SCOTTISH STROKE NURSES FORUM
Transforming stroke nursing in Scotland

The Stroke Advanced Nurse Practitioner in Scotland:

The importance of the role in delivering safe and effective stroke care and improving outcomes

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The Nursing and Midwifery Council (NMC) state that 'all Advanced Nurse Practitioners (ANP) are registered nurses, they are educated at Masters' level and have met the required competencies and capabilities of the role and have been assessed as competent to practice'.

ANP practice is characterised by autonomous decision making. This includes assessment, diagnosis, and treatment including prescribing, for people with complex needs.

1. Situation:

This short paper outlines the key considerations and potential direction of travel for advanced clinical practice in stroke care, to ensure the evolving requirements for stroke patients in Scotland are met and to support the delivery of the Scottish stroke care standards. There are currently limited numbers of Advanced Nurse Practitioners working in stroke services across Scotland, however, the role is not consistently utilised or incorporated into stroke service design.

2. Background:

Advanced nursing roles within NHS Scotland have developed over recent years in response to the increasing constraints on healthcare due to workforce challenges and the evolving complexities of the Scottish population.

There are increasing demands across Scotland on stroke services, affecting all aspects of the stroke patient journey**.** This is reflected in the changes to the national clinical guidelines, highlighting the requirement for mechanical thrombectomy, the developing evidence base around the delivery of thrombolysis and the recommended changes for TIA services, including the follow up of stroke patients beyond initial diagnosis.

With the further expansion of hyper-acute services, including the potential for a 24-hour service, there is a demand on the stroke nurse to make more autonomous decisions and to provide leadership to clinical teams in high pressure, time sensitive situations and beyond. With the British and Irish Association of Stroke Physicians (BIASP), highlighting the increasing consultant physician staffing shortfall, the demand is evident for a dynamic non-medical workforce.

NHS Trusts in England have demonstrated successful transitions to Stroke ANP services to support the expansion of their hyper-acute services, with good practice highlighted in the Getting It Right First Time (GIRFT) review of stroke services.

3. Assessment:

3.1 Service delivery - continuity of specialist care

I. Stroke hyper-acute services are expanding to 24-hour mechanical thrombectomy delivery with limited in-person stroke physician cover. The projected model for some acute sites will be stroke nurse cover out of hours, with report support provided by a regional consultant stroke physician/neurologist. Given the increasing acuity and complexity requiring assessment out of hours, the stroke ANP role is key to the successful delivery of treatment and early access to stroke specialist care.

II. Early data collection has evidenced that the presence of the stroke nurse enhances the patient journey; a specialist stroke ANP would ensure patients had quicker access to assessment, imaging and treatment. These key performance measures are associated with improved outcomes for patients.

III. Facilitate service innovations, such as supporting the pre hospital pathway and driving forward improvements in stroke key performance metrics, such as reducing Thrombolysis 'door-to-needle' times and reducing the difference between in and out-of hours performance.

3.2 Access to ongoing treatment

I. The ongoing assessment of hyper-acute stroke patients, ensuring appropriate investigations and treatments in a timely manner. The stroke ANP can order investigations and prescribe appropriate treatments within the specialist Stroke Unit or Emergency Department. ANPs are well placed to review the results to ensure that appropriate management plans are delivered across service areas.

II. The stroke ANP acts as a consistent team member whilst resident doctors are continually rotated and take time to learn the stroke pathways, providing organisational memory. They can liaise directly with the multi-disciplinary team (MDT), patients and families.

III. The Stroke ANP can facilitate shared decision making with patients and families and can support difficult conversations around prognosis and treatment.

IV. Overnight cover ensures the provision of consistent specialist stroke care, supporting the ward staff allows less reliance on the Hospital at night (H@N) cover. Clinical areas with less medical support, including those in rural areas will benefit from senior clinical support; ensuring stroke patients access to evidenced based interventions.

V. When stroke patients are awaiting access to the stroke unit, the stroke ANP provides daily reviews thus ensuring the provision of appropriate care and treatment, whilst providing expert advice to the non-stroke teams.

VI. Stroke ANPs are able to support the delivery of out-patient clinics; ensuring patients with minor stroke and TIA have timely access to a stroke specialist and supporting the delivery of follow up to stroke patients and their families.

