Capturing the impact of Nurse Consultant roles: possibilities, practicalities and pitfalls

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Funded by the Burdett Trust for Nursing
Background

- Nurse consultants (NC) introduced into the NHS in England in 2000
- Early work in UK showed some evidence of the perceived impact of NC roles in developing services & providing leadership for frontline staff (Guest et al. 2004)
- Overall little robust evidence on the actual impact of NCs
- Impact of these multi-faceted roles is inherently hard to capture (Guest et al. 2004)
Overall project aims

- To identify a range of indicators to demonstrate the impact of nurse consultants on patient, staff and organisational outcomes

- To develop a toolkit/guidance to help nurse consultants to demonstrate their impact on patient, staff and organisational outcomes
2 year project; commenced May 2009

Stage 1 – Systematic literature review (Kennedy et al 2011)
Stage 2 – Mapping exercise of nurse consultants
Stage 3 – Case studies of nurse consultants
Stage 4 – Iterative specialist panel phase
Stage 5 – Composite toolkit/guidance
Purposive sampling of NCs in 2 trusts to achieve maximum variation in:

- whether the NC acted as a specialist advisor to front-line staff
- whether the NC managed their own caseload
- the extent to which the role crossed organisational and professional boundaries
- the extent to which the nurse consultant worked independently or as part of a multi-disciplinary team
### Data collection for case studies (n = 6)

<table>
<thead>
<tr>
<th>Participant</th>
<th>Data collection</th>
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<tbody>
<tr>
<td>Nurse consultant</td>
<td>• In depth interview</td>
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<td></td>
<td>• Follow-up in depth interview</td>
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<td>Professional colleagues (n = 6 to 8)</td>
<td>• Semi-structured interview</td>
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<tr>
<td>Patients and family members (n = 0 to 5)</td>
<td>• Semi-structured interview</td>
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Iterative specialist panels

- Specialist panel for each NC involving the NC, key stakeholders and the research team
- Areas of impact identified in case studies reviewed and consensus established regarding most important to capture and how
- NCs worked with research team for 6–8 weeks to pilot between 2–6 data collection instruments and strategies
- Follow up interviews with NC
Pilot examples

- A questionnaire to explore patient experience of a consultation with the NC

- A 'before' and 'after' questionnaire to assess staff knowledge and confidence following NC led training

- A proforma to capture ‘ad hoc’ consultancy and associated outcomes
What did we learn?
Demonstrating value for money

I think since we started the study the importance has probably grown, given the financial climate in which we find ourselves, things have shifted with a new Secretary State for Health and his focus on outcomes. And it is clearly on outcomes rather than processes, and so I think the importance has grown exponentially. (chief nurse)
Importance of capturing impact

- Personal fulfilment and professional development
- Developing the service
- Clarifying role boundaries

[NC] needs to be able to say ‘this is what my role is’, and we need to make it clear why the role is different from a medical consultant. (CS4, medical consultant)
Conceptual issues in capturing impact
Projects reinvent themselves and they’re very slow moving. It’s evolved over a long period of time and therefore it’s quite difficult to identify any definitive change. I could stand back and I’d say ‘well 20 years ago we nursed a baby like that, now we nurse a baby like this’, and that has been the impact of [NC], but actually to say the defining moment when that started to happen, I couldn’t. (CS2, governance coordinator)
Immediate versus delayed impact

- Immediate or short term impact e.g. concordance with medication at follow up appointment

- Delayed impact e.g. NC in sexual health who sought to reduce infection rates
Direct versus indirect impact

- Direct impact e.g. stroke NC who ran follow up clinics exerted an impact on psychological adjustment and reduction in anxiety

- Indirect impact e.g. by influencing practice of other staff or developing services

The indirect impact would be large because for some time now she has heavily influenced the strategic planning, both from the acute trust point of view and to some extent, further along the pathway and outside of [trust], and you would hope that had positively affected patient outcomes and experience. (CS5, commissioner)
When I get involved with something I try to take someone else with me. I try to do it as a joint project rather than a one man show, which means that it’s difficult to unpick the effects that I’ve had. (CS2, NC)

e.g. Stroke NC developed guidelines for assessment of patients on discharge for GPs and District Nurses
Barriers to capturing impact
Gaining a patient perspective

- Engaging with vulnerable groups e.g. women after miscarriage

  `I do think it's quite difficult to get our patients to share their thoughts and feelings about something that's so very, very personal. (CS1, NC)

- Socially desirable responses

  `I’m sceptical about [patient surveys]. You’ve just had a mum or dad who’ve had a baby whose life has been threatened. The baby is brought back from that point and the parents have an overwhelming depth of gratitude to people who’ve done it, and it stops them being critical. And quite a few of the things that they’ve actually experienced could have been dealt with by doing things in a different way. (CS2, medical consultant)
We haven’t done any proper qualitative evaluation, we’ve tended to use surveys but with some capacity for people to say what they think. It’s down to resources. I think you’d have to get outside people in for face-to-face interviews and that would have to be funded. (CS4, NC)

In the past we’ve intended to do follow-up surveys and they haven’t always been done because the plan was to do them by telephone and the person who was going to do it didn’t. So it means this survey will be the first time we’ve had a follow-up. Using survey gizmo does cut down admin time, just being able to put it on an excel spreadsheet and the follow-up is going to be possible and much quicker. (CS4, NC)
Identifying suitable outcome measures

- There were very few ‘off the shelf’ tools that were speciality specific which could be used by NCs to capture their impact, on patient outcomes or the patient experience.
One of our medics will see eight patients in two hours, now I will see three patients in two hours. It’s a different clinic and that’s not a criticism of him, I think when you’ve got a team approach there are benefits of somebody being exposed to [doctor’s] clinic rather than mine, because it’s the overall package (of the service) that’s important. (CS3, NC)
What did we produce?
Capturing impact: A Practical Toolkit for nurse consultants

Final toolkit informed by:
• Different domains of impact captured during case studies
• Practical lessons learned during piloting of tools
• Activities and examples are provided to consolidate learning

Available for free download from:
http://research.shu.ac.uk/hwb/ncimpact/index.html
Any questions?