Submission to the Strategic Review of General Practitioner Services on behalf of General Practice Advanced Nurse Practitioners Ireland Group
February 2024

Title:

"A submission to the Strategic Review of Irish General Practice Services by Advanced Nurse Practitioners working in General Practice"

February 2024

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Acknowledgements:

This document has been compiled on behalf of all registered and candidate Advanced Nurse Practitioners working in Irish General Practice. Together, we acknowledge and thank the Department of Health for their invitation and opportunity to express our voice. We acknowledge the support from various key stakeholders to date, to include the Minister of Health Mr. Stephen Donnelly, our Chief Nursing Officer Ms. Rachel Kenna and her team, the Chief Executive Officer of the Health Service Executive Mr. Bernard Gloster and representatives from the Irish College of General Practitioners, Mr. Fintan Foy and Mr. Diarmuid Quinlan. We acknowledge the support of Ms. Marie Cantwell, Professional Development Coordinator, and her colleagues. We would also like to express our thanks to those that have shown interest and enthusiasm regarding our role, to include our GP and Nursing colleagues. Lastly, we would like to acknowledge and thank our patients, our partners in the long standing therapeutic relationships we build together in General Practice. We are honoured to participate in their care.

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Our Vision:

"To lead expert advanced nursing care, enabling optimal outcomes for our patients in General Practice. To provide holistic, collaborative, patient focused care, which reflect core nursing values of "Care, Compassion and Commitment". These values are aligned with our objectives to foster a culture of recognition, advocacy and inclusion for advanced nursing in General Practice. "

General Practice Advanced Nurse Practitioners, Ireland 2023

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Executive summary

The concept of advanced nursing practice has existed in the US since the 1960s and in the UK since the early 1980s. The first signs of the advanced nurse practitioner role emerged in Ireland in the late 1990s because of increasing demands and changes occurring within nursing and Irish health care. The Advanced Nurse Practitioner (ANP) role was established in 2001 and represents a vital nursing role development within Irish healthcare. The role of the ANP working in general practice (GP ANP) has grown over recent years and is a unique generalist nursing specialism. The addition of the ANP to general practice is essential today in Ireland; with an increasingly complex and ageing population combined with increased workload and declining GP numbers, we must evolve and develop a fit and sustainable workforce. The introduction and development of the ANP role in general practice is a viable solution for many practices in Ireland.

About the document

This document has been compiled by GP ANPs working in Ireland's primary care health system. The document will draw on the expertise and experience of nurse leaders. It aims to identify the current challenges facing General Practice in delivering a sustainable service into the future, and sets out the actions necessary to address these challenges in the context of delivering Sláintecare's principles. This submission takes into account the wider context of General Practice, and is mindful of the important role played by various partners and stakeholders. Informed by our current environment, this submission focuses on the specific role of advanced nursing practice, and its contribution to improving workforce capacity and patient care.

Objectives of the document

To develop:

- Recognition and awareness of the GP ANP role and its potential in Irish health care policy delivery
- Equal access to education for all healthcare professionals regardless of place of employment
- Strong professional nursing links
- Support for GP Nurse Professional Development Coordinators (PDCs)
- Collaboration and inclusion in workforce planning and strategies
- Investment in general practice pertaining to GP nursing career development and educational pathway

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1.0 Introduction

As a growing cohort and a unique generalist nursing specialism, General Practice Advanced Nurse Practitioners (GP ANPs) thank the Department of Health for inviting our group to make a submission to this strategic review. As nurse leaders and clinicians working collaboratively on the frontline of Irish general practice, we believe that we have valuable insights to share and our contributions to general practice represent an added value for patients within the Irish healthcare system.

In this submission we will demonstrate the impact we make in enabling the *'Shift Left'* from hospital to community care, particularly in the delivery of structured chronic disease care, prevention programmes and integrated care. Also, we will show the diversity of the consultations that generalist GP ANPs undertake, and the continuity of care we provide. The presence of a GP ANP on the team offers a safe, quality, alternative care option for patients, increasing access and accessibility to services.

The challenges facing general practice are well documented; an ageing society, increasing population with challenging and more complex needs, a GP workforce shortage combined with the expansion towards universal healthcare. GP ANPs are solution focused, and wish to highlight how the ANP role can help in addressing these challenges and enhancing service delivery.

This submission will address our perspectives on specific key themes. It is important however, to firstly explain our role, its origins and where the advanced nursing role currently stands in Irish general practice. We will present data which demonstrates our value, followed by an in depth discussion addressing key themes. By the end of this document, we hope that you will have a deeper insight into our vision, and we ask the Strategic Review Committee to carefully consider our recommendations for future planning.

1.1 Background

In Ireland, nursing professionals make up 45% (n 2,318) of the clinical workforce in general practice, with 94% of practices employing a nurse (Collins and Homeniuk, 2021; Irish College of General Practitioners, 2022). Nursing roles in general practice are an evolving area of Irish nursing and are integral to service provision (Casey *et al.*, 2023; Freund *et al.*, 2015; Bury, Twomey and Egan, 2021).

However, it is noteworthy to mention that at no time since the general practice nursing subsidy was first introduced in 1989, or over the intervening years, has discussion, collaboration or planning with nursing authorities taken place to provide specific planning and support for nursing within this clinical setting (Department of Health, 1989). It is therefore timely that a nursing voice has been invited to make a submission to this important strategic review.

"As senior nursing professionals working in general practice we wish to contribute to the discourse on its future direction"

As of February 2024, there are 21 registered GP ANPs and 20 candidate ANPs (cANPs) working in General Practice. This accounts for just over 1% of nurses working in general practice. The following link demonstrates the current geographical locations of GP-ANPs. (Please click on this link to access GP ANP in Ireland Map).

1.2 Team GP

The Irish College of General Practitioners (ICGP), the professional body for general practice in Ireland, in a recent pre-budget submission, outlined the challenges general practice services face and acknowledge that the structure of general practice must evolve to address such challenges (Irish College of General Practitioners, 2023). The ICGP champions the value of adopting a 'Team' approach to patient care, for example, GPs, Nurses, Registered Advanced Nurse Practitioners (RANPs), Nurse Prescribers, Practice Managers, and administrative staff, combined with allied health professionals. GP ANPs welcome this.

2.0 Advanced Nursing Practice

To understand the added value and higher nursing capabilities which GP ANPs specifically bring to General Practice, it is important to firstly understand and define the role.

The International Council of Nurses (ICN) defines an Advanced Practice Nurse (APN) as " A generalist or specialist nurse who has acquired, through additional graduate education (minimum of a master's degree), the expert knowledge base, complex decision-making skills and clinical competencies for

Advanced Nursing Practice, the characteristics of which are shaped by the context in which they are credentialed to practice" (Schober *et al.*, 2020, p.6).

As a profession in Ireland, nursing is governed by the Nurses and Midwives Act 2011, as amended. Use of the title "Registered Advanced Nurse Practitioner" is confined solely to those granted registration by Nursing and Midwifery Board of Ireland (NMBI) under the act.

> ***"Advanced practice nursing is defined as a career pathway for registered nurses, committed to continuing professional development and clinical supervision, to practice at a higher level of capability as independent, autonomous, and expert practitioners. Registered Advanced Nurse Practitioners (RANPs) have met the Board's Criteria for Registration to enter the Advanced Practice Division of the Register"***
>
> **(Nursing and Midwifery Board of Ireland, 2017)**

The NMBI's robust criteria and guidelines ensure that requirements are met and standards of excellence are assured, these stipulate that the candidate must,

- Be a registered nurse or midwife with NMBI.
- Be registered in the Prescribers division.
- Hold a master's degree (or higher) in nursing/midwifery or a master's degree which is relevant, or applicable, to the advanced field of practice. The master's programme must be at Level 9 on the National Framework of Qualifications (Quality & Qualifications Ireland), or equivalent. Educational preparation must include at least three modular components pertaining to the relevant area of advanced practice, in addition to clinical practicum.
- Have substantive hours at advanced practice level.
- Demonstrate competence to exercise critical thinking and decision-making skills in the clinical area that is superior to that expected of the registered nurse or midwife
- Demonstrate competencies in the clinical area of practice Provide evidence of continuous professional development (NCNM, 2001),
- In recognition of services that span several patient/client groups and/or division(s) of the Register, provide evidence of validated competencies relevant to the context of practice.

The primary differences between the professional profile of a registered GP ANP and a registered general nurse is that a registered ANP, in accordance with the Nurses and Midwives Act (2011) has, (i) legislative authority, (ii) educational credentials and (iii) professional competence to autonomously practice beyond their initial nursing qualification, to the top of their scope within their specialist area. In this submission we will demonstrate how this role can directly have a positive impact on the workload and workforce challenges within general practice.

