

Impact of Assistant Practitioner (AP) roles in End of Life services: Hospice and Hospice at Home



Service Profile

St John's Hospice, Lancaster is a thirteen bed facility providing palliative care to the local community, including symptom control, and the holistic management of complex patient needs. The hospice also provides respite care for patients and families, outpatient services, and a Hospice at Home service to enable patients to remain in their own home as their preferred place of care. The hospice has a comprehensive staff mix including registered nurses, allied health professionals, medical doctors, support staff and assistant practitioners.

Background to the introduction of the Assistant Practitioner (AP)

Role

The hospice initially developed the role in January 2012 and the organisation implemented the first two qualified APs in 2014. St John's Hospice currently has three qualified APs with an additional two due to qualify in September 2017. The main rationale for introducing the role was to free up the time of the registered staff, enabling them to concentrate on more complex aspects of care. The AP role would bridge the gap between registered staff and support staff, having a defined scope of practice transcending traditional professional boundaries. This would enable holistic care delivery in a more timely fashion by the most appropriate member of the team.

There was initial resistance to the role and some scepticism from some team members. However, with careful planning and sensitive staff engagement, the hospice has witnessed a major cultural shift since its introduction of the AP role in 2014. Several members of the multi-disciplinary team (MDT) have reported the role as 'vital' to the quality of patient care.

Scope of Practice



The AP is a very diverse role within the hospice setting and includes aspects of nursing care and therapy interventions. They provide leadership whilst on shift as well as contributing to the MDT. These activities had previously been the domain of the registered practitioners. All APs within the hospice completed a two year foundation degree in Health and Social Care. This enabled them to develop underpinning theory and the practical skills required to deliver holistic patient care, at a higher level than

previously. Ongoing development of the role has led to a robust job description which supports service needs and patient outcomes. Some of the key activities carried out by the APs can be seen in table 1. The APs also contribute to mandatory and non-mandatory training, including medical devices training, hand hygiene and aseptic non touch technique.

The role continues to evolve and the hospice is considering further developments including podiatry and administration of medication.

Impact of the Role

There has been notable impact both financially and in the quality of patient care as a direct result of introducing the role. In order to provide a collaborative perspective, the impact evaluation of the role was undertaken by the head of nursing and quality, ward manager and the APs themselves.

Table 1. - AP activities

- Mobility assessments
- Wound dressings – non complex
- Gold standard framework meeting participation
- Patient handovers
- Admissions – non complex
- Risk assessments
- Venepuncture, cannulation
- Catheterisation
- Complimentary therapies
- Lymphedema management
- Medicines management support
- MDT meeting participation

Financial Impact

Many of the activities and procedures carried out by the APs were traditionally carried out by band five and band six staff, with certain clinical activities carried out by foundation year one medical staff. The hospice has engaged in monitoring and evaluating the activities of the APs, considering the individual who would have previously carried out the activity, and the estimated frequency that said activities took place. This resulted in the number of hours per week of AP activity which could then be calculated in terms of monetary savings. The calculations were performed using mid-point salaries of the different bands in accordance with Agenda for Change.

Sample

Activity	Average hours per week	Current Band of staff	Previous Band of staff	Potential weekly saving	Potential annual saving
Mobility assessments	10 hours per week average	Band 4 Hourly rate £10.90	Band 7 Physiotherapy. Hourly rate £18.77 - a difference of £7.87 per hour	£78.70	£78.70 x 52 = £4,092.40
Completion of risk assessments	14 hours per week average	Band 4 Hourly rate £10.90	Band 5 Registered Nurse. Hourly rate £13.10 difference of £2.20 per hour	£30.80	£30.80 x 52 = £1,601.60
Gold standard framework meeting participation	5 hours per week average	Band 4 Hourly rate £10.90	Band 6 Registered Nurse. Hourly rate £15.72 difference of £4.82 per hour	£24.10	£24.10 x 52 = £1,253.20

This process was carried out for all activities now performed by APs, totalling 101 hours over a 7 day period. This demonstrated savings of approximately £285.05 per week equating to £14,822.60 annually, or £349.43 per week equating to £18,170.36 annually. The differences were dependent upon which grade of staff was used in the calculations, as some activities were carried out by band five or band 6 staff depending on their availability. (Based on figures supplied by St Johns Hospice. Full details of all current activity available on full impact evaluation tool.)

Patient Impact

The hospice also monitored the effects of the AP role on quality and patient experience. The hospice evidenced that admission procedures improved with patients being admitted within an hour of attending. As APs were trained in lymphoedema assessments and treatments, this allowed for this group of patients to be seen and treated in a timely manner as opposed to waiting for the lymphoedema practitioner, who previously visited three set times per week.

Equally, as APs were competent in clinical skills such as venepuncture and cannulation, this could now be conducted as the need arose as opposed to waiting for nursing or medical staff to become available. Results from surveys and feedback from patients supported this as a very positive benefit in their experience. In the Hospice at Home service the introduction of the AP role has resulted in two new services being available that previously were not offered; lymphedema management and complimentary therapies. Furthermore, the AP within this team has developed links with South Lakes community teams, ensuring relevant patients and families are referred in a timely manner. There has also been a measured increase in referrals to this service, which has been attributed to the introduction of the AP role.

Additional benefits

The hospice reports a shift in the learning culture within the staffing team. There is enthusiasm and positive attitudes towards education and training, with increased study leave requests across the services. Attendance at in house education sessions has improved and staff are reported to be appropriately questioning care decisions and encouraging each other's development.

The Head of Nursing and Quality at St John's Hospice concluded "There is ongoing development and the role is evolving further. The assistant practitioners have commented on their increased competence, pride and enthusiasm about work. They feel they are meeting a need and are more valued as they are carrying out a variety of roles, previously not completed by nursing staff."

If you are interested in carrying out your own impact evaluation of roles that you have introduced, resources are available on the Assistant Practitioner pages on eWin website, including the tool itself and guidance on how to complete the process.

<http://www.ewin.nhs.uk/>