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**Report To:** Inverclyde Integration Joint Board      **Date:** 23 January 2023

**Report By:** Kate Rocks  
Chief Officer  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/03/2023/GN

**Contact Officer:** Anne Malarkey  
Head of Mental Health, ADRS and Homelessness      **Contact No:** 01475 715284

**Subject:** Advanced Clinical Practice Update

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## **1.0 PURPOSE AND SUMMARY**

- 1.1  For Decision       For Information/Noting
- 1.2 The purpose of this report is to provide an update on the development of advanced clinical practice roles within mental health services in Inverclyde.
- 1.3 In line with national commitments to develop and support a highly skilled workforce that aligns with service requirements it was proposed in 2021 that mental health services within Inverclyde implement advanced clinical practice roles within the fields of pharmacy, nursing and allied health professions.
- 1.4 All advanced clinical practice roles will align with service priorities and be responsive to emerging population needs.
- 1.5 An advanced clinical practice working group has been established in Inverclyde with representation from across disciplines. The group is responsible for the planning, development and monitoring of the advanced clinical practice roles and includes professional leads, as well as both HR and staff side representatives.
- 1.6 Due to challenges with recruitment the original 2021 plan has been revised. Advanced practice AHP roles have not been progressed. An advanced pharmacy role is being tested and an additional pharmacy pilot project is due to commence in 2023. The Advanced Nurse Practitioner plan has been revised due to challenges recruiting to some posts.

- 1.7 The value and importance of advanced practice roles is widely recognised and is being factored in to service modernisation and development initiatives across a wide range of specialties. While the preliminary stage of introducing these roles within Inverclyde has offered some challenges the medium and long term benefits of having advanced practitioners within mental health services in Inverclyde warrants continued commitment.

## **2.0 RECOMMENDATIONS**

- 2.1 The IJB is asked to note the progress of Advance Clinical Practice developments and the direction of travel set out in this update.

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health and Social Care Partnership**

## **4.0 BACKGROUND AND CONTEXT**

### **4.1 National Context:**

The integration of Health and Social Care in Scotland calls for new models of care, delivered by multidisciplinary, integrated teams. Refocus and redesign is needed to bring about transformational change in delivering high-quality, integrated and tailored care and services that maximise the contribution of all health and social care professionals. There is a commitment to maximising the contribution of the Health Care workforce and pushing the traditional boundaries of professional roles.

### **4.2 GG&C Workforce Developments:**

In a report to the GG&C Mental Health Programme Board in August 2021 the Workforce Committee stressed the need for a reliable and robust workforce plan that will support the 5 year Strategy. It was acknowledged that developing new job roles such as advanced practitioners may involve a considerable time lag due to the specialist learning or training required. The need to invest in our mental health workforce was highlighted as was the need to develop a service configuration that is realistic about recruitment and retention challenges. There were opportunities identified around attracting staff by developing and showcasing an innovative approach to mental health service design which incorporates advanced practice roles.

### **4.3 Local Situation**

Staff recruitment and retention difficulties are not unique to mental health services in Inverclyde. The degree to which these difficulties are creating budget pressure and impacting the ability to meet service requirements do however provide a compelling case for change. Compliance with national training standards for junior medical staff is mandatory, any system not doing so risks having training status for junior doctors withdrawn with consequent significant impact on service provision. While the development of advanced practitioner roles is not a quick fix and does require investment it has potential to alleviate some of the pressures in the short term and a significant amount of pressure in the medium to long term.

### **4.4 Vision**

To have a multi-disciplinary team of skilled and experienced advanced practitioners. This will benefit individuals being supported by services by ensuring that safe and effective care and treatment is readily available and accessible to them. It will also benefit staff and boost efforts to recruit and retain skilled and experienced practitioners due to the attractiveness of working within a supportive multidisciplinary team where expertise and workload are shared collaboratively.

### **4.5 Specific Roles- Pharmacy**

Pharmacists are able to offer medication review and formulation of treatment plans along with engagement in multi-disciplinary reviews. Pharmacist led clinics can also offer treatment and review of adult ADHD, Lithium review and monitoring, Clozapine, depot and cognitive enhancer dose optimisation and side effect management as well managing changes of medication such as anti-depressants or antipsychotics.

### **4.6 Specific Role – AHP**

Occupational Therapists are an integral and valued part of mental health services. The development of advanced occupational therapy roles is at an early stage in Inverclyde with initial discussion at the Advanced Clinical Practice Working Group focusing on advanced occupational therapy roles within primary care and dementia care.