2.1 International ANP Role Development & Research

The ANP role itself was first conceived in the United States approximately 50 years ago (Waite *et al*., 2019). It has since developed considerably around the globe, with pioneering countries including Australia, New Zealand, the Netherlands, Ireland and the United Kingdom (Claudia *et al.,* 2016).

In the USA, 88.9% of 325,000 licensed Nurse Practitioners are certified in primary healthcare, predominately in Family Practice (Schlunegger *et al.*, 2023). Indeed 60% of New Zealand's ANPs work in primary care, including private general practice (Mustafa *et al.*, 2021). In Canada, primary healthcare nurse practitioners (PHCNPs) are described as the fastest growing advanced practice nursing role (Donald *et al.*, 2010). Approximately 30% of Australian nurse practitioners work in primary care settings in rural and remote areas on a full-time or sessional basis (Australian College of Nurse Practitioners, 2022).

The World Health Organization (WHO) highlights the positive benefits of generalist nurse practitioners in family practice and recommends governments enable optimization of autonomous practice for nurses working in primary health care services (World Health Organization, 2020).

A compelling body of research demonstrates ANP-led primary care services are as safe and effective as those led by doctors, provide improved access for people with minor health problems, are cost effective and contribute to collaboration and quality of primary care (Swan *et al.*, 2015; Laurant *et al.*, 2018; Htay and Whitehead, 2021; Claudia *et al.*, 2016; Dierick-van Daele *et al.*, 2010). A New Zealand survey found ANPs offer stability and flexibility in primary care settings (Adams *et al.*, 2020). Recent Canadian research concluded nurse practitioners in family practice offer equal or better quality care to physicians, achieve equal outcomes and demonstrate higher levels of patient satisfaction (Abou Malham *et al.*, 2020).

Findings from Maier *et al.* (2016), a cross country literature scoping review involving six OECD countries, explored the extended professional role of ANPs in taking up activities normally carried out by primary care physicians. They suggest that ANPs can cover a range of between 67–93% of all primary care services. Interestingly, Contandriopoulos *et al.* (2016) reveal how introducing ANPs into primary care teams positively challenges the status quo, and contributes to reforming primary care delivery models. They identify technological, fiscal, social and demographic factors as driving inevitable reform in primary care and challenging the dominant narrative .

Finally, in a recent scoping review exploring the literature related to ANP competencies in family practice, Schlunegger *et al*. (2023) found that ANPs increased healthcare utilisation particularly in rural areas and among vulnerable populations. These findings hold particular resonance in the context of current challenges facing workforce capacity among marginalised communities and in rural Ireland. Cooper (2019) represents this diagrammatically as seen below in Figure 3.

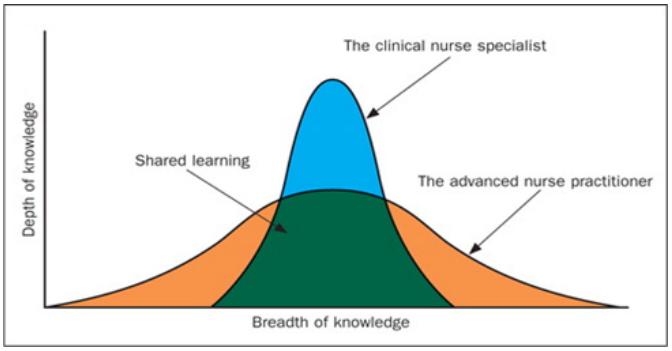


Figure 3; *Role of the ANP* (Cooper, 2019)

3.0 Data analysis; Capturing the ANP role in general practice

3.1 Objective Data Key Findings

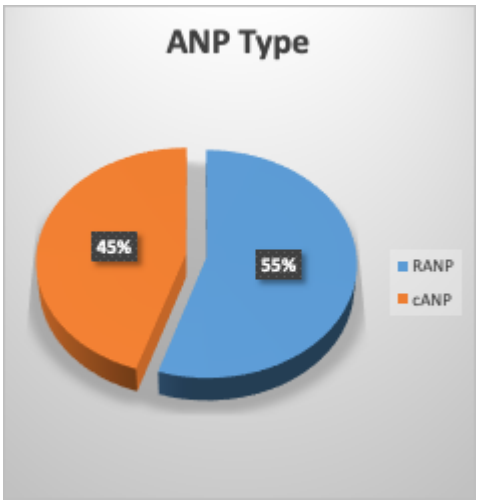
A common inquiry is *"Who are GP ANPs and what do they do?"* In an attempt to answer this question, GP ANPs committed to engaging in a key data collection project to inform relevant key stakeholders. Information was collated from one week in October 2023. Data was submitted by twenty GP ANPs/GP cANPs nationwide. The twenty responses are significant as they are a representative sample of the entire GP ANP group, which currently includes forty one members.

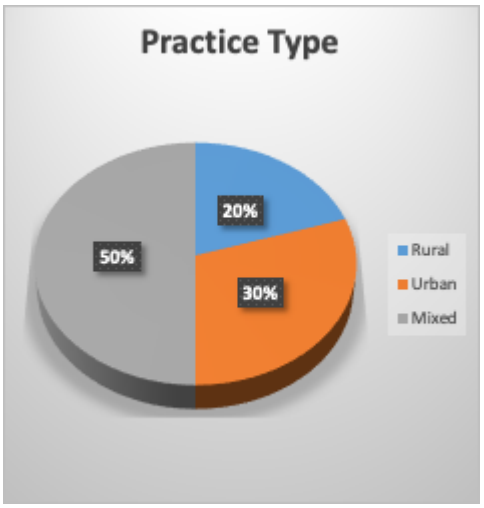
3.2 *"Who are GP ANPs?"*

The majority of the GP ANPs (55%) are registered as ANPs with Nursing and Midwifery Board of Ireland having completed their third levels studies with the academic reward of an MSc. Candidate posts (GP cANPs) account for 45% of the participants. This refers to those who are on pathway to registration with NMBI and are in the process of their studies to Masters level.

Eighteen of the twenty GP ANPs reported as having trained in general practice settings. Therefore having established track records of high quality care, and noteworthy experience of the complexity of the general practice landscape. Two respondents completed their ANP training in secondary care. This is to be welcomed as it demonstrates fundamental practice skills are transferable to General Practice with a comprehensive induction programme.

The respondents were all female but anecdotal information notes that there are two males in the overall cohort of GP ANPs. The majority of the respondents work in excess of 35 hours per week with just 2 working less than 20 hours per week. GP ANPs mainly work in mixed practices (rural & urban). Urban practices account for 30% of GP ANP workplaces, with rural practices accounting for 20%.

