

- a Transferable Role Template for the ANP in Hospice Care defining the skills, competence, learning and development needed to fulfil this role.
- an outline Business Case Template to build the case to commissioners of the benefits of the ANP role in improving the quality of care for people with complex palliative and end of life care needs and their families by ensuring 24/7 direct admissions access to specialist inpatient hospice beds and emergency out of hours assessment in the community.

Deliverables:

1. Development of an ANP Transferable Role Template within Hospice Care to be included in the Skills for Health Learning Bank.
2. Development of a Education and Training Framework to underpin the role.
3. An outline Business Case Template targeted at Commissioners
4. Written Job Description for the ANP Role in Hospice Care.

How to achieve the deliverables?

- Define role, responsibilities and core job description
- Create a Clinical Reference Group and arrange workshops
- Develop formal partnership arrangement to support the project
- Identify evaluation process
- Agree scope of role and map competences/skills (NOS) sign off
- Agree core education programme
- Conduct baseline evaluation
- Complete clinical/technical skills training and competency sign off
- Define role, responsibilities in preparing Business Case Template
- Agree Business Case and Sign off
- Produce project outcome report

P99 HOW HAS THE INTRODUCTION OF ADVANCED NURSE PRACTITIONERS ROLE TRANSFORMED THE DELIVERY OF PALLIATIVE CARE AT EAST CHESHIRE HOSPICE?

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The introduction of two advance nurse practitioners (ANP) at East Cheshire hospice (ECH) has led to a more responsive stream line service, that meets the needs of patients, their families, loved ones and the organisation. The continuous presence of ANPs on the inpatient unit and Sunflower centre means they are able to ensure continuity of care and are a vital link between the medical and nursing team.

Evidence shows that the process of admission to discharge has been enhanced. ANPs have proved to be invaluable, as they are in the position to provide care from a diagnostic and examination perspective, whilst using their compassionate nursing skills to build essential therapeutic relationships.

The future of the ANP programme is exciting, the completion of the independent prescribing module will enable them to work autonomously, provide triage for the doctors, and allow the medical team to focus on patients with more complex needs. There have been challenges faced since the implementation of the ANPs and we hope showcasing our role and skills will help

colleagues and the external MDT understand the benefit of ANPs to ensure patients needs are met. ANPs are not in place just to fill gaps, but to enhance and improve practice at an individual and organisational level.

This abstract can be presented in more detail as a poster presentation.

P100 SHORT OF DOCTORS? COULD A PHYSICIAN'S ASSISTANT OR ADVANCED NURSE PRACTITIONER BE THE ANSWER? A PROJECT INVESTIGATING THE ROLE OF A MID-LEVEL PRACTITIONER ON A HOSPICE INPATIENT UNIT

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Introduction and Aims During a period of reduced medical staffing, the Hospice appointed an experienced Hospice Sister in the novel role of a mid-level practitioner on the inpatient unit. The role entailed working alongside the medical team, assisting with clinical reviews and designated tasks previously undertaken by doctors.

A 6 month project piloted the role and made recommendations about future options.

Methods A literature review gathered information on Physician Assistants (PA) and Advanced Nurse Practitioners (ANP).

20 staff were surveyed to ascertain views about the role.

The experiences of 3 ANPs working in different settings/specialties were explored to further understand the potential variety and development of such roles within multidisciplinary teams.

Results We describe and compare different aspects of the roles of PAs and ANPs: the historical context, training, roles, revalidation and salaries.

The key findings of the staff survey are highlighted. The majority of respondents felt the role was of 'great value' to the team, to patients and to families.

Improvements were perceived in prioritisation of medical time, continuity of care, psychological and spiritual care of families and carers, communication between medical and nursing/AHP teams and flexibility of roles more widely within the team.

90% of staff surveyed thought it would be 'extremely useful' to have the role continue.

Discussion and conclusion In our experience, a Senior Sister working as a dependent practitioner alongside the medical team has worked well. However, in order to optimise the potential for this role, additional training is required.

ANPs appear to provide the best option overall for a mid level practitioner in a Hospice setting. The main advantages over a PA are: ability to prescribe, availability of accredited training, autonomy of the role and familiarity of staff and patients with the title and role in other contexts.

P101 PROVIDING A SEAMLESS SERVICE - ASSISTANT PRACTITIONERS WORKING ACROSS HOSPICE AND COMMUNITY SETTINGS: A PILOT STUDY

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