Hospice Medical Leaders

‘The role of Nurse consultants/Practitioners in Hospices’
Nigel Dodd, Nurse Consultant & Dr Emma Hall, Consultant, St Christopher’s
What is the role of consultant nurses in hospice care? A perspective from St Christopher’s

Emma Hall and Nigel Dodds – February 2020
Consultant Nurses/Nurse Consultants

Objectives for roles

• No precise initial definition when announced in 1998
• Expertise in ‘four pillars’ (RCN) of advanced nursing practice
• Clinical practice + the facilitation of learning + leadership + research/service development
• No precise model – every nurse consultant has a different job description and job role
Four pillars of advanced practice

- Clinical practice
- Facilitating learning
- Leadership
- Evidence, research and development
Examples of consultant nurses from around the UK

- Working on hospice IPUs managing beds e.g. for respite care, and young adults; beds for ‘uncomplicated’ dying
- Leading service development for organisations like London Ambulance and North East Ambulance Service
- Working across patient pathways – community/hospice/hospital
- Working with teenagers and young adults across community settings
- Working with District Nursing teams with people only in the last days of life
- Working with specific disease groups e.g. long term conditions, frailty, heart failure.
How might this look?
Clinical/expert practice

Team based

- Expert clinical practice in delivering care to individuals and groups of patients
- Influencing clinical practice through team working and empowering others to manage and lead clinical care

Organisation-wide

- Developing the wider health economy mindset – connecting the organisation to external bodies
- Influencing the culture of the organisation through expert clinical practice and innovation

External to the organisation

- Raise the profile of the organisation demonstrating expert clinical practice with clinicians outside of the organisation
- Connecting clinical services by adapting and different standards and approaches
- Working alongside colleagues in community and primary care
Team based

- Role modelling for staff to impact on competency and confidence in delivering end of life care
- Apply knowledge of education and learning options to the needs of own team

Organisation-wide

- Influence team work across professional boundaries creating a consistent approach for end of life care
- Provide learning opportunities for the multi-professional team
- Deliver education and conferences/study days

External to the organisation

- Collaborate with external partners across LSL to provide EOLC education
- Lead on novel approaches to education – Project ECHO!
Leadership/Consultancy

Team based

- Independent expert clinical advisor to a nurse led service

Organisation-wide

- Represent team across organisation
- Advisory role on community nursing issues
- Advisory role on specialist interests: prescribing and outcome measures
- **External to the organisation**
- Collaborate with external partners across LSL to provide EOLC education
- Lead on novel approaches to education – Project ECHO!
Role of consultant nurses/practitioners in hospices—observations from a colleague
Four pillars of advanced practice

Clinical practice

Facilitating learning

Leadership

Evidence, research and development
Clinical practice

Mutual respect and understanding
We have worked together a long time
Shared responsibility for leading MDMs
Part of leadership group of CNs, CPs, ACLs meet regularly
Mutual support when things are difficult

Humour!

Complaints, learning panels

Joint visits for a 2\textsuperscript{nd} opinion valuable, supportive and learning opportunity for us both: 2 examples
Facilitating learning and leadership

Lewisham GP QoF events
Prescribing committee and prescribing updates
London Ambulance joint learning events
Members of consultant forum – working together with CEOs and consultants from other professions (Social work and rehab)
Multi-professional learning and development

Multi-professional framework for advanced clinical practice in England

The combined Professional Bodies and Royal Colleges representing the Health workforce published in October 2017 a Joint Professions statement - this stated their shared commitment to work together in the interests of the health of the nation to build effective multi-professional teams, building summative value by playing to the strengths of the professions within teams. [Link](http://www.aomrc.org.uk/wp-content/uploads/2017/01/2017-01-26_NCM_Academy_Joint_Statement_Action_Plan.pdf)

“Multi-professional work requires flexibility in attitude and behaviours and for professionals to value and respect the distinct contribution each professional makes.”

“New ways of working and delivering healthcare requires employers to ensure that clinicians have the professional development they need to adapt to changing circumstances. Clinicians need to see there are appropriate career pathways open to them to enable them to expand their contribution to healthcare and their personal job satisfaction.”

“Evidence consistently shows that multi-professional team working delivers better outcomes for patients and more effective and satisfying work for clinicians.”
Developing advanced practice and advancing practice

Working together to grow the skills of a multi-professional team

• Co leader on module in advancing specialist practice – in palliative care/end of life care
• Designated Medical Practitioner to develop prescribing skills and competencies
• Growing professional contacts and networks
• Inter-professional learning and skill sharing
• An inter-professional approach to enabling learning with colleagues nationally and internationally
Evidence, research and leadership

Local expertise and links- eg Nigel strategic lead, external links Lewisham

Keep each other and teams up to date clinically and strategically – easy to cross cover

Joint working on Project ECHO programmes
Thank you. Questions?