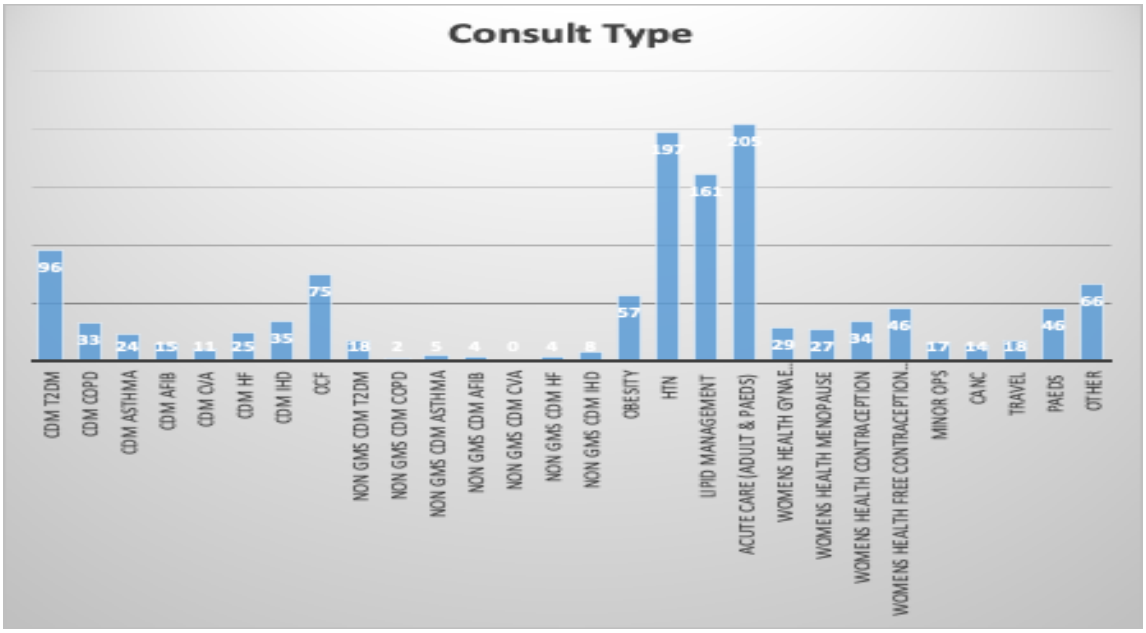




3.3 *"What do GP ANPs do?"*

Consultation Types

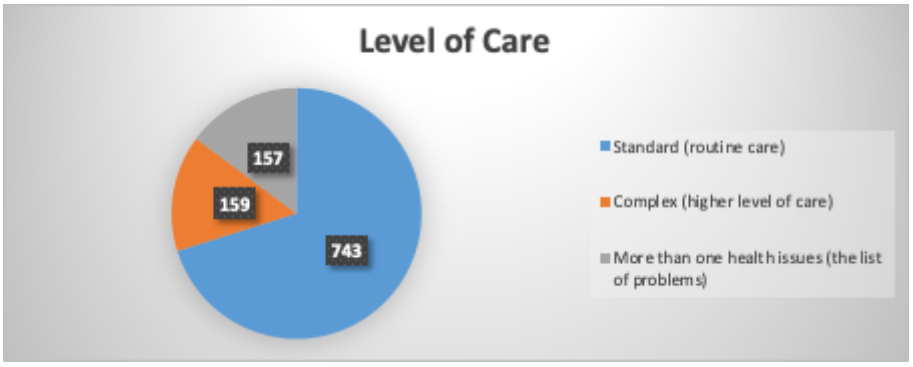
GP ANPs are generalists, like their GP colleagues. Candidate ANPs keep their remit narrow but with time, GP mentorship and advanced clinical competencies, their remit can broaden depending on service needs. The diagram below highlights the diversity of GP ANP's clinical competency. The most common reported GP ANPs appointments include chronic disease management (CDM), blood pressure & lipid management, acute presentations and women's health. The capability of GP ANPs to cater for routine acute presentations is a vital lifeline for GP services who are stretched and frequently unable to provide same day services to patients in need. This ensures that patients stay well in their own local primary healthcare services and avoid presenting to ED, out of hours (OOH) or adding to out-patient department (OPD) workloads.



Level of Care

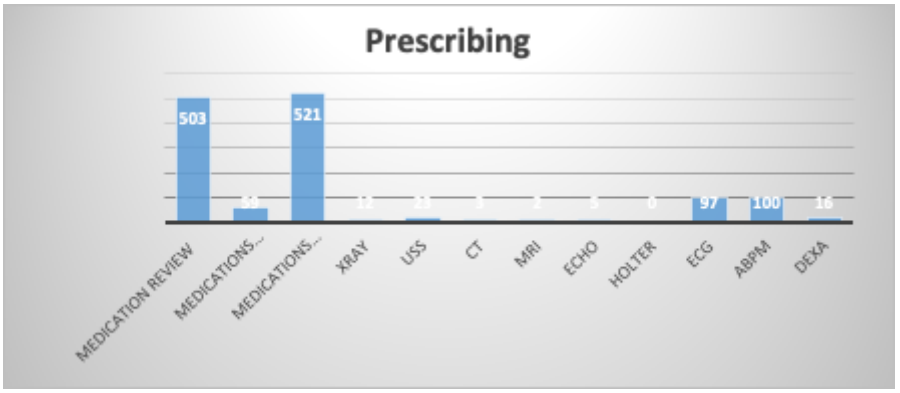
GP ANPs are capable of attending to routine and complex care in general Practice. The diagram below highlights that of the 1,659 episodes of care reported, GP ANPs recorded 743 patients as standard and routine care. A significant number of 157 patients presented with more than one complaint to be managed in one consultation time slot. This is a very real and frequent challenge which healthcare providers in general practice face on a daily basis. A similar number of 159 patients

were classified as having complex needs (multiple health issues, with multiple healthcare providers and therefore multiple treatments). This highlights an overarching challenge of our health services as in how to cater for this cohort given limited resources.



Prescribing

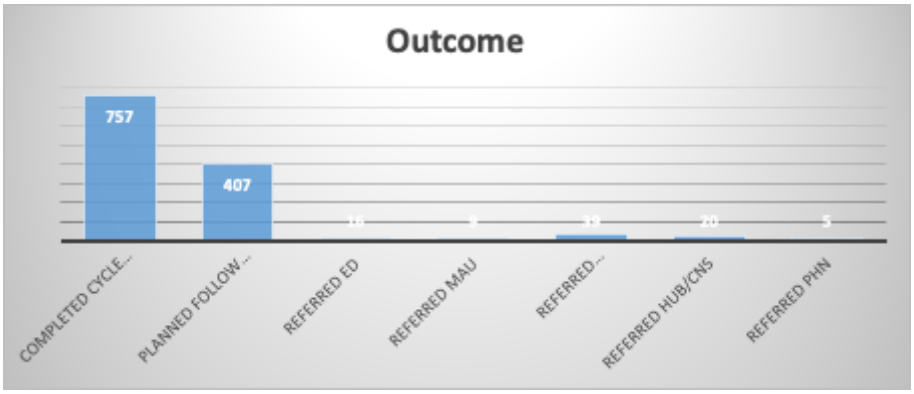
Prescribing is not unique to the GP ANP role, but the GP ANP exercises a higher clinical decision making acumen that is comparable to our GP in many, *not all* areas, and superior to nurses with prescribing or clinical nurse specialist roles. The GP ANP operates with a high resolution holistic lens to take comprehensive health histories, dig deep for accurate diagnosis which may necessitate adjustments to existing prescriptions. The diagram below identifies 503 medication reviews carried out, 251 prescriptions and 59 medications de-prescribed. There is little or no ionising radiation referrals which highlights a significant barrier to our practice and impedes our ability to operate to the top of our licence for the benefits of patients and the wider health services.



Outcomes

The main finding of this GP ANP project is the following statistic; ***20 GP ANPs in one week in October 2023, completed 757 full episodes of care***. A full episode of care denotes an episode of a patient attending with healthcare needs and receiving a comprehensive health history, physical examination, tests/investigation, diagnosis, with a treatment plan, follow up and safety netting, if required.

This number of 757 is significant because if one extrapolates that figure to the activity of 100 GP ANPs over 4 weeks, ***the number increases to 15,140.*** That represents just over 15,000 patients who can access high quality care in GP settings, potentially avoiding ED or OOH. Double the GP ANP cohort to 200 and that capability increases to 30,000 patients cared for in their community which is the epitome of Slaintecare.



Summary

Our data project outlines the capability of 20 GP ANPs in one week in October 2023, and shows the delivery of high quality advanced nursing care to a wide variety of clinical presentations, highlighting our generalist role. Our unique capability is highlighted in our ability to address multiple, complex and challenging healthcare needs which one faces daily in General Practice. **Our key outcome which was the achievement of 757 completed episodes of care is to be commended, and it has real impact to reduce ED/OOH presentations and increase GP capacity.** Our data demonstrates our potential impact to increase GP capacity, the question now is how can nurses be harnessed and supported in this role for the benefit of patients, General Practice and the HSE.

4.0 Discussion and Key Themes

This document has addressed the origins of nursing within an Irish General Practice context and has reflected upon the advancement of the nursing role from an international perspective. Extensive data demonstrating the real-world impact and value of the role has been portrayed, highlighting the value that an ANP in General Practice can bring. Next, we will discuss exactly what we need to optimise the role, ensuring GP ANPs are part of the solution. We will discuss our needs and recommendations in line with the specific key themes set out in the terms of reference for the strategic review, general practice capacity and staff training, eHealth and model of support..

4.1 General Practice capacity

The challenges facing general practice are well documented; an ageing population, increasing numbers of patients with challenging and complex needs, GP workforce shortages combined with increasing workload demands and the expansion towards universal health care. As the demands of general practice healthcare services increase in line with Sláintecare policy, the nurse role is expected to grow exponentially with more complex and diverse patient care requirements. Therefore, it is important to reflect on the support the GP ANP role will need in order to address capacity issues..

4.1.1 Workforce planning

The most recent GP contract (2023) establishes and supports the new role of GP Practice Assistant (GPA), with consideration of other roles such as the Community Paramedic and Physician Associate also being explored. It is therefore timely and indeed would be a missed opportunity for policymakers and planners to ignore the feasibility of upskilling nurses to advanced practice roles in general practice. It would seem obvious with a considerable workforce of 2,318 GPNs (NMBI, 2023) with established competencies and experience, be enabled to work to the top of their scope and licence. Considering the increased professional responsibility, higher competency and capability which the ANP brings to general practice, we propose that a commensurate higher level of subsidy be made available for accredited registered ANPs working in general practice. This in turn would ensure retention of those currently working as ANPs in general practice, whilst encouraging upskilling for interested GPNs and attracting nurses into the specialism of General Practice.

