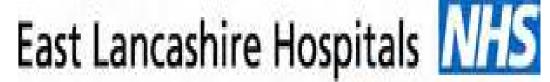


Developing an Advanced Practitioner Minor Surgery Service:

Challenges and Opportunities



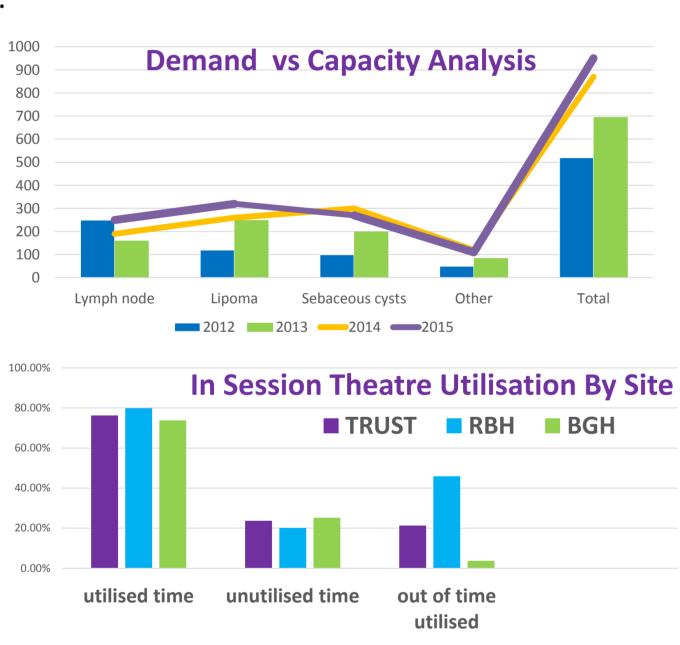


Aleyamma Abraham, Trainee Advanced Practitioner, Aleyamma. Abraham@elht.nhs.uk

Background

- The CQC report, ELHT(2014) have identified areas for care improvement: Patient experience, Workforce development.
- European Working Time Directive (2016) and the NHS Plan(2000) have generated huge logistical challenges in the East Lancashire General Surgical Services to achieve government targets.
- The introduction of ANPs to perform minor surgery supports surgical training of junior doctors, reduce waiting times, cost can be reduced and maintain surgical services (Kingsnorth, 2006; King's Fund, 2016).
- Locally, a retrospective Audit showed Extended Waiting Times (Referral to Treatment pathways) and a rise in capacity lists. (ELHT, 2015).

Audit



Aim

- To implement an advanced nurse led minor surgical pathway with the aim of increasing efficiency and productivity to reduce delays in achieving 18 week patient journey.
- To improve patient experience and access to efficient surgical services.
- To free up surgical resource to treat more new patients, increase day case surgical activities and reduce the waiting times for general surgical patients.

Implementation

Create urgency

- Retrospective audit highlighted the need for change
- Change impact analysis: cause and effect diagram, **Process mapping**

Build guiding

- Key Stakeholders identified and a steering group formed
- Power relationship explored: SWOT, Force field

Get the right vision

Cost benefit analysis: proposal, business case, divisional agreement, Risk and mitigations assessed (policies, inclusion and exclusion criteria)

Communica te for buy

- Regular Steering group meetings
- Consultants buy in- supervision, referral process
- RCSE recommended robust training /competency

action

- Pilot started Concurrent theatre lists (3 months)
- Manage staff engagement and resistance through communication and feed back.

Create quick wins

- Short term wins are identified using Logic model
- Standardisation of surgical instruments,
- Competency sign off, huge buy in from consultants and patients.

Build on change

- ANP gain experience and competence in service provision.
- Study pilot audit results and service adjustments as required. Ideas for continuous improvement

Make it stick

- Dissemination of project outcome / ANP role
- Extension of services to other specialities
- Involving of new change agents

(Kotter Change Management Model, 2007)

Evaluation

Summative evaluation of the project will be carried out using the Donabedian conceptual framework (1966) with the aim of appraising the outcome measures that prevent delays in achieving 18 week patient journey.

Outcome **Process** Structure |

Individual:

- Patient access to services
- Acceptability
- ANP training
- Change in practice

Organisational:

- Space
- Equipment
- Scheduling
- Effectiveness
- Financial

Effectiveness of care process:

- Patient choice
- Better demand Achievement of
- Competencies
- Referrals

Statistical data:

- waiting time
- Logbook
- utilisation
- Complications

Positive user experience:

- Friends and Family test
- Better waiting times

Organisational impact:

- Efficient use of resources
- Cost effective
- Generate income

Sustainability (NHS Sustainability Guide, 2009)

- "Quality improvement often takes longer than expected to take hold and longer still to become widely and firmly established within an organisation" (Ham et al, 2002).
- Revisit the competency and skills required for the service regularly through Personal Development Plan, Log book and Portfolio.
- Evaluation findings will provide a sustained focus to promote the vision and values of ELHT to ring fence surgical services.
- Expansion of ANP training to different surgical specialities to embed new surgical pathways to deliver safe personal and effective care.

References: Donabedian, A. (1966). Evaluating the quality of medical care. The Milbank Memorial Fund Quarterly, 44, 166-206. European Working Time Directive (2016), Royal College of Surgeons. https://www.rcseng.ac.uk/fds/nacpde/eea-qualified/ewtd. Ham, C., Kipping, R., McLeod, H., & Meredith. P. (2002). Capacity, Culture and Leadership: lessons from experience of improving access to hospital services. Health Services. Health Services to hospital services. Health Services. Hea 21. United Kingdom: UK. Kingsnorth, A. (2006). Nurses Performing Surgery: Risk management and medico-legal issues. Clinical Risk. 12, 102-104. Kotter, J.P. (2007). Leading change. Why transformation efforts fail. Harvard Business Review. Pp 92-107. National Health Service (NHS). (2009). Sustainability guide. Accessed at http://www.qihub.scot.nhs.uk