3.3 Education, Leadership and Research

I. The role of the Stroke ANP demonstrates the need for education, leadership and research, as outlined in the pillars of advanced practice. See Appendix 1 for stroke specific role descriptor. The importance of education ensures that stroke specific training is delivered within stroke teams and to the wider clinical team. It is essential for the delivery of the Scottish Stroke Care Audit bundle.

II. As outlined above leadership is a key component of the role of the stroke ANP when supporting the ward team, resident doctors and the wider hospital. The stroke ANP is a visible leader in high-pressure clinical areas and can lead the delivery of time-critical treatments.

III. Quality improvement initiatives are ongoing and aimed at improving patient care, outcomes and experience.

IV. The stroke ANP has an awareness of current research projects and works closely with the stroke research teams, identifying potential patients' suitability for these studies. The stroke ANP remains responsible for ensuring they are delivering the most up to date evidence-based practice in line with the resources available locally.

3.4 Governance

I. The stroke ANP is an autonomous practitioner who is accountable for their own practice as outlined in the NMC code. Those working within ANP roles will receive accredited master's level education and training that ensures those carrying out hyper-acute assessment, out-patient clinic assessments and delivering care are appropriately trained, autonomous clinicians.

3.5 Recruitment and retention

I. There is a lack of professional development opportunities offered within stroke nursing, making recruitment and retention challenging.

II. Specialist stroke nurse teams without ANP training opportunities lose staff to other specialities where these are offered. Stroke ANP roles would ensure nurses passionate about stroke care have the ability to progress professionally within their own area of expertise.

III. A stroke nursing workforce structure that included development opportunities such as Stroke ANP and Stroke Nurse Consultant roles would ensure clear career progression. Senior leadership opportunities would make stroke nursing a more attractive speciality.

4. Recommendations:

I. Issue a clear directive to Health Boards across Scotland establishing the requirement for stroke ANPs. This should outline how this role will help support comprehensive stroke care delivery needs as set out in the Progressive Stroke Pathway.

II. Evaluate existing ANP and Nurse Practitioner roles, standardising job descriptions where possible.

III. Establish a plan for transition to Advanced Nurse Practitioner service models across stroke care settings. This should include all thrombectomy hub and spoke sites with a clear plan for funding Band 8 ANP roles and Band 7 Trainee ANP roles across Scotland.

IV. Established standardised competencies for stroke specialist ANP training.

V. Develop a plan for the introduction of Stroke Nurse Consultant positions within territorial Health Boards.

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Appendix 1: Adapted Four Pillars of Advanced Practice for Stroke ANPs

Stroke Advanced Nurse Practitioner: Four Pillars of Advanced Practice

Clinical Practice	Facilitating Learning	Leadership	Evidence, Research and Development
• Competent in advanced level practice • Autonomous decision making that includes assessment, diagnosis and treatment. • Prescribes within scope of practice for stroke patients • Order and act upon investigations for patients suspected of having a stroke • High level expert knowledge and skills with the authority to refer, admit and discharge • Member of the Multi-Disciplinary Team (MDT) able to manage stroke patients from admission to discharge • Delivery of Scottish Stroke Care standards • Out-patient stroke services including minor stroke and TIA clinics • Hyper-acute, acute, rehabilitation and community services	• Support junior staff • Network with national teams • Facilitate and deliver stroke specific training to the MDT in line with local and national guidelines • Support the wider clinical teams involved in the stroke patient journey • Improve stroke standard attainment via education	• Provide strong and effective leadership across professional groups • Progess workforce development plans aligned to organisational priorities • Build and lead teams, engage stakeholders and work in collaboration with others • Visible leadership in clinical areas, role modelling high quality stroke care • Supporting the development of junior staff • Supporting recruitment and driving forward the profile of stroke nursing, both locally and nationally • Developing SOPs, clinical guidelines and best practice statements • Improve stroke standard attainment via strong visible leadership within hyper-acute settings	• Educated at Masters level • Knowledge and skills to improve services • Update policies, protocols and implement change according to new evidence • Contribute to the development of organisational objectives • Support delivery of stroke research • Original stroke nursing research • Quality improvement work applied locally and nationally • Support innovative changes in practice