4.1.2 Future Investment

As highlighted by Tandan *et al.* (2022), implementation of the current model of structured disease care presents significant staffing, funding and training challenges for Irish general practice. ANPs can support 'Team GP' in the provision and the management of long-term illness, as well as their ability to treat acute presentations and unscheduled episodes of care. As the number of ANPs grow, the potential to alleviate pressure points in general practice will become more evident. This is demonstrated in the data presented in Section 3. In order to meet Slaintecare's objectives and to assist with current challenges within general practice, we propose to initially increase our numbers by 5% through upskilling initiatives, educational opportunities and dedicated funding for nurses already employed in general practice. Thereafter with a view to maintaining a target for GP ANP registrations to 2% going forward.

"We request the Minister of Health to support a 5% growth of ANPs in GP by 2025, substantially benefiting the Irish healthcare system"

4.1.3 Recognition

As a national group, recognition and awareness of our role is a key objective. Recognition will ensure a clearer understanding of the GP ANP role among stakeholders and healthcare colleagues, whilst also increasing public awareness. Building a sense of professional identity through awareness will promote confidence in the different levels of healthcare expertise a GP ANP can deliver. Role clarity will also enable the development of standards and outcome measurements which will ultimately demonstrate role impact. The Department of Health and the Chief Nurses Office have the potential to be the key enablers of an awareness campaign, in tandem with support and leadership of HSE, General Practitioners, patients and educators. We therefore ask the Strategic Review Committee to support and raise awareness of our competent role when reviewing General Practice, developing policy initiatives which will ensure ANPs can continue to grow in general practice.

"We formally request our Chief Nursing Officer to develop a policy which will see ANPs in General Practice integrated into the healthcare system and supported by a structure that will promote ANP growth and education".

4.1.4 Integration of our role

The need to address fragmentation in our health system is increasing as more people live longer and with complex comorbidities. Formalising links between GP ANPs, integrated and acute care services will depend on the support of General Practitioner leadership, health authorities and government. The development of pathways of care between ANPs and clinical nurse specialists has enormous potential to improve patient access to care. Many GP ANPs and their Integrated Care ANP colleagues are actively working alongside each other and enabling timely access to appropriate care. This is evident with direct patient referrals to each other, active communication and fostering the development of strong nurse to nurse relationships. Integration of our role also requires policy development from our Chief Nursing Officer.

> ***"Formalising pathways to connect ANPs in general practice across all tiers of the health system requires support and leadership from practice management, HSE structure,Government and nursing bodies; thus, encouraging a seamless integration of health care."***

4.2 General practice training

4.2.1 Equal access to education

It is evident there are obstacles to the professional development of nurses working in general practice with regards to education. GP nurses and ANPs are substantially disadvantaged relative to secondary care peers trying to access funding for, or sourcing appropriate educational programmes. Radiological training updates and webinars are one such example, this issue will be addressed later in this document. Other challenges include undertaking research activities and participating in continuing professional development. Notably, Sláintecare currently offers funding for 30 General Practice Nurses and 30 Community Registered General Nurses to complete a blended 'Postgraduate Diploma in Primary Care' in University College Dublin. This recent initiative is recognised as a valued first step, however this postgraduate diploma does not appear to be a stepping stone for experienced General Practice Nurses who wish to pursue a Masters in Advanced Nursing Practice.

NMBI (2016) advocates for undergraduate nurse placements to be reflective of changes in healthcare delivery in primary and community care, chronic disease management and life-limiting conditions. We support this vision and call on undergraduate nursing and midwifery educational institutions in collaboration with stakeholders and policy makers to work to facilitate nurse student placements in general practice. Exposing undergraduate nurses to the dynamic world of general practice will serve to strengthen and generate understanding and awareness for this nursing specialism. The array of diversity and experience in general practice potentially offers enormous value and experience to the learning journey of a student nurse.

"We welcome undergraduate nurses to experience the vast learning opportunities available in General Practice".

Most nurses join general practice without prior experience of working in it. There is no formalised educational programme or career pathway. Education for nurses in general practice heretofore has taken palace on an 'ad hoc' basis depending on the needs of the practice, primarily in response to contractual service needs eg cervical screening or immunisations. A specific, general practice focused structured programme of education, built around the broader requirements of Sláintecare health policy is required to ensure standardised practice, and consistency in care. In keeping with the vision for the future of general practice as a 'Team approach' we suggest consideration of collaborative and shared training between doctors and nurses working in general practice. ANPs as leaders and educators could contribute to these education initiatives. A determined career pathway for general practice nurses with the potential for expanded roles would ensure a productive and responsive workforce. Barriers can be overcome with vision and collaboration in a shared objective of providing high quality care regardless of the clinical setting.

"We request government investment and funding to enable existing competent nurses to expand their scope of practice to meet healthcare demands. If GP ANPs cannot access funding from the HSE, separate funding must be ring fenced."

4.2.2 Professional Nursing Link

The extension of the Professional Development Coordinator (PDC) role to support advanced practice is pivotal to ensure a skilled workforce. We greatly support the PDC's own submission to this

strategic review, in terms of allocation of funding and increased resourcing. We acknowledge the support of PDCs to date and their willingness to engage. ANPs believe PDCs are a resource that could potentially provide the 'nurse scaffolding' needed to optimise patient safety. We recognise the PDC educational role and support their proposed framework in mapping an educational pathway from novice to expert nurse. The PDC role itself needs to be fully understood and embraced by all stakeholders within general practice. A culture shift is needed whereby open communication between the HSE and relevant bodies are fostered. The PDC role is crucial to the development of nursing within General Practice.

"PDC support specific to nurses practising at an advanced level is required. ANPs are clinically accountable to their employers, but ANPs also need professional accountability. This is not only to protect themselves as practitioners, but also wider society. PDCs could potentially provide professional accountability."

4.3 eHealth

4.3.1 Data collection

eHealth has been integral for many years in general practice, and has revolutionised the ability to timely diagnose, prescribe, manage and refer to specialist care services. eHealth has enabled ANPs to complete quality improvement projects, audit practice and ensure that key performance indicators are being achieved. The ability to use ehealth to collect data, such as the data discussed in section 3, is fundamental to prove our role in terms of Slaintecare's vision. However, we need to adapt eHealth datasets to ensure that the work of an ANP is recognised.

The CDM contract requires revision to allow for the capturing of data pertaining to ANP activity. CDM data has been collected since the commencement of the programme in January 2020. This valuable data provides clear indication of the risk factors for ill-health and provides insight into the multi-comorbidities present in a vulnerable population. Furthermore, in the longer term, this data will shed more light on the differing levels of GP engagement required within the CDM programme and will aid with future strategic planning.

"We need to capture and recognise an ANP's complete episode of care within CDM data. This will enable ANPs in GP to streamline auditing of patient care and also aid with work-force planning "

4.3.2 Diagnostic barriers

A major stumbling block in terms of our ability to refer patients for radiology, is that some Higher Education Institutes have stopped accepting applications to the Ionising Radiation course (Xray) from General Practice. This is something which needs urgent attention as it is impeding Slaintecare and threatens patient safety. The reality is that only 3 out of 42 ANPs have been able to complete this course.

Some radiology departments will not accept ANP referrals, despite the ANP having completed the radiology course. This is a problem which is echoed nationally within integrative and secondary care. This challenge has been escalated to the Chief Nursing Officer (CNO), the Chief Executive of the HSE and the Office of Nursing and Midwifery Services (ONMSD) by the Irish Association of Advanced Nurse and Midwife Practitioners (IAANMP), the Irish Nursing and Midwives Organisation (INMO) andGeneral Practice Advanced Nurse Practitioners Ireland (GPANP). Currently, GP ANPs are unable to join the HSE register of Nurse referrers. We need to be included on this register.

In addition to barriers to radiology, some GP ANPs are unable to receive a laboratory lab code which results in delays in receiving blood results. This again is something that we need the Government, the ONMSD and CNO office to urgently address. GP ANPs need support from these key leaders to address barriers in relation to receiving lab numbers and the inability to refer for diagnostics.

"We call upon Government, the ONMSD and Chief Executives to find a resolution to barriers impeding our role, for example diagnostics"

4.3.3 Strengths, Weakness, Opportunity and Threats (SWOT) Analysis

Figure 4 below; *Swot Analysis* provides a visual aid to demonstrate the strengths, weaknesses, opportunities and threats to employ an ANP in General practice. As part of the strategic review, this analysis provides a possible model to support establishing the ANP role and restructuring of general practice. More details of this analysis can be found in the Appendices.

