NOTTINGHAMSHIRE ALLIANCE TRAINING HUB

# System-wide Advanced Clinical Practice (ACP) Development in the Nottingham and Nottinghamshire Integrated Care System (ICS)

EDUCATING INFORMING ENHANCING THE PRIMARY & COMMUNITY CARE WORKFORCE


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## 1. INTRODUCTION

Workforce transformation programmes in the Nottingham and Nottinghamshire Integrated Care System (ICS) have resulted in the implementation of Advanced Clinical Practice (ACP) roles without a standardised ICS ACP governance structure. This has produced a high variation in ACP nomenclature, definition, educational preparation, role development and governance.

The ICS ACP Steering Group identified that ICS ACP needed to be standardised urgently.

The ICS secured Health Education England (HEE) funding to recruit two ICS ACP Lead roles. Hosted by the Nottinghamshire Alliance Training Hub (NATH), lines of responsibility were established and KPIs were identified.

### 1.1. LINES OF GOVERNANCE AND RESPONSIBILITY

- Nottingham and Nottinghamshire ICS Executive
  - Notts ICS Learning & Development Partnership
  - Professional Cabinets (Allied Health Professionals (AHPs) and Nursing & Midwifery)
  - ICS ACP Steering Group
    - ICS ACP Project Lead & ICS ACP Primary Care Lead

### 1.2. KEY PERFORMANCE INDICATOR (KPI) MILESTONES

1. Scope Nottingham and Nottinghamshire (N&N) organisations for advanced clinical practice ✓
2. Identification of ACP priorities and requirements ✓
3. Develop a defined ACP Primary Care Lead ✓
4. Establish an agreed safety and quality standard to the title ACP →
5. Establish Higher Education Institution (HEI) partnerships in the development of ACP programmes ✓
6. Implement a N&N ICS ACP generic competency framework →
7. Produce an ICS ACP strategy →

## 2. KPI 1 & 2 SCOPING

### 2.1. METHODOLOGY

- ✓ Engagement with key stakeholders, raising awareness of the need for scoping, (e.g. various ICS meetings, 1:1 meetings with organisational and ACP Leads) securing their agreement that this work was important.
- ✓ An Excel data set was identified.
- ✓ Data collection:
  - ✓ ACP Leads gathered the data or,
  - ✓ in places with no ACP Lead, a survey was formulated and circulated for completion by managers or preferably practitioners themselves. Websites were reviewed (e.g. 'Meet the Team' sections) and used for cross referencing. This data set was then triple validated with follow up phone calls or emails to confirm the information, fill in the gaps and chase those who had not replied.

HEE conducted a national survey of Primary Care ACPs in April 2021 resulting in Nottingham and Nottinghamshire ICS having only **32** non-medical respondents identifying as working at advanced level practice. With established organisational and educational networks already in place it was evident some ACPs had not been truly reflected in this survey. A more robust data collection strategy was required to gain a more accurate picture.

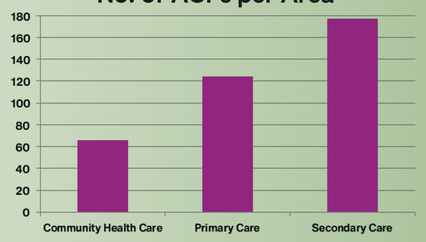
### 2.2. JOB TITLES

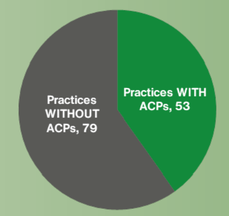
Initially it was felt we could apply eligibility criteria for advanced level practice through job titles and training but it became apparent this still remains hugely varied.

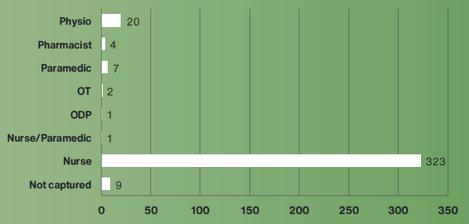
- Advanced Clinical Practitioners: 136
- Trainee Advanced Clinical Practitioners: 92
- Advanced Nurse Practitioners: 42
- Nurse Practitioners: 30
- Trainee Advanced Nurse Practitioners: 7
- Additional different job titles identified: 22

Some individuals were removed when it became apparent they were working at an enhanced level of practice and others were included who were working as ACPs but with no change in job title (e.g. Practice Nurse).

### 2.3. SCOPING RESULTS




Data sets were more accurate and complete in organisations where an ACP Lead was in place and established. In areas that did not have an ACP Lead there was little understanding of the ACP role as a whole. For this reason an infographic was created to aid in the conversation with non-ACP colleagues.

### 2.4. SPECIFIC RESULTS FROM PRIMARY CARE

+ Only 1 practitioner (Paramedic) used the title Advanced Clinical Practitioner.
+ Only 3 practitioners have a full MSc. in Advanced Clinical Practice (2 have the job title Nurse Practitioner).
+ Several GP practitioners had no ACP.
+ There is variation in the understanding of advanced clinical practice (including access to training and funding options).

## 3. CONCLUSION

**This continues to be a work in progress and we now strive to be more familiar regarding our ACPs (e.g. training and development requirements, supervisor/assessor status), and to build stronger networks across the system.**

### 3.1. RECOMMENDATIONS FOR PRACTICE

In standardising advanced clinical practice we need:

- Clarity of ACPs in post (at both role and level) to ensure 'buy-in' from all ACP individuals and organisations.
- Organisational and ICS ACP leadership facilitates the communication and understanding of advanced clinical practice across the system, and provides the essential ACP 'key point of contact'.
- Standardisation to the system-wide ACP governance will implement ACP equity, improve safety standards, and reduce duplication of work across organisations.

### 3.2. AREAS FOR DISCUSSION

- How can we provide better funding and training equity across the ICS?
- How can we provide better governance for individuals (and their employers) who self-fund their ACP training?
- How can we make the ACP workforce more visible, e.g. job titles and electronic staff records (ESR)?
- How can we continue to embed multi-professional training and development as we progress the ACP agenda?