

Introduction:

Nurses are increasingly extending their scope of practice beyond initial registration in all healthcare settings. In areas such as general practice and community health, acute care and mental health, nurses are now working at an advanced practice level (Lowe et al 2012; Royal College of Nursing [RCN] 2012; RCN 2018; HEE 2017). Advanced practice is a level of practice, rather than a type or specialty of practice and relates to a range of professional backgrounds such as nursing, pharmacy, paramedics and occupational therapy (RCN 2020). Advanced practitioners often can have differing titles, including: advanced practice nurse, advanced nurse practitioner, clinical nurse specialist (Sheer and Wong 2008; RCN 2018). In keeping with the International Council of Nurses (ICN) definition of nurse practitioner/advance practice nursing (ICN, 2018), and the RCN (2018) definition, for ease of reading we will use the term Advanced Nurse Practitioner (ANP) to describe advanced level titles, which is the term used by the healthcare trust where this study was undertaken (██████████).

In response to the increasing demands of individuals, families and communities, the Department of Health [DH] (2010), RCN (2018) and subsequently Higher Education England [HEE] (2017) have developed a multi-professional Advanced Clinical Practice (ACP) framework in order to embed such roles in practice. Mental health services are at an earlier stage of developing advanced nurse practitioner roles. As such, there appears to be a paucity of information regarding the efficacy, credibility and overall satisfaction of these new roles (Clibbens et al 2019).

Background:

Memory assessment teams are viewed as specialist diagnostic services (NICE 2019) and have an integral part in ensuring people receive a timely diagnosis of dementia (DH 2016). Memory services team working interprofessionally are usually made up of registered nurses, occupational therapists and have psychiatrist led diagnostic appointments. NICE (2019) have now included ANPs within their recognised specialist practitioners. The assessment of mental health problems in older adults often needs bespoke competencies (HEE 2018), and the diagnosis of dementia is recognised as needing to be carried out by a clinician with specialist skills (DH 2009, NICE 2019) The Prime Minister's challenge on dementia (DH 2015) and increasing referral rates has in turn enabled opportunities for ANPs within memory services to deliver services previously undertaken by doctors (Burns et al. 2014; NICE 2018).

Advanced Nurse Practitioners

The advanced practitioner role has expanded rapidly in the last twenty years (Sheer and Wong 2008; RCN 2018). These roles have been described as occurring in a wide range of practice settings (ICN 2019; HEE 2017; Parker and Hill 2017). There is little evidence in the research literature that details the overall contribution of the ANP in mental health toward health and social care outcomes. Fung et al. (2016), in a Hong Kong-based study, described what they termed as psychiatric advanced practice nurses (PAPN's) impact on service users' overall wellbeing. Also in the Hong Kong context, Fung et al. (2014) found that PAPN's in a mental health context have varying and complex roles but need to show outcomes of their interventions are cost-effective.

Research pertaining to Memory Clinics and advanced nursing roles has mainly been conducted in Australian context by a group at the Wicking Dementia Research and Education Centre based in Tasmania. Bentley et al. (2013) reported that the main benefit of nurse practitioners in Tasmania was improved support to General Practitioners and improved access to timely diagnosis. Although this work was limited to a 'nurse practitioner role', and it did not go as far as the autonomy of the ANP, it corresponded with the developing mental health nurse extending their role within memory services. However, there continues to be no clear understanding on perceived credibility and efficacy of the ANP role. Early analysis of memory service referrals over an 18-month period in a memory clinic in the North West of England found a high level of accuracy in diagnostic capability of mental health nurses, but this study only compared nurses' informal diagnoses which was still undertaken by a psychiatrist (Page et al. 2008b). Bentley et al. (2016) reviewed the literature of interaction in aged and primary care settings, finding that nurse practitioners facilitate engagement with service users and carers through the provision of empathetic approaches and affirmation. This was confirmed by interviewing service users and carers following consultation in a clinic, termed a Nurse Led Memory Clinic (NLMC), in a primary care setting. The same researchers have also shown that nurses in an advanced practice role in NLMCs can increase the likelihood of early diagnoses of dementia (Minstrel et al. 2015), as well as increase the time that people diagnosed in the early stages can plan for the future (Stirling et al. 2016). An overall theme is that nurses in an advanced role are well received, particularly in the engagement and time given to people diagnosed with dementia and their families. No study was found which addressed whether NLMCs meet the standards that are set out as the level for ANPs for example in the UK the four pillars set out in the Royal College of Nursing Advanced Level Nursing standards (RCN 2018).