SWOT ANALYSIS

4.4 Out of hours

Provision of out of hours (OOH) services is an important area of general practitioner services, providing public access urgent care after close of GP business. Unfortunately, like all sectors of health care, OOH services are experiencing recruitment issues. Traditionally, the rota for OOH is managed by local GPs opting to cover shifts which are convenient for them, on a rotational basis. Currently nursing services in OOH are provided by triage nurses directly recruited by the relevant OOH service. General practice nurses are typically not involved in OOH cover. The higher clinical capability and autonomous practice of the GP ANP give potential for the role to be utilised by GP OOH services in the same manner private health companies employ ANPs to provide acute care as part of their enhanced primary care service.

4.5 Model of support

GP ANPs support policymakers' commitment to prioritising the introduction of a universal primary healthcare system. We encourage a model of care based on patient needs rather than income. As clinicians, we are concerned that many of our patients are not accessing necessary general practice services because of costs involved. One example we commonly encounter concerns patients eligibility to access the excellent structured chronic disease management, opportunistic case finding and prevention programmes. Access to these programmes are based on patients' possession of a GMS or DVC card, rather than their diagnosis, and almost 60% of the population do not have either card. This is contributing to exclusion and inequity, denying access to a significant cohort of non-GMS patients, who would undoubtedly benefit from proactive, preventative care. We aspire to

be part of the solution, and suggest that the presence of a critical mass of GP ANPs working collaboratively within a multidisciplinary primary care team would increase workforce and workload capacity, directly impacting on the delivery of care. Development of the support model will require vision and investment however these initial outlays will reap broader economic benefits in the long term.

Nurses in general practice are already an integral and significant workforce. To encourage growth and retention, we call on the Strategic Review Committee to consider the following for inclusion and consideration to the Model of Support:

- Meaningful fiscal investment with a view to increasing employment opportunities is crucial.
- Increased awareness and support for nurses in fulfilling nursing professional issues and commitments.
- As discussed previously, education, continuing professional development and career progression must be developed and supported at undergraduate and postgraduate levels.
- Ring fenced funding with contractual obligations pertaining to research and study leave are also essential to support advanced and extended roles for nurses in general practice.
- Invest in researching our role within general practice, similar to research investment that has been afforded to secondary care ANP colleagues.
- Standardise our terms and conditions of employment in line with public sector colleagues.
- Terms and conditions are a consensus issue of major concern for all nurses employed in general practice, in terms of ad-hoc pay scales, holidays, sick leave and pension cover.

"We call upon the Strategic Review to liaise and consult with General Practice Nurses and GP ANPs to investigate our Terms and Conditions further. This is essential for GP capacity and securing work force retention".

4.6 Key Recommendations and Solutions

In summary, the figure below provides key recommendations and possible solutions which we hope the Strategic Review of General Practice will take into account.

"What is needed?" **Key recommendations:**	***"How to achieve?"*** **Key solutions:**
Recognition	- Involvement at policy level - GP contract to include ANPs - Protect the GP ANP title
Access to Education	- Ring fenced funding to ensure continuous professional development - Promote GP from undergraduate level
Professional Nursing Link	- Fund a specific post for ANPs to support and oversee professional governance
Integration/ Culture of Inclusivity	- Policy to enable inclusivity into 'closed' health system - Extend invitation for events beyond HSE employees - Promote open door for a universal health care
Investment	- Fund growth of ANPs in General Practice - Consider HSE funded posts in GP - Consider ANP subsidies for GP practices - Out of hours consideration for ANPs
Promotion	- Talk about us!

5.0 Conclusion

In conclusion, it is our aim to demonstrate via this document that ANP's in General Practice are solution focused, highly educated, skilled practitioners who practice safely and effectively within an established regulatory framework.

The role of ANP in general practice has been proven to be a very successful model internationally in countries that support the development of ANP role. In return for such support ANP-led care has been proven to enhance disease prevention in the community, improve continuity of care, improve GP access, and reduce hospital admissions. GP ANPs represent an exciting and innovative additional

healthcare service in the GP arena. GP ANPs are pivotal in responding to the increasing demands of GP services as per Sláintecare healthcare policy.

The data we have collected outlines the wide variety of clinical cases that can be managed by GP ANPs independently with minimal GP input, therefore increasing GP capacity. Our data also demonstrates the potential impact of increased General Practice capacity which in turn can reduce OOH, ED & OPD referrals. GP ANPs are integral to the future development of General Practice in order to respond effectively and efficiently to the evolving and dynamic healthcare needs of individual patients, communities and government policy.

Considering the consistent, internationally proven benefits of ANP's in general practice over the last 50 years, experienced general practice nurses are ideally positioned to step into these roles. The autonomy and career progression of the role would be an incentive to retain valuable nurses who make up such a significant proportion of the clinical workforce in general practice. To harvest such rich experience and skills it is necessary to support the development and progression of the role by promoting awareness and recognition at policy level, funding of education and roles and growing a structure of support which is afforded to our flourishing secondary care, HSE colleagues.

6.0 References

Abou Malham, S., Breton, M., Touati, N., Maillet, L., Duhoux, A. and Gaboury, I. (2020) 'Changing nursing practice within primary health care innovations: the case of advanced access model', *BMC Nursing,* 19(1), pp. 115

Adams, S., Boyd, M., Carryer, J., Bareham, C. and Tenbensel, T. (2020) 'A survey of the NP workforce in primary healthcare settings in New Zealand', *N Z Med J,* 133(1523), pp. 29-40.

Arthur, E., Brom, H., Browning, J., Bell, S., Schueler, A., & Rosselet, R. (2020). Supporting Advanced Practice Providers' Professional Advancement: The Implementation of a Professional Advancement Model at an Academic Medical Center. *The journal for nurse practitioners : JNP*, *16*(7), 504–508. https://doi.org/10.1016/j.nurpra.2020.04.012

Australian College of Nurse Practitioners (2022) *History of Nurse Practitioners*: ACNP (Accessed: 24/02/2024 2024)). https://www.acnp.org.au.

Barrett, A., Savva, G., Timonen, V., & Kenny, R. (2011). Fifty Plus in Ireland 2011: First results from the Irish Longitudinal Study on Ageing (TILDA). Dublin. Available at: https://tilda.tcd.ie/publications/reports/pdf/w1-key-findings-report/Tilda_Master_First_Findings_Report.pdf

Begley, C., Elliott, N., Lalor, J., Coyne, I., Higgins, A. and Comiskey, C. M. (2013) 'Differences between clinical specialist and advanced practitioner clinical practice, leadership, and research roles, responsibilities, and perceived outcomes (the SCAPE study)', Journal of Advanced Nursing, 69(6), pp. 1323-1337.

Begley, C., Murphy, K., Higgins, A. and Cooney, A. (2014) 'Policy-makers' views on impact of specialist and advanced practitioner roles in Ireland: the SCAPE study', J Nurs Manag, 22(4), pp. 410-22.

Bury, G., Twomey, L. and Egan, M. (2021) 'General practice nursing: the views and experience of practice nurses and GPs in one county', *Irish Journal of Medical Science (1971 -),* 190(1), pp. 193-196.
Casey, M, O'Connor, L, Cashin, A, et al.(2019) Enablers and challenges to advanced nursing and midwifery practice roles. *J Nurs Manag*. 27: 271–277. https://doi.org/10.1111/jonm.12697

Casey, M., O'Connor, L., Rohde, D., Twomey, L., Cullen, W. and Carroll, Á. (2022) 'Role dimensions of practice nurses and interest in introducing advanced nurse practitioners in general practice in Ireland', Health Sci Rep, 5(2), pp. E555.

Claudia, B. M., Hilary, B., Linda, H. A. and Reinhard, B. (2016) 'Descriptive, cross-country analysis of the nurse practitioner workforce in six countries: size, growth, physician substitution potential', *BMJ Open,* 6(9), pp. e011901
Collins, C., and R. Homeniuk (2021). 'How many general practice consultations occur in Ireland annually? Cross-sectional data from a survey of general practices', BMC Family Practice, Vol. 22, Art. 40

Cooper, M. A., McDowell, J., Raeside, L. and Group, t. A. C. (2019) 'The similarities and differences between advanced nurse practitioners and clinical nurse specialists', British Journal of Nursing, 28(20), pp. 1308-1314.

Contandriopoulos D, Brousselle A, Breton M, Sangster-Gormley E, Kilpatrick K, Dubois CA, et al. Nurse practitioners, canaries in the mine of primary care reform. Health Policy. 2016;120(6):682–9.

Department of Health, DoH (1989) GMS - General Practice Development Fund, Circular 5/89. Dublin.

