

Julie Loxton – Advanced Nurse Practitioner Transcript

Introduction

Speaker 1

Julie Loxton - I'm an Advanced Nurse Practitioner working in the urgent Primary Care Centre at the top of my profession.

Model development and growth

Our model was set up just pre-COVID almost three years ago now, and that was to serve patients in a central Vale cluster, that is any practises our patients are registered with in the Vale locality which covers seven practices in total - six in Barry, one in Sully area. It was set up to help assist with acute presentations of patients needing to access their general practice. The model itself was set up in two streams, so there is a face-to-face stream and a triage stream. We operate Monday to Saturday, so GP out of hours have access into our service on Saturday days as well. This enables patients to be seen closer to home. In the Central Vale we expanded the service out to Eastern Vale and also Western Vale. They are much newer, but they cover three practices in Eastern Vale cluster which is Penarth and Dinas Powys, and in the West an additional three surgeries which cover down to as far as Bridgend. So geographically, the Vale is quite a large area of 14 practices in total. We hope to continue to expand depending on success of the model. We have adapted the model as we've gone along because we've needed to. For example, when COVID happened, we had to make quite a few modernisations or changes as with any kind of care providers; it was certainly a challenge for everybody in health care and social care. Every single day, there are multidisciplinary team based here, so we have a doctor who covers the governance for the urgent primary care centre and we have a mixture of disciplines as in advanced nurse practitioners and pharmacist paramedics. We've just embarked on a training opportunity for advanced nurse practitioners to train with both clinical and professional support. We did initially try to bring para-medics on board; that was a little bit more of a challenge because their skills varied so much. As part of our model, we can access other services in the community for patients. We have a mental health service, and a musculoskeletal program. This helps patients be treated more in their locality rather than relying on any part of secondary care. In the future, we want to review our model and, continue to change it a little bit in that we're looking for more focus on prevention and admissions avoidance to secondary care. By doing so, hopefully, we can keep more people at home and away from hospital in the first instance. From a cluster point of view, this has been really well supported by all of the practices. We all work together incredibly well, it's only because of the collaborative working that the model has been so successful to date and as with any model, we will tweak it as needed because we want it to be as effective as possible, ensuring patients are seen at the right place the first time and that they get the care they require. So, for our future model, we are hopeful that we can continue to develop, depending on financial constraints, but also workforce constraints, because recruitment is often very challenging when you want very experienced staff at the top of their profession. The model was initially implemented within the Central Vale and then Eastern Cluster, and finally Western Vale (this year). Initially we were lucky enough that a practice supporting us locally offered us their branch surgery from which to operate. In the future we want to be relocated to Barry hospital because that will be more central for patients and will also enable us to use additional services for our patients on one site, for example, phlebotomy, X-ray.



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Challenges

I would say that one of our greatest challenges has been the I.T. systems. We have to operate many platforms of I.T. - each practice has a platform, that means seven systems, six Vision, one EMIS, which we access depending on where we are located for the working day. And then you've got all the additional databases and hospital portals; so I.T. can certainly be a challenge. I would also say from an I.T. point of view, you need to be very I.T. literate in this in this role.

It certainly aids you in doing the role. There is also a challenge in moving to Barry Hospital, because it doesn't have a primary care IT system, so this would need to be installed; and it has secondary care, but not primary care, databases. Also, COVID, has impacted every service, making it more challenging to get these priorities looked at because we're still dealing with the post pandemic time element. From a professional point of view, some of the barriers/challenges I've experienced are around prescribing. For us to prescribe as health care professionals, whether we're nurses, pharmacists, paramedics, you have to go through additional processes, whereas a doctor, once they prescribe, they're given a GMC number and it goes towards their registration. For us, we have to get additional numbers, additional set ups for every surgery, which does make it a challenge; I don't understand why we can't just use our professional registration rather than having to go through the many hoops to be able to prescribe. There's the added issue that we have to use different prescription paper, which has a cost element as well as a difficulty in setting up. Prescribing in Wales, unfortunately, isn't electronic. In England that has already occurred; it will be much better for patients when it becomes available in Wales. At the moment a patient technically still has to pick up a paper prescription and take it to their local pharmacy of choice. For us, it would be much easier for health care professionals, and much easier for patients, if they could just have their prescription directly, electronically, sent to the pharmacy of their choice; but this isn't available yet.

Positives

[The model] has been very well received by colleagues and health care professionals. I think there's a lot of collaborative working that takes place, they've been incredibly supportive and see the value of having the urgent primary care centre now, from a secondary care point of view - we do access secondary care as a multidisciplinary team, admitting into hospital if need be. Generally, we are well received now. I think, from a health care professional point of view as advanced nurse practitioner, it's not new - I've been qualified 17 years at an advanced role. People are more accepting of the role, and we nicely fit into primary care. From a service user's point of view, (we'd always call them patients as in in working in health care) we did carry out patient feedback questionnaires back last year, they are due to run again now next month - we had really positive feedback. It was very well accepted by our service users that coming to a central location and perhaps not seeing their own GP didn't matter. Their priority, and their focus, was to get well, so from a service user point of view, we had very positive feedback comments about the care received at the urgent primary care centre. From my colleagues' perspective, especially our medical colleagues, it's enabled them to be more focussed on complex care for patients needing care in their own community with chronic disease management. It's also prevented escalation to level four, so helping the GMS sustainability.

Lessons learned

Our lessons learned along the way have helped us change our model. We have adapted as we've needed to. If we've needed to change, for example, the set up of our clinics, or change the way we operate because of COVID restrictions, for example, adaptations and changes have been made along the way, all with the aim of providing good patient care where needed.