Study context

Mirroring the national () and international context (Page et al. 2008b; Sheer and Wong 2008; Morilla-Herrera 2016) the memory assessment team in Northern England has often had many challenges when trying to meet demand, and waiting times for initial assessment and diagnostic appointments had at times exceeded 24 weeks. A new ANP role was established in January 2016 to support improved access to assessment of cognitive function, review of physical investigations, diagnosis and decisions about treatment (). The Advanced Level Nurse Practitioners benchmarks (DH 2010) had been the recognised standards for advanced practice and had been key to the initial developments of this new role. Guidelines published by the ICN (2016) had also shaped the early understanding of the definitions and characteristics of ANP's. Then subsequently reiterated RCN advanced practice pillars (2018).

In the UK memory services are integral to people receiving assessment and timely diagnosis of dementia (NICE 2018; MSNAP 2018). The benefits of a timely diagnosis include the person and their family and carers knowing what to expect, so that they can consider future need and make advanced care plans (NICE 2019). The memory assessment team is a Memory Services Nationally Accredited Team since 2016 (MSNAP 2018). It is a commissioned service that covers a geographical area and has an agreed memory pathway. This team has been an evolving service, with more recent developments including introduction of cognitive stimulation groups, independent nurse prescribing and advanced nurse practitioner roles. The ANP role builds on and complements the existing clinical skill mix within the memory assessment team. Advancing the role of the mental health nurse in dementia needs to ensure the right skills, knowledge and attitudes are in place (Page & Hope 2013), and as part of this new role it was recognised that there was a need to have appropriate supervision and governance (Clibbens et al. 2019).

Aim

To undertake a survey evaluation to assess service user and carer satisfaction with the advanced nurse practitioner (ANP) role within a memory assessment team.

Objectives

Using the 4 pillars of Advanced Level Nursing as a structure (RCN 2018) we sought to evaluate the the following four areas of the ANP role: clinical/direct care practice leadership and collaborative practice, improving quality and developing practice, developing self and others.

Design

An evaluation was conducted over an 8-month period in 2018 using a cross-sectional questionnaire to evaluate how the ANP interventions were received based on the RCN (2018) 'Pillars' for Advanced Level Nursing (see Figure 1).

Insert Figure 1 here

Advanced level practice encompasses aspects of education, research and management, but is firmly grounded in direct care provision or clinical work with patients and families. Practitioners' expertise, experience and professional and clinical judgement are highly developed with extensive knowledge in areas such as diagnostics, therapeutics, pharmacology, with enhanced skills in areas such as consultation and clinical decision-making (DH 2010; DH 2017; RCN 2018).

Clinical/direct care practice: Nurses working at an advanced level will use complex reasoning, critical thinking, reflection and analysis to inform their assessments, clinical judgements and decisions (RCN 2018). They are able to apply knowledge and skills to a broad range of clinically and professionally challenging and complex situations. Much has been written in relation to ANPs within primary and general healthcare (Lowe 2012; Morilla-Herrera 2016), but there is limited information regarding the development of ANP roles within memory clinics. The first area of questioning in the evaluation questionnaire was developed to reflect the ANP's ability in clinical and direct care towards service users and families. These included questions on service users and families' perceptions of ANP knowledge, satisfaction levels and care received.

Leadership and collaborative practice: Advanced nurses are recognised as being able to significantly improve service user and family satisfaction with medical services (Donald et al 2013). There is a great deal of evidence to suggest that ANP's within Primary Care settings improve service user engagement and adherence to treatment plans (Bentley et al 2016). The questions were designed to gain information about how the service user and family felt in their opinion the ANP performed in relation to being listened to and, care management.

Improving quality and developing practice: Service users and families were asked to rate their opinion of the quality of the service they had received. There has been much debate regarding service improvement for people with memory difficulties; often with little robust evidence to support change (Griffiths al. 2014). We wanted to clearly understand what service users and families thought about the service they received from the ANP and if they would recommend the service.