Department of Health (2019) https://www.gov.ie/en/press-release/715a21-new-policy-on-advanced-nursing-and-midwifery-practice-launched-by-mi/?app=true

Dierick-van Daele A, Steuten L, Metsensmakers J, Derckx E,Spreeuwenberg C, Vrijhoef H.(2020) Economic evaluation of nurse practitioners versus GPs in treating common conditions.Br J Gen Pract. 60(590):e28-e35.

Donald, F., Martin-Misener, R., Bryant-Lukosius, D., Kilpatrick, K., Kaasalainen, S., Carter, N., Harbman, P., Bourgeault, I. and DiCenso, A. (2010) 'The primary healthcare nurse practitioner role in Canada', Nursing leadership (Toronto, Ont.), 23 Spec No 2010, pp. 88-113.

Freund, T., Everett, C., Griffiths, P., Hudon, C., Naccarella, L. and Laurant, M. (2015) 'Skill mix, roles and remuneration in the primary care workforce: who are the healthcare professionals in the primary care teams across the world?', Int J Nurs Stud, 52(3), pp. 727-43.

Gysin, S., Sottas, B., Odermatt, M. and Essig, S. (2019) 'Advanced practice nurses' and general practitioners' first experiences with introducing the advanced practice nurse role to Swiss primary care: a qualitative study', BMC Fam Pract, 20(1), pp. 163.

Hamel K, Rosana B, Casanova A, Giovanella L. (2020) Advanced practice nursing in primary health care in the Spanish National Health System. Cien Saude Colet. 25(1):303-314.

Htay, M. & Whitehead, D. 2021. The effectiveness of the role of advanced nurse practitioners compared to physician-led or usual care: A systematic review. International Journal of Nursing Studies Advances, 3, 100034.

Health Service Executive (HSE) Office of the Nursing and Midwifery Services Director (ONMSD),(2020) National Guideline for the Development of Advanced Nursing or Midwifery Practitioner Services https://healthservice.hse.ie/filelibrary/onmsd/national-guideline-for-development-of-advanced-nursing-or-midwifery-practitioner-services-2020.pdf

Health Service Executive (2023) The Second Report of the Structured Chronic Disease Management Treatment Programme in General Practice, Dublin. Available at: https://www.hse.ie/eng/services/publications/the-second-report-of-the-structured-chronic-disease-management-treatment-programme-in-general-practice.pdf (Accessed: 30/10/2023).

Irish College of General Practitioners (2022) Shaping the Future, A Discussion Paper on the Workforce and Workload Crisis In General Practice in Ireland, Dublin: ICGP.

ICGP (2023) ICGP Pre-Budget Submission 2024 Dublin. Available at https://www.icgp.ie/speck/properties/asset/asset.cfm?type=LibraryAsset&id=3737854D%2D7D74%

2D4B02%2DA9075ACA28834193&property=asset&revision=tip&disposition=inline&app=icgp&filename=ICGP%5FPre%5FBudget%5FSubmission%5F250923%2Epdf

International Council of Nurses Nurse Practitioner/Advanced Practice Nursing Network (ICN). Definition and Characteristics of the Role [Internet]. [cited 2019 Apr 29]. Available from: http://international.aanp.org/practice/apnroles

Lamberts, H. and Hofmans-Okkes, I. (1996) 'The core of computer based patient records in family practice: episodes of care classified with ICPC', International Journal of Bio-Medical Computing, 42(1), pp. 35-41.

Laurant M, van der Biezen M, Wijers N, Watananirun K,Kontopantelis E, van Vaught AJ. Nurses as substitutes for doctors in primary care. Cochrane Database Syst Rev. 2018;7:1-111.

NMBI (2017) Advanced Practice (Nursing) Standards and Requirements. Dublin: https://www.nmbi.ie/NMBI/media/NMBI/Advanced-Practice-Nursing-Standards-and-Requirements-2017.pdf?ext=.pdf

NMBI.(2022) *NMBI State of the Register 2022 1st June 2022*. Nursing and Midwifery Board of Ireland (NMBI), 2022, https://www.nmbi.ie/NMBI/media/NMBI/NMBI-State-of-the-Register-2022.pdf?ext=.pdf. Accessed 08 10 2023.

Maier, C. B., Barnes, H., Aiken, L. H. and Busse, R. (2016) 'Descriptive, cross-country analysis of the nurse practitioner workforce in six countries: size, growth, physician substitution potential', BMJ Open, 6(9), pp. E011901.

Mustafa, M., Adams, S., Bareham, C. and Carryer, J. (2021) 'Employing nurse practitioners in general practice: an exploratory survey of the perspectives of managers', J Prim Health Care, 13(3), pp. 274-282.

O'Keeffe, A.P., Corry, M. & Moser, D.K. (2015) *Journal of Nursing Management* 23, 107–117. Measuring job satisfaction of advanced nurse practitioners and advanced midwife practitioners in the Republic of Ireland: a survey

Pelletier, J., Vermette, S., Lauzier, S., Bujold, M., Bujold, L., Martin, É. and Guillaumie, L. (2019) 'Challenges faced by Canadian primary health care nurse practitioners in chronic disease management: A qualitative study among key informants', Journal of the American Association of Nurse Practitioners, 31(5), pp. 300-308.

Savva, G., Hanly, M., McDaid, O., Richardson, K., Kenny, R., & Kee, F. (2011). Multi-morbidity in the older population: Briefing paper. Dublin. Available at: http://www.cardi.ie/userfiles/Multimorbidity%20 %28Briefing%20Paper%29%20Web%20 %282%29%281%29.pdf

Schlunegger, M. C., Aeschlimann, S., Palm, R. and Zumstein-Shaha, M. (2023) 'Competencies of nurse practitioners in family practices: A scoping review', Journal of Clinical Nursing, 32(11-12), pp. 2521-2532.

Schober, M., Lehwaldt, D., Rogers, M., Steinke, M., Turale, S., Pulcini, J., Roussel, J., & Stewart, D. (2020). *Guidelines on advanced practice nursing*. International Council of Nurses https://www.icn.ch/system/files/documents/2020-04/ICN_APN%20Report_EN_WEB.pdf

Swan M, Ferguson S, Chang A, Larson E, Smaldone A. Quality of primary care by advanced practice nurses: a systematic review. Int J Qual Health Care.2015;27(5):e396-e404.

Tandan, M., Twomey, B., Twomey, L., Egan, M. and Bury, G. (2022) 'National Chronic Disease Management Programmes in Irish General Practice-Preparedness and Challenges', Journal of personalized medicine, 12(7), pp. 1157.

Torrens, C., Campbell, P., Hoskins, G., Strachan, H., Wells, M., Cunningham, M., Bottone, H., Polson, R. & Maxwell, M. 2020. Barriers and facilitators to the implementation of the advanced nurse practitioner role in primary care settings: A scoping review. International Journal of Nursing Studies, 104, 103443.

Waite, A. (2019) 'Highlighting the Lived Experience of Nurse Practitioners in Independent Practice', The Journal for Nurse Practitioners, 15(10), pp. 787-791.

Woo, B. F. Y., Lee, J. X. Y., & Tam, W. W. S. (2017). The impact of the advanced practice nursing role on quality of care, clinical outcomes, patient satisfaction, and cost in the emergency and critical care settings: a systematic review. *Human Resources for Health*, *15,* 1-63.

World Health Organisation: State of the world's nursing 2020: investing in education, jobs and leadership. Web Annex. Nursing roles in 21st-century health systems, Geneva: WHO. 2020

Wilson A, Pearson D, Hassey A. Barriers to developing the nurse practitioner role in primary care-the GP perspective. Fam Pract. 2002 Dec;19(6):641-6. doi: 10.1093/fampra/19.6.641. PMID: 12429668.

7.0 Appendices

7.1 Case Study 1: Sláintecare In Action

A 52-year-old man with type 2 diabetes attended for review of his recent blood tests as part of the chronic disease program. His haemoglobin level was noted to be low and was dropping gradually over the last 2 years from a baseline of 14.0g/dl.

He denied unintentional weight loss, rectal bleeding, haematuria or shortness of breath. He had no personal or family history of bowel disease. He was on lifelong aspirin post coronary stenting. He was a non-smoker. His physical exam was normal.

Further blood tests were ordered for vitamin b12, folate, iron studies and a coeliac screen. His ferritin was low, all other bloods were normal. Urine was negative for blood. He was referred for bi directional gastrointestinal endoscopy as per local practice guidelines and was diagnosed with early stage colorectal cancer.

This case underlines the role of the ANP and their importance in the management of chronic disease programs. It also highlights the ability of the ANP to monitor not just chronic diseases but to continually interpret blood abnormalities and intervene at an early stage in the detection of cancers – providing better patient outcomes.