#### 4.7 **PROPOSALS: Specific Role – ANP**

Advanced Nurse Practitioners (ANPs) have been successfully introduced within a number of specialist areas across GG&C. They have been effectively operating within primary care in Inverclyde as well as having a role within the hospital at night team. ANPs can undertake tasks which would have traditionally been carried out by medical staff. These include history taking, clinical assessment, the ordering of tests and investigations, planning and initiating treatment (including prescribing medication), they also have the autonomy and authority to admit to and discharge from identified clinical areas.

#### 4.8 **Advanced Nurse Practitioner – Mental Health**

Advanced Nurse Practitioner roles in Mental Health are not common and there are not a raft of trained and qualified ANPs to be recruited which is why the plan for Inverclyde includes trainee posts. It is hoped these posts will be attractive to local staff who are keen to progress their career. The training program for ANPs is at Masters level and takes a minimum of two years, during this time trainees require two supervisors. The establishment of a team that includes a senior/lead ANP will go some way towards meeting these requirements and will also make the posts more attractive.

#### 4.9 **2021 Inverclyde Proposal**

It was proposed that a team of six advanced nursing roles is introduced in Inverclyde in two stages. The first stage, proposed for early 2022 was the recruitment of one Band 8a senior/lead ANP along with two Band 7 ANPs. The second stage, provisionally planned to enable commencement in September 2022, was the recruitment of one additional Band 7 ANP and two trainee ANPs. This set up was designed to ensure that the Advanced Nurse practitioners can augment the junior doctor on call rota reducing reliance on bank or agency medical staff.

#### 4.10 **2022 Update**

Services have adapted to multiple challenges over the past year and the healthcare landscape continues to shift with increasing pressures across the board. While progress has been made with advanced practice developments it is acknowledged that this has been slower than originally hoped.

##### **Pharmacy:**

A test of change commenced within Inverclyde in November 2021 which involves providing pharmacy resource to the Community Mental Health Team. Due to staffing pressures within pharmacy services the test has been paused on two occasions although is currently underway again. It is being monitored and evaluated to ascertain whether it improves the care and treatment experience of patients and reduces the workload of medical staff. A new band 7 post to further support the development of mental health pharmacy services within Inverclyde has been funded from the Scottish Government pharmacy funding announced in November 2021. The first attempt to recruit to this post produced no suitable response. However, the post will be offered to a member of the wider mental health pharmacy as it will suit their post maternity leave return to work intentions. Therefore, from April 2023, a full test of change will evaluate the benefits to patient care and prescribing efficiency pharmacy input to the CMHT delivers

##### **AHP:**

Progressing new advanced practice AHP developments would involve the sourcing of additional funding. In light of existing budget pressures proposals for these roles have not been further developed at this time.

**ANP:**

As detailed in section 4.9 a team of six Advanced Nurse Practitioners was initially proposed. Unfortunately there have been challenges recruiting to the Lead ANP position and to the Band 7 ANP posts. The Lead ANP post has been advertised on 4 separate occasions and on 2 instances there have been preferred candidates identified, however the candidates have withdrawn prior to the end of the recruitment process. This has been due to a change in personal circumstances for one individual and a lack of essential qualification being gained by the other candidate. The Band 7 posts remain unfilled although will be re-advertised.

Two trainees ANPs commenced in September 2022 and have started the masters level advanced practice course with support from the Mental Health Inpatient Service Manager. University fees are being covered by a Service Level Agreement with the University of the West of Scotland. The trainees are linked with ANPs and trainees from other specialities within Inverclyde and also with Mental Health ANPs in GGC. In addition to their university study, they are also attending Inverclyde’s internal teaching sessions for medical trainees which are run by a Consultant Psychiatrist.

The trainee ANPs have a Practice Assessor in place who is a Consultant Psychiatrist. The Assessor will ensure the trainees have access to learning opportunities and sign off competencies gained by the trainees. In the absence of a Lead ANP, there are interim supervision arrangements in place via local ANP teams, where the trainees will shadow other professionals and be able to participate in the clinical assessment and history taking of patients, consistent with the next module of their ANP course.

The value and importance of Advanced Nurse Practitioner roles is widely recognised and is being factored in to service modernisation and development initiatives across a wide range of specialties. While the preliminary stage of introducing these roles within Inverclyde has offered some challenges the medium and long term benefits of having ANPs within mental health services in Inverclyde warrants continued commitment.

Due to the challenges with recruitment the plan and timeframe for having a full team of six has been adjusted: we will continue to recruit to the Lead ANP post and it is hoped that one Band 7 ANP will be recruited and in post by April 2023. It is anticipated that this team of four will remain as it is until the two trainees complete their studies and progress into Band 7 roles in September 2024. At that time the recruitment of two new trainees will take place bringing the team up to the originally envisaged number of six.