Developing self and others: Advanced nurses can enable service users to learn by designing and coordinating the implementation of plans appropriate to their preferred approach to learning, motivation and developmental stage (RCN 2018). We aimed to seek feedback from service users and carers on how the ANP improved access to information to manage their own health.

Open ended comments: these were added to the survey to enable service users and their carers to give qualitative information about their experiences.

The survey questions were structured utilising the RCN (2018) four pillars to gain service user and carer feedback on how they were treated by the ANP, decision-making ability, credibility and the overall satisfaction of the service they received. The survey also encouraged service users and families to give their opinion of improvements that could be made, and if they felt they were active participants in their care. The survey was shared with the memory services team and governance department and feedback from this review process confirmed a high level of face validity for the questionnaire. The satisfaction survey was developed to enable service users and families to complete away from the service. The most common method of data collection involves the use of pre-coded self-completion questionnaires (Batchelor et al, 1994). One of the advantages of self-administered questionnaires is the absence of interviewer effect (Haider 2008). A potential challenge with this type of survey, could lead some service users to struggle when completing or recalling information about the appointment. The ANP took into account if the service user needed, they had a family member who was able to support and include them in the evaluation of the care they received (Kim et al, 2013).

The questionnaire had 16 items, including 15 Likert style items directly addressing the four pillars (see fig 1) and an additional open-ended question requesting a general opinion of the service. The Likert items comprised 5 points corresponding to strength of agreement: Strongly Disagree, Disagree, Neither Agree nor Disagree/Not Applicable/Not Yet Sent, Agree, Strongly Agree; The option of Not Yet Sent referred to an item relating to participants' assessment of their medical care plan, which had not been mailed out to all participants at the time of the administration of the questionnaire.

A purposeful sample recruitment strategy was undertaken with the questionnaire sent out to 115 service users and their accompanying families over a 8-month period that attended the memory clinic with the aim of negating selection bias.

Scoring and analysis

The Likert items were scored from 1 (Strongly Disagree) to 5 (Strongly Agree) and used to create mean item scores for all items. Mean domain scores were also derived corresponding to the means of all

items in each domain. Non-applicable responses were considered to be equivalent to a neutral response. Relationships between and within domains were also analysed, with analysis of individual items focussing on 3 key items: *'I was happy with the nurse practitioners' decisions/actions regarding my care; I felt the nurse practitioner had good ability to manage my care; and I would recommend Kirklees Memory Services to my family and friends'*.

The open-ended questions were subject to deductive qualitative content analysis of the data. According to Bengtsson (2016), two approaches can be used in content analysis: (i) examine the answers to present questions deductively; or (ii) allow themes to be developed inductively from the data. Deductive content analysis was used because the analysis was structured on the basis of prior knowledge already could be abstracted from the statistical data.

Ethics

Permission to undertake the service evaluation was sought and gained from Governance Department of the Trust. A clinical audit and practice evaluation plan was completed and information about the project was made available to service users and carers prior to the ANP consultation. Confidentiality was maintained, as there was no identifying content in the questionnaire. The survey was made available for all service users and their families to complete at home following each clinical contact. A stamped addressed envelope was provided to encourage participation.

Results

When the ANP survey commenced in 2018, the team had one ANP in post. Across the area, the ANP saw 115 service users, a large number had family members in attendance over an 8-month period for an assessment and diagnostic appointment and survey forms were distributed. Eighty five respondents completed the questionnaire (73.9% response rate), consistent with findings by De Silva (2013), who states that a higher return rate is often received when a survey is distributed immediately after a consultation.

Statistical Analysis

Results were uniformly extremely positive, with service users expressing significant satisfaction with the ANP, in particular the areas of direct clinical practice and quality of care received. A few surveys were returned with suggestions for improvements. "Strongly agree" was the most common response to all the Likert-style items, and no items received a response of "strongly disagree" or "disagree". Mean item scores of all items were in excess of 4.79 (out of a maximum of 5.00) except the item relating to whether or not the patient received a copy of their medical care plan, which had a mean item score of 4.32. The likely reason for the lower score in this item is that some respondents returned the evaluation before the report had been received.

Insert Table 1 here.

Mean item scores for (i) clinical care direct practice and (ii) all other domains are summarised graphically in Figures 2 and 3 respectively.

