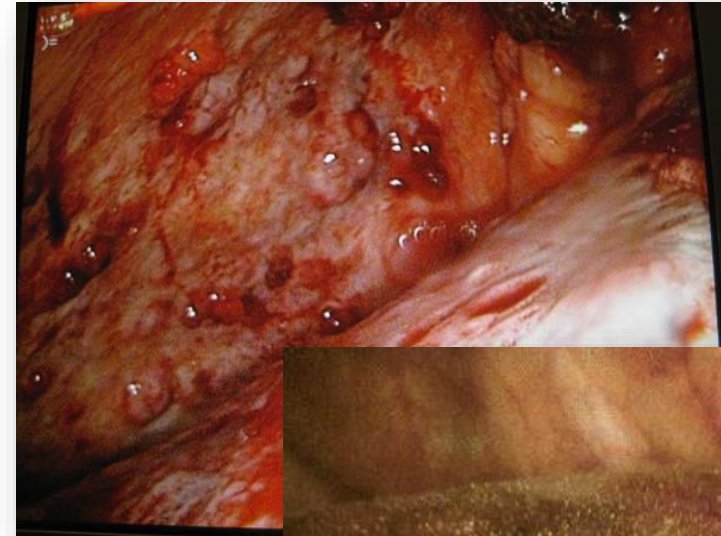


Targeted Approach



Sealing the Pleural Cavity

- The most effective agent for chemical pleurodesis is graded particle talc
- TIME 1 suggested that large bore drains associated with higher pleurodesis success rates but this was not evidenced in the TAPPS trial
- There is no difference between talc slurry and talc poudrage in terms of efficacy
 - 78% pleurodesis effect at 3/12 in both arms
- Adverse thoroscopic surgical event rates appear to be higher than chest tube talc and can be associated with more complications and longer hospital stays



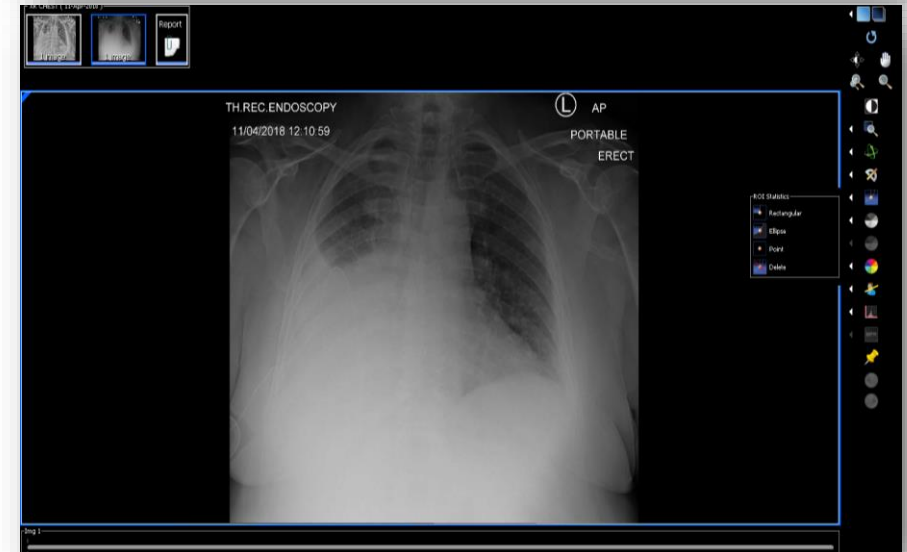
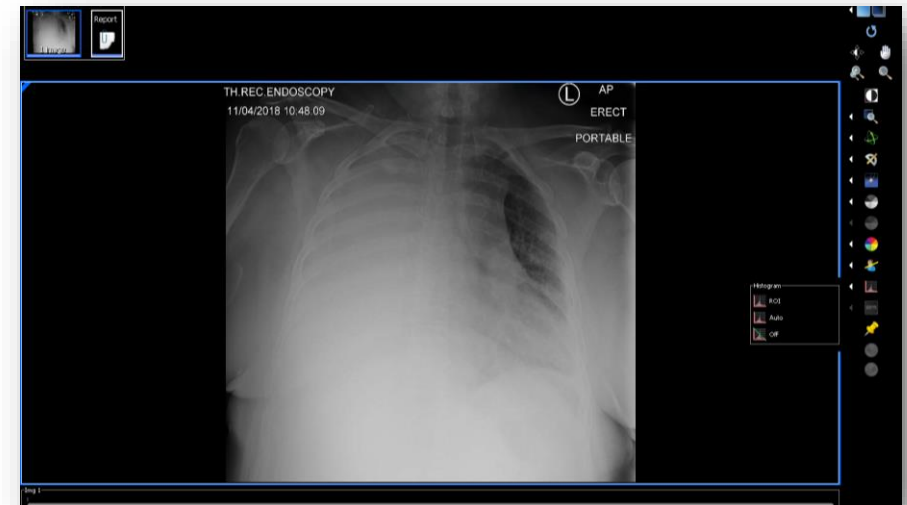
Lung Entrapment and Loculated MPE

- Lung entrapment describes when the lung is unable to fully expand rendering the parietal and visceral pleura either partially or completely unopposed
- IPCs are an effective option in non expansile lung
- The extent of pleural adhesions correlates with a greater pleural tumour burden and shorter median survival
 - Approaches may include surgical decortication and intra-pleural fibrinolytic therapy
 - However there is no effect on clinical outcomes, such as breathlessness or pleurodesis success
- There is a lack of good quality published evidence



The Benefits of an IPC

- IPCs are an alternative to pleurodesis that offer long-term symptom control via regular community drainage
- Usually inserted as a day case
- They provide immediate relief of breathlessness in 96% of patients regardless of primary tumour cell type, with the relief lasting for at least 30 days in 90%
- Most patients treated primarily with tunneled catheters do not require subsequent procedures



Patient Centered Outcomes

Time spent in hospital is minimised by choosing an IPC over attempted pleurodesis

Remaining life time spent in hospital 11.1% vs. 6.3% for IPC

IPCs improve breathlessness when compared to talc slurry pleurodesis, despite lower pleurodesis success rates

No literature to suggest that they are contraindicated in chemotherapy