7.2 Case study 2: Role diversity

A 37-year-old man presented to ANP acute care clinic with a reddish/brown rash. On examination the rash extended to the soles of his feet. He was otherwise well. A full history was taken including a sexual history. The man had a history of unprotected sexual intercourse with male partners in the preceding 6 months. He denied any penile or rectal discharge or ulceration. A full sexual health screen was taken.

His results were back within 1 week showing a positive rectal chlamydia and a positive syphilis treponemal infection. He tested negative for HIV infection at that time. His rectal chlamydia was treated as per British Association for Sexual Health and HIV guidelines.

He was referred to the Guide Clinic in St James Hospital for management of his treponemal infection.Follow up test of cure for his rectal chlamydia was performed and Hepatitis A/B vaccination were commenced. Contact tracing was completed. Following his treatment in the Guide clinic post treatment syphilis serology was monitored and post window period testing for HIV was performed by the ANP in surgery, at the patient's request.
The patient was re referred to the Guide clinic for Pre-Exposure Prophylaxis (PrEP) as he was deemed high risk for HIV infection.

Advanced Nurse Practitioners working in general practice are trained to think critically and consider differential diagnoses. They are experienced practitioners capable of examining patients, ordering appropriate investigations and analysing results. They can treat, refer to secondary care and follow up patients as per current best practice guidelines.

7.3 Case study 3: Prevention and early intervention

A 48-year-old man was booked in to see the ANP for evaluation of his 24-hour ambulatory blood pressure monitor (ABPM) as part of routine follow up. He was already on maximum doses of 3 antihypertensive medications. His blood pressure was sub optimally controlled, especially at night time. His recent blood tests showed he had hypercholesterolemia and was not on any lipid lowering agents. He had an elevated BMI and was a smoker. He rarely consumed alcohol. He did not have diabetes. His ECG showed he was in sinus rhythm and on examination he had no heart murmurs. He did not have microalbuminuria.

On discussion of lifestyle factors the patient reported that he snored and that his wife had observed him not breathing for periods of time while asleep. He was increasingly fatigued and reported daytime sleepiness. Sleep apnoea is known to be linked to treatment resistant hypertension (1).

He was referred for sleep studies, was diagnosed with obstructive sleep apnoea and commenced on continuous positive airway pressure (CPAP). At 3 month follow up his 24 ABPM was normotensive. He commenced on a statin. Lipids were checked in 3 months and were at target at that time. He was referred to the HSE Quitline and commenced on nicotine replacement treatment. By the 3 month follow up, he had stopped smoking. Diet and physical activity advice were given and the patient was encouraged to aim for 5% body weight loss to confer health benefits.

At 1 year follow up he had lost weight and reported feeling dizzy. His 24 ABPM at this time showed some periods of hypotension and he was able to reduce his antihypertensive medication. This case highlights the ANPs scope of practice and their ability to manage patients holistically addressing risk factors and providing evidence based preventative health care escalating and de-escalating interventions as appropriate.

(1) Brown J, Yazdi F, Jodari-Karimi M, Owen JG, Reisin E. Obstructive Sleep Apnoea and Hypertension: Updates to a Critical Relationship. Curr Hypertens Rep. 2022 Jun;24(6):173-184.

7.4 Case study 4: Women's health

A telephone consultation was booked for the ANP. Mrs S, a 58-year-old lady, had dropped in a urine sample at the front desk with admin staff stating she believed she had a 'kidney infection'. The urine sample was tested and showed a low level of bacteria. The ANP rang the patient and discussed her urinary history and main complaints: ongoing vaginal itch, discomfort, and pain on urination. This had been the third time in 4 months the patient had dropped in a urine sample due to the same complaints. This was the first consultation by the ANP; she has already received two previous antibiotics and a topical antifungal treatment.

The ANP reviewed the patient's chart and history. Previous antibiotics and antifungal treatments had made little difference to the patient's symptoms. The previous urine sample lab growth and culture were negative.

During the phone consult, it was decided between the ANP and Mrs S that no treatment was initiated at this time as the source of the complaints was unclear. The ANP briefly discussed the possibility of urogenital atrophy due to her post-menopausal age and explained why a vaginal exam would be beneficial. The urine sample was sent to the lab, and a review appointment was booked for two days later.

On the day of consultation, a full patient history was taken and followed by a physical exam that warranted a vaginal exam: this identified an asymmetrical vulva with an erythematous discoloured, scaly lesion that appeared suspicious. Mrs S was given topical steroids for the discomfort, and an urgent gynaecological referral was sent.

Mrs S was later diagnosed with vulval squamous cell carcinoma that required wide local surgical excision, from which she had a positive outcome.

This case highlights that ANPs are highly skilled and experienced experts in clinical practice and provide complete episodes of care in response to patient needs, which includes patient assessment informed by relevant examinations and diagnostics, medication prescribing, patient referral and follow-up as required.

7.5 Case study 5: Decision-making skills

Mr B, A 60-year-old man, attended the ANP clinic for a review of his diabetes as part of the chronic disease management programme (CDM). He had a medical history of type 2 diabetes, hypertension and bowel carcinoma that was fully excised in 2017. Mr B described himself as very well with no physical complaints.

A full comprehensive physical assessment and exam was performed with no abnormalities noted other than a BMI of 32. His diabetes was well controlled; his blood pressure was at target. Mr B opted for lifestyle interventions to help with weight management.

On review of all investigations, Mr B's liver function levels showed to be gradually increasing over the previous 10 years. Previously the abnormal liver functions were attributed to fatty liver disease (NAFLD). After a detailed review of the patient's documented history, the ANP noted Mr B never had liver screening blood, so full liver screening blood was taken, and the patient was referred for a liver ultrasound. All interventions were discussed and in collaboration with the patients.

Two days later a phone call came from the lab stating Mr B was Hepatitis C positive. Mr B was promptly referred to hepatology and public health. As per WHO 2023 early detection of hepatitis C can prevent serious liver damage such as cirrhosis and hepatocellular carcinoma. Prompt referral is necessary as direct-acting antiviral medicines (DAAs) can cure more than 95% of persons with hepatitis C infection.

This case demonstrates how ANPs use advanced knowledge and critical thinking skills to independently provide optimum high quality patient-centred care.

7.6 Testimonials

7.6.1 Patient perspective

"As a young patient living with heart failure and other chronic diseases, I have found the GP ANP so helpful. I have been attending hospital clinics under multiple teams for many years. My ANP has been the stable link in my GP practice; she manages my health, while also referring me to many community services such as the dietician and physio, and this is what helps me on a day-to-day basis. Living with chronic diseases can be overwhelming, but knowing that I have this level of support, care, knowledge, and professionalism has provided key reassurance" ***Nicky, aged 41 years, living with heart failure***

7.6.2 General Practitioner perspective

"Our ANP is an integral part of the General Practice team, dealing with both acute and chronic care from cradle to grave. She offers holistic, evidence-based care to keep chronic disease under control, keeping patients out of hospital. She runs our diabetes and sexual health programs alongside providing same day acute care appointments. There is a clear distinction between a General Practice Nurse and an Advanced Nurse Practitioner. ANPs undertake multiple years of postgraduate education and specialist training often at their own expense to allow them to work as independent clinicians. They are senior decision makers accessible to the community. ANPs provide continuity of care, which is often lacking with practices such as ours relying on trainee and locum doctors. I have worked in primary care worldwide alongside a varied multidisciplinary team. I believe that this multidisciplinary model is the future of healthcare. Modern GPs are very different to our colleagues of the past and treatment has become more complex. Each healthcare professional in the practice brings a specific skill set to support the patients' healthcare journey. If Slaintecare is to be a success, skilled clinicians such as ANPS must work alongside a finite number of GPs to shift the focus from hospital management. Our ANP is an essential member of our practice. She has an excellent relationship with patients and colleagues alike and this is the biggest tribute to her value. I am delighted to support the Advanced Nurse Practitioner cohort and feel that they need urgent state support to grow their role in the interests of patients and practices countrywide."

(Dr Mark Ruddy, GP)

"I am in the privileged position of having an Advanced Nurse Practitioner working in my practice, she is a huge asset to the practice. She manages her own caseload autonomously. She is able to take the pressure of doctors allowing them to manage more complex cases. She provides timely appointments for patients with acute illness as often GP slots are full. As primary care becomes more complex and GPs are in such short supply we need more ANPs to autonomously manage an increasing cohort of chronic disease patients."

(Dr Leonie Devereux, GP)

"We have an Advanced Nurse Practitioner working with us in our practice for the last four years, she previously worked as a General Practice Nurse for 16 years with us and as such has a huge amount of experience in the management of general practice patients. Her work as an ANP is now invaluable to us. She manages chronic disease, preventative health, acute care and sexual health clinics autonomously. She undertakes an enormous amount of work for us and frees our time to manage more complex patients. We and our patients really value her and I could not recommend the role she plays highly enough."