Insert Figure 2 here

Insert Figure 3 here

Hence the mean domain scores were almost identical in all 4 domains, with little within-item variation. Analysis of individual items revealed extensive correlation between items, with many participants responding *Strongly Agree* to all items, and a small number of participants responding *Agree* to all items. This latter group contributed the bulk of all responses of *Agree*. Scores reported on the three key items were very slightly higher, but broadly closely aligned to, scores reported on other items.

Analysis of Open Ended Comments

Overall as in the statistical results patients expressed significant satisfaction with the ANP, in particular the areas of direct clinical practice and quality of care received. A few surveys were returned with suggestions for improvements. The open-ended comments were very positive and many respondents were impressed by the ANP's sensitivity, professionalism, empathetic nature and knowledge. Comments such as "..... was a very caring, empathetic lady who treated my family with up most respect in what was a difficult time for us. She was extremely knowledgeable and answered any questions we had sensitively and calmly. Many thanks....."

Only a small percentage (6.2%) of verbal responses were less positive, for example wanting an extended appointment to discuss future care needs, not understanding medical jargon and the medical report being signed off before they could comment.

Insert Table 2 here.

Out of the 85 returned evaluations, 44 people (52%) had given written feedback. Of these 40 were positive (93.7%) about the ANP service they had received, with complimentary comments such as a comprehensive validation from a carer who expressed quality of performance of the ANP.

The key words seemed to suggest that people were very satisfied with the overall service. Many respondents used words such as *excellent* or *good* (55.0%. N=22), *thank you* (32.5%. n=13) and *reassuring, wonderful* or *helpful* (22.5%. n=9). Barker (2017) describes important aspects of recovery from mental health problems in terms of support, comfort, presence and ‘other human stuff’ rather than doctors, psychotherapy or drugs. One commented ‘...*very informative and dealt with my father on a very personable level*’ suggests that patients and families appreciate medical expertise but, it is important that as healthcare professionals we have time for the ‘fluffy stuff’ such as caring and giving time (Baldwin 2013). In terms of dementia, how we communicate is vital in the process of diagnosis whether this is verbal or written, often being central in the concept of identity (Allan and Killick 2014). Kitwood’s work regarding dementia often challenged the medical discourse and promoted a person centred approach to people (Baldwin and Capstick 2007). Many comments received such as ‘...*was thorough, thoughtful and caring throughout and explained everything in the required amount of detail*’ gives a clear indicator that those areas of care, trust, openness and dignity are often very important aspects to diagnosis and care provision (Shattell et al. 2007).

Discussion

This paper evaluated the perceptions of service users and carers of an ANP providing assessment, diagnosis of dementia. Overall both quantitative and qualitative findings showed a high satisfaction and trust in the service provided by the ANP. Reliability of all domains of the questionnaire was high as indicated by the high consistency of responses across all respondents. The implications will be discussed using the four pillars of advanced practice.

Clinical Direct Care Practice

All quantitative questions were rated highly (82.4% overall domain), and this was mirrored in the open-ended comments which showed that at least one ANP was working at a standard at least equal to what is expected for an autonomous, competent and expert practitioner. The feedback gained from service users and carers in this survey showed they rated positively the performance of the ANP and this was reflected in the survey and the free text. This suggests that nurses, when extending their role, are starting to show they are as competent as the practitioners they have replaced; although more outcome-based research such as comparison to psychiatrists undertaking the same role or evidence of the health related outcomes following ANP consultations is necessary. These findings do however provide further legitimacy for the ANP role in the Memory Service that goes beyond what is known. The clinical practice of the ANP including formal Diagnosis was well received in this study. Previously advanced practice activities such as diagnoses by the ANP has only been compared informally to psychiatrists' decision making (Page et al. 2008).

Leadership and Collaborative practice

With the exception of receiving a copy of the medical care plan, results showed that the patients and carers felt listened to, involved and satisfied with the way their care was managed both statistically (82.4% overall domain) and from content analysis. Barratt and Thomas (2019) interpreted the communication styles of nurse practitioners and noted that this resulted in a two-way process beyond history taking. Thus service users and carers can have their concerns directly addressed if they are encouraged to have active participation as evidenced in this study. Bentley et al. (2016) state that affirming actions and time given, allow for stronger engagement and facilitate likely health outcome benefits which the ANP role within a memory service can facilitate. This is an area for further research to evaluate how ANPs can include service users and carers in decision making that affect their immediate future and beyond.