**5.0 IMPLICATIONS**

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial	X		
Legal/Risk		X	
Human Resources	X		
Strategic Plan Priorities	X		
Equalities		X	
Clinical or Care Governance	X		
National Wellbeing Outcomes			X
Children & Young People’s Rights & Wellbeing			X
Environmental & Sustainability			X
Data Protection			X

## 5.2 Finance

The proposal for the introduction of advanced nursing practice role requires significant financial commitment, however has potential to have an impact in reducing the mental health service overspend and develop a sustainable model of service in medium to longer term. The current workforce model within Inverclyde is unsustainable. This is evidenced by the difficulties recruiting to medical posts and spending of £1,013,783 on band and agency medical staff in 2020/21.

The introduction of a team of 6 Advanced Nurse Practitioners (ANPs) will incur the cost detailed below, cost detailed includes salaries and non pay costs such as IT equipment. It is proposed that the year one and two costs are covered by the Mental Health Transformation Fund (currently there is £661,800 available in this fund).

Once established the ANP team will be in a position to take on some of the tasks that within the current model are completed by doctors. This task shifting will result in a reduction in the medical workload and it is proposed that once fully established and operational medical staffing will be reduced and costs for the ANP team will be taken from within the medical staffing budget.

### One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
	Staffing cost	Year 1: April 2022/23	<b>£55,677</b> (2x trainee ANPs Sept-Mar)	Mental Health Transformation Fund	
	Staffing cost	Year 2: April 2023/24	<b>£258,515*</b> (2x trainee ANPs, 1x B7; 1xB8a) *Estimate based on 7% pay uplift 22/23 and 5% 23/24	Mental Health Transformation Fund.	
	Staffing cost	Year 3: April 2024/25	<b>£329,586</b> (2x trainee ANPs/B7; 1xB7; 1xB8a; 2x new trainees Sept-Mar)	Mental Health Transformation Fund	

### Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
	Staffing cost	April 2025	<b>£368,875</b> (2x trainee ANPs; 3xB7; 1xB8a)	Medical staffing budget	This will require a reduction of 2.3 consultant psychiatrist posts

### 5.3 Legal/Risk

There are no specific legal implications in respect of this report.

### 5.4 Human Resources

This update retains the 6 new ANP post originally proposed: 1x Band 8a Lead/Senior ANP, 3x Band 7 ANPs and 2x Band 7(Annexe 21) trainee ANPs. The timeframe for recruitment and financial implications have been altered from the 2021 proposal due to recruitment challenges.

### 5.5 Strategic Plan Priorities

This update relates to clinical service development and does not have direct implications related to strategic plan priorities.

### 5.6 Equalities

#### (a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required.

#### (b) Equality Outcomes

How does this report address our Equality Outcomes?

<b>Equalities Outcome</b>	<b>Implications</b>
People, including individuals from the above protected characteristic groups, can access HSCP services.	Will assist to ensure services can be delivered in a sustainable way ensuring that services can continue to be delivered locally
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Service improvement targeted at services for people with mental health issues.
People with protected characteristics feel safe within their communities.	Will ensure people are discharged with appropriate support in their community
People with protected characteristics feel included in the planning and developing of services.	Service user representation on programme board
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	This is included as part of ANP training and statutory and mandatory training for all staff
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Not applicable
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Not directly relevant however service would promote positive attitudes.

## 5.7 Clinical or Care Governance

The clinical and care governance implications contained within this proposal will be monitored and managed within existing governance structures.

## 5.8 National Wellbeing Outcomes

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	N/A
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Advanced Clinical Practice roles have potential to support people to live well at home as long as possible
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The model proposed aims to ensure that a high quality of care is delivered consistently across mental health services
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	The recruitment and retention of skilled and experienced staff will enable services to improve the quality of life of those who access services
Health and social care services contribute to reducing health inequalities.	N/A
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Advanced Nurse Practitioner will have a good understanding of the important role of carers and will be aware of how to support them
People using health and social care services are safe from harm.	As with all mental health service delivery protecting people from harm is a key priority
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Advanced Clinical Practice roles offer career development opportunities for staff. Advanced practice has four pillars, one is education and the facilitation of learning and another is research and development – both of these have potential to improve care and treatment
Resources are used effectively in the provision of health and social care services.	The introduction of Advanced Nurse Practitioners will reduce reliance on medics and ensure that staff of other disciplines are making their maximum possible contribution to the delivery of services.



## 5.9 Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

## 6.0 DIRECTIONS

6.1	<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
		1. No Direction Required	x
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

## 7.0 CONSULTATION

7.1 The ACP developments have been developed by a multi professional working group including clinical leads.

## 8.0 BACKGROUND PAPERS

8.1 None.