

Physical Health Care in
Substance Misuse: Service
Re-design using Advanced
Practice

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Aims of Workshop

- Present some background and evidence supporting the Advanced Practice role.
- How do you become an Advanced Practitioner.
- Present some of the workforce issues that drove the introduction of the role within tier 4.
- How its been introduced into tier 4 substance misuse practice. – Improvements so far
- Share some practical experiences of being an AP – What does it mean for us as Nurses??
- Questions

Background to Advanced Practice

- Little UK evidence – predominantly from North America and Australia, Concept of AP well established since 1970's
- Government Drivers in the UK suggested the removal of traditional care boundaries.
- “NHS Plan” (DH 2000)
- “Making a Difference” (DH1999)
- As nurses we are at the forefront of treatment so in ideal position to expand our roles – integral in achieving patient centred NHS.
- “Modernising Medical Careers” (DH 2004)
- EWTD – Target 2009!!

Substance Misuse Drivers

- Launch of NSF for Mental Health(DH1999)
- Well documented link between mental health, substance use and physical health.
- NTA Guidelines / Targets for admission 87-90%
- Drug Misuse Guidelines state that physical examination is an essential requirement (Chapter 3 sec 3.5, DH 2007)
- Harm minimisation agenda.
- Problems with medical cover, limited experience.

As part of workforce redesign Greater Manchester SHA proposed the introduction of the AP role

Definition of Advanced Practice

“highly experienced and educated members of the care team who are able to diagnose and treat your health care needs or refer you to an appropriate specialist if needed” (NMC 2005)

Involves completion of 2 year Msc Advanced Practice - Health and Social Care, which may or may not include NMP.

70-80% in clinical practice

Wentworth House & Kenyon House

- Tier 4 Inpatient Services.
- Substance Misuse Directorate – GMW
- Wentworth House (alcohol service) –15 beds.
- Kenyon House (drug service) – 20 beds.
- Regional NHS service – Gtr Manchester, Lancashire and Cumbria.
- Target most complex patients – mainly dual diagnosis, and physical morbidity.

Workforce Issues

- Increasing complexity of patients in tier 4.
- Recognition of the need for a role to drive the physical health care agenda.
- Specific issues in managing physical health needs of patients – BBV, STI, Liver disease
- Limited capacity in this area.
- Increased burden on senior and junior medical staff.
- Increasing burden on medical staff on call.
- Most importantly patients identified a need.

What does the AP Role Involve

Essentially its up to you and your service!!!

Improve the assessment and management of physical health problems in tier 4.

- ✓ Perform the physical on new admissions.
- ✓ Reduce the burden for assessment and treatment of routine health problems.
- ✓ IV Pabrinex, phlebotomy including complex neck phlebotomy.
- ✓ Lead on directorate physical health initiatives.
- ✓ Revise physical health protocols and policy.

Role Continued

- ✓ Develop and enhance existing nursing skills in relation to physical health.
- ✓ Drive sexual health and BBV screening.
- ✓ Advise on use and procurement of medical devices.
- ✓ Non medical prescribing.
- ✓ Improved hospital liaison.
- ✓ Development and evaluation of Junior Doctors
- ✓ Senior management on call.

Changes to practice so far....

- Major overhaul of all nursing policies and procedures right down to basics.
- Introduced standard physical health care plans.
- Reviewed medical devices and developed a maintenance database.
- New resus equipment with regular training
- Staff Training needs analysis.
- Diabetes care pathway.
- Increased the amount of BBV and sexual health screening.

Changes to practice continued

- Regular weekly physical health clinic linked to nurse triage system.
- Admission assessments – Targeting those with increased physical needs.
- Developed a pre admission screening tool to aid diagnosis of liver disease.
- Reduced number of unnecessary hospital transfers.
- Nurse independent and supplementary prescribing.
- Implementation of malnutrition screening tool (MUST).

Early challenges and advice

- Role ambiguity – who are you? Are you the doctor? What can you do again?
- Role acceptance.
- Split site.
- Get Support!!! – Clinical and Managerial.
- Make sure the team know what the role is about. – Clear Job description.
- Supervision – May need to go outside of speciality depending on the role.



Final Thoughts

- Initial concern re development of the role “we need a doctor to meet this need”
- Unique role for Nurses.
- By expanding the workforce it highlighted areas of practice not previously considered.
- Exciting and challenging role.
- Early evidence suggests there are definite gains, patients prefer to be seen by a nurse.
- Provides a clear clinical career path