Improving quality, developing service

The findings repeated those of the first two benchmarks with outstanding statistical scores (86.5% overall domain) and excellent comments. These results very much reflect the trust shown in the direct care received from the ANP. The development of the service of the ANP acting in advance roles has been well received, and in turn is something service users would recommend, due to the high quality treatment they have received. Bauer (2010) provided some evidence that ANPs can provide care at least the equal of other healthcare practitioners and these findings appear to concord with what he states. Cost-effectiveness is one outcome that is not included in this evaluation and remains a

limitation of the study. A large scale evaluation on the cost effectiveness and outcomes of ANP interventions needs to take place, perhaps along the lines of the recent i5 (2015) study into the advanced clinical practice intervention of non-medical prescribing.

Developing self and others

The participants also reported positively in this domain (84.7% overall) statistical findings and open-ended comments showing that service users and carers in the sample felt they were given information and support to enable them to more effectively meet the care needs of the person diagnosed with dementia. This is an important area where the ANP had facilitated understanding and facilitated the service users and carers' ability to adapt and live with multiple challenges they face, when the reality of a diagnosis of dementia is made. Stirling et al. (2016) found that service users and carers very much initially focused on how to maintain the *status quo* of life pre-diagnosis, but needed continuity and clarity so that they can adapt to necessary changes as physical and psychological deterioration happens. Fortinsky (2014) reported that such clarity and consistency of support can improve health and well being outcomes for the service user and carer. How to enable the service user and carer adapt to the future challenges post diagnosis of dementia and how this impacts on their well being is a topic that needs further consideration

Conclusion

Aggarwal (2016) discussed how the treatment of and attitudes towards service users and families are crucial for those individuals to feel empowered. Developing service users abilities to manage their health, helping service users to express concerns and preferences regarding treatment can in turn can lead to improved health outcomes, better care, and lower costs (Berwick et al 2008). The results clearly identify service user and carer satisfaction when seeing an advanced nurse practitioner, and highlights the efficacy and potential credibility of these new roles. This survey was undertaken early in the development of the ANP role within the Trust. Since this ANP survey was completed, the memory service has expanded with further ANP roles in localities (██████████). Future plans are to have continued review of the ANP aspect of the service with a Trust wide evaluation to ensure quality and continued satisfaction. Furthermore having established that the questionnaire used in this survey evaluation has good levels of face validity and internal reliability, it would be worthwhile to construct validity before any future implementation.

At this present time the ANP successfully runs assessment and diagnostic clinics within the memory services. The time wondering if the ANP in memory clinic can diagnose has ended. Now is the time to focus on demonstrating the effectiveness of the role, in a bigger population and across more ANPs and to determine if this can lead to comparable clinical outcomes to those associated with a psychiatrist working in the memory team context.

Limitations

This evaluation was on the performance of one ANP in one Memory Service in a single NHS Trust, which may impose limits on potential generalisability. The questionnaire was developed in order to assess the standard of the ANP against a benchmark and limited to service users and carers' perceptions, rather than any quantifiable health and social care outcome. No economic analysis was included in this work that would aid the understanding of ANP contribution in a Memory Clinic. There is no comparator as against the typical services that have been available; for example, against the role of the psychiatrist in memory service environment. Finally, and importantly, although we have commented on the findings of service users and carer of this service it more than likely most of the comments and thus answers to response questions were done by carers. A future study needs to recognise the inclusion of the person with dementia's voice to be at the centre of any evaluation of their care.

Key Points

- The Advanced Nurse Practitioner (ANP) role within mental health services is becoming embedded.
- Although this needs to be further established ANPs are starting to show that they can undertake clinical interventions that are as safe and competent as Psychiatrists.
- A suggested positive outcome for service users of ANPs involvement is a supportive and equal working relationship.
- Further high class research is needed to establish the effectiveness of ANPs within memory and mental health services generally.
- Research involving both service user and carer reported outcomes is also necessary.

CPD Questions

- **Define the role of an Advanced Nurse Practitioner?**
- **Why is there a need for ANPs in Memory and Mental Health Services generally?**
- **Consider what a wider evaluation of the ANP role within memory services should include?**

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