


# SETTING UP A NURSE LED CLINIC

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There is the need for a more patient-centred, qualitative approach to providing care. McGlynn (2004) audit shows how a change in practice can significantly improve the patient's journey. For people with cancer, quality information, communication, continuity and overall coordination of care are all vital. As well as benefiting patients, this service development has resulted in a radical reform of the urology/oncology service.

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The Nursing and Midwifery Council state that “advanced nurse practitioners are highly experienced and educated members of the care team who are able to Independently diagnose and treat your health care needs or refer you to an appropriate specialist”. (2005)

## QUESTIONS TO ASK

- WHAT IS IT YOU WANT TO DO?
- WHAT ARE YOUR REASONS FOR DOING IT?
- WHAT DO YOU WANT TO ACHIEVE?
- HOW DO YOU THINK YOU WILL ACHIEVE IT?
- DO YOU HAVE TEAM SUPPORT?



# Where to start

- Identify a need or gap in your service
- What sort of clinic? FU / diagnostic, supervised / unsupervised
- Undertake some Audit
- Discuss with your team
- Set a proposal
- Demonstrate the issues
- Present your findings

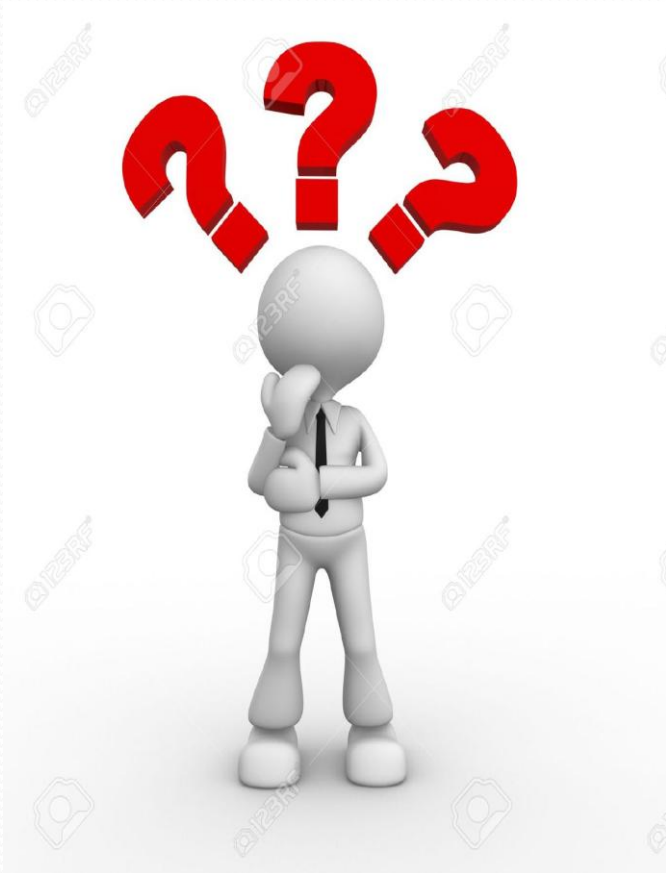
# Don't cut corners – think it through



I think there are lots of ways to make good work. You can throw big bucks at a project and make what some would call crap, or you can work very modestly with eloquently moving results.

(Barbara Kruger)

# Lots of questions to ask yourself



- Does more than one person need to be involved
- Appropriate competences
- Legalities – indemnity insurance
- Is this role covered in your job description
- Review of your job or banding
- Consent for procedures
- Where will you do it
- Is there space
- Trial run
- Which patients will I see
- How will I let everyone know I'm here

- CCGs – costs involved to GPs
- Costs involved to the department
- Costs that will be saved
- Consumables costs
- Admin support
- Other AHP involvement – radiology, pharmacy, other urology nurses ED / Contenance
- Clinical governance issues
- approve all documentation.
- Re audit to provide evidence of its success
- Patient satisfaction



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# Education and experience

- Advanced practice band 6/7/8
  - Expert knowledge and experience
  - Clinical examination skills
  - Analytical skills
  - Ability to question
  - Time management
  - Prescribing
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- Observation – talk to other colleagues, visit other services
  - Supervision
  - Evaluation
  - Performance review

# What can go wrong / drawbacks

- Run before you can walk
- Medical staff don't always think of the practicalities
- Management are often driven by income targets
- Lack of experience
- The nurse ends up doing everything
- No admin support
- Single handed service (cover for annual leave / sickness)
- Nurse ends up burnt out

# Legal concerns

- In some areas it has now become difficult to distinguish the boundaries between nursing and medical health care. These changes raise important legal issues which will need to be considered by a court when dealing with clinical negligence cases involving the expanded role of the nurse.
- If a nurse undertakes a task for which they know have insufficient training, (which in itself constitutes negligence), even if acting on orders of a doctor will be judged by the standard of the reasonable doctor

**Act in the best interests of people at all times To achieve this, you must:**

4.1 balance the need to act in the best interests of people at all times with the requirement to respect a person's right to accept or refuse treatment Nursing and Midwifery Council

4.2 make sure that you get properly informed consent and document it before carrying out any action

4.3 keep to all relevant laws about mental capacity that apply in the country in which you are practising, and make sure that the rights and best interests of those who lack capacity are still at the centre of the decision-making process, and

4.4 tell colleagues, your manager and the person receiving care if you have a conscientious objection to a particular procedure and arrange for a suitably qualified colleague to take over responsibility for that person's care

## Preserve safety

Recognise and work within the limits of your competence. To achieve this, you must:

13.1 accurately assess signs of normal or worsening physical and mental health in the person receiving care

13.2 make a timely and appropriate referral to another practitioner when it is in the best interests of the individual needing any action, care or treatment

13.3 ask for help from a suitably qualified and experienced healthcare professional to carry out any action or procedure that is beyond the limits of your competence

13.4 take account of your own personal safety as well as the safety of people in your care, and

13.5 complete the necessary training before carrying out a new role



**Have in place an indemnity arrangement which provides appropriate cover for any practice you take on as a nurse or midwife in the United Kingdom**

To achieve this, you must:

12.1 make sure that you have an appropriate indemnity arrangement in place relevant to your scope of practice.

# Some recommendations

- Do your homework
- Think Simply
- Identify areas of work which the postholder can take over completely with maximum autonomy and minimum dependency on junior doctors for completion of the work
- Nurses and doctors should be equal partners in planning and managing developments
- Involve the team

# 10 essential steps

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Build a business case

Define your aims and objectives

Establish a patient criteria

Plan your publicity

Select a location

Gain support from colleagues

Plan your professional development

Consider medicines management

Plan, audit and evaluate

Facilitate ongoing improvement

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# REFERENCES

Advanced nurse practitioners - An RCN guide to advanced nursing practice, advanced nurse practitioners and programme accreditation . RCN May 2012

NMC code of conduct May 2015

McGlynn Nursing Times 23 March 2004 Vol 100 No 12