(Dr Barbara Dooley, GP)

7.6.3. Integrated care

'The engagement and collaboration with the ANP in general practice has been one of the key enablers to the recent successful rollout of the Integrated Cardiovascular Specialist service hub in Wexford. Not only has she provided insightful advice on referral pathways, but has also ensured an open line of communication between the specialist teams and general practice in the management of patients referred to the service with the best possible outcomes achieved. We look forward to continued collaboration with the ANP in General Practice as the Community Specialist teams expand into the future'.

(Integrated cardiovascular team – Chronic disease Hub)

"In recent years I have worked alongside a growing number of ANPs in general practices in my area. It is a privilege to witness their dedication and enthusiasm for their professions and their provision of excellent ongoing diabetes care to patients. They continuously demonstrate the value of collaborative, integrated care for the greater good of our patients in a timely and cost-effective manner. They are a highly motivated, patient centred group of professionals who are continually expanding and developing their practice. In my experience, they utilise other specialists and services effectively in providing holistic ongoing patient care especially in the area of chronic disease management. As such, they are vital members of the multidisciplinary team that spans primary, community and secondary healthcare."

(Deirdre Hall, Diabetes Clinical Nurse Specialist, East Coast Area Diabetes, Integrated Care Hub)

7.7 Discussion on the Strenghts, Weaknesses, Opportunities and Threats to Advanced Role

7.7.1 Strengths

Regulation and legislation:

The NMBI is identified as the statutory regulatory body for nursing and midwifery in Ireland. As a regulatory body, it plays a crucial role in overseeing and ensuring the standards of practice within the nursing professions (HSE, 2020). Use of the title "Registered Advanced Nurse Practitioner" is confined solely to those granted registration by NMBI under the act, this ultimately ensures public protection and patient safety."

The Nurses and Midwives Act (2011) mandates the NMBI to establish procedures and criteria for the assessment and registration of nurses and midwives. This involves defining the standards and processes for evaluating the qualifications and competence of individuals seeking registration within nursing/midwifery (HSE, 2020).

Positive Impact on Clinical and Service-Related Outcomes:

Advanced nurse practitioners are shown to have a positive impact on outcomes related to both clinical care and overall service delivery (Htay & Whitehead, 2001).

Patient Satisfaction:

The evidence suggests that patients are satisfied with the care provided by advanced nurse practitioners (Woo *et al.* 2017, Laurent *et al.* 2018).

Chronic Disease Management:

Advanced nurse practitioners play an important role in effectively managing chronic diseases. (Htay & Whitehead, 2001).

Cost-Effectiveness:

Advanced nurse practitioners are considered cost-effective, implying that their care delivery may be efficient in terms of resource utilisation (Htay & Whitehead, 2001).

Comparison with Medical Practitioner-Led Care:

The positive impact of advanced nurse practitioners is highlighted when directly compared to care led by medical practitioners (Htay & Whitehead, 2001).

Swan *et al.*'s (2015) systematic review indicates that advanced nurse practitioners, in the provision of acute care, offer equal or improved outcomes compared to physician-only care. This adds to the growing body of evidence supporting the role of advanced nurse practitioners in various healthcare settings. The evidence suggests that the positive impact of advanced nurse practitioners extends beyond usual care practices (Htay & Whitehead, 2001).

Reduced Workload for General Practitioners:

Nurse-led care is shown to have a positive impact on reducing the workload of general practitioners. This suggests that involving ANPs in General Practice can help distribute the workload more efficiently, potentially freeing up time for general practitioners to focus on more complex cases (Lattimer *et al*., 1998; Lewis & Resnik, 1967; Chambers & West, 1978; Gysin *et al*., 2019).

Increasing the capacity available in general practice can potentially reduce the overflow needed for out of hours services and prioritise appropriate timely access to care. Utilising GP ANPs can also potentially help with capacity in out of hours contracts, similar to the private enhanced primary care services now available in Ireland.

Advanced nurse practitioners contribute to reducing waiting times for patients, implying more timely access to healthcare services (Htay & Whitehead, 2001).

Primary, Secondary, and Specialist Care Settings:

The positive outcomes associated with advanced nurse practitioners are observed in various healthcare settings, including primary care, secondary care, and specialist care (Htay & Whitehead, 2001).

Involvement with Adult and Paediatric Populations:

The positive impact is noted across different age groups, indicating effectiveness in both adult and paediatric populations (Htay & Whitehead, 2001).

7.7.2 Weaknesses

A systematic review by Torrnes *et al*. (2020) exploring barriers to implementing an ANP in primary care setting to be multifaceted: Team factors were the most frequently reported, suggesting that the dynamics and collaboration within healthcare teams play a significant role. Individual factors, lines of responsibility, and other factors such as funding also emerged as common barriers. Facilitators included individual factors, supervision, leadership, and other factors like funding and planning for role integration. These factors influence the effectiveness and success of advanced nurse practitioners in their roles. An Irish study by Casey *et al*. (2018) found the below challenges to be a barrier to the implementation of ANPs in General Practice.

Organisational Factors:

Organisational factors include resources, infrastructure, policies, and administrative support. Positive organisational factors are shown to enable the effective enactment of these roles, while challenges in this area hinder their success.

Collegial, Interprofessional, and Interpersonal Support:

The importance of support and collaboration among colleagues and other healthcare professionals. Interprofessional teamwork and positive relationships among staff members enhances the effectiveness of specialist and advanced practice roles. Supportive interactions and partnerships are seen as enablers, while conflicts or lack of support can be challenges.

Role Clarity and Economics:

Clear role definition and understanding are essential for the successful implementation of advanced practice roles. Economic considerations, such as funding and resource allocation, can impact these roles.

7.7.3 Opportunities

Improved Job Satisfaction:

ANPs reported satisfaction in autonomy, sense of accomplishment, challenge, social interaction, and organisational status (O'Keefe et al 2013).

Increased Retention of Nurses in General Practice:

Retaining skilled and experienced nurses within healthcare organisations is important for continuity of care and the overall stability of the healthcare workforce (Arthur et al 2020).

Positive Impact on Patient Care Quality:

The link between improved job satisfaction and positive patient care outcomes is highlighted. When healthcare professionals, including ANPs, are satisfied in their roles, they may be more motivated, engaged, and focused on delivering high-quality care to patients. This can contribute to improved clinical outcomes and patient satisfaction (Arthur et al 2020).

Job satisfaction and retention are also connected to patient safety. When ANPs are familiar with their roles, responsibilities, and the specificities of their healthcare settings, it can contribute to a safer patient care environment. Continuity of care, effective communication, and familiarity with protocols are all important aspects of patient safety (Arthur et al 2020).

Workforce Stability:

Retaining satisfied ANPs contributes to overall workforce stability. A stable workforce is better positioned to provide consistent and reliable care, leading to positive patient experiences and outcomes (Arthur et al 2020).

7.7.4 Threats

Threats to GP Status:

The development of advanced nursing roles in general practice may face resistance or challenges related to threats perceived by general practitioners (GPs). These threats may include concerns about job security and financial stability. GPs may feel that the introduction of advanced nursing roles could impact their traditional roles, possibly leading to concerns about their status within the practice.

Nursing Capabilities:

Concerns related to nursing capabilities, encompassing issues such as training and the scope of responsibility. There may be perceptions or actual barriers (such as access to third level funding) related to the readiness and capacity of nurses to take on advanced roles. Addressing training needs and clarifying the scope of responsibility for advanced nursing roles would help to overcome these barriers.

Structural and Organisational Barriers:

This encompasses broader issues related to the structure and organisation of general practice settings. Structural and organisational barriers could include factors such as existing policies, workflow structures, and established norms that may hinder the seamless integration of advanced nursing roles. Addressing these structural and organisational barriers is crucial for the successful development and implementation of such roles. Strategies to address these concerns and promote understanding of the value of advanced nursing roles in general practice.

Acknowledging GP Concerns:

Recognising and acknowledging the concerns of GPs is a crucial first step. Understanding their apprehensions is essential for fostering a collaborative and supportive environment.

Encouraging Widespread Debate:

This involves including a broader range of stakeholders, healthcare professionals, policymakers, educators, and the public, in discussions about the evolving roles and skills mix in primary care.

Joint Educational Events:

The suggestion of joint educational events indicates a collaborative approach to education. Bringing GPs and advanced practice nurses together for educational initiatives can facilitate shared learning experiences, improve communication, and enhance mutual understanding of each profession's contributions.

Development of GP Preceptorship:

The mention of GP preceptorship suggests a structured mentorship or training program for GPs. This program could be designed to provide guidance and support to GPs as they work alongside advanced practice nurses, fostering a better understanding of the roles and potential value that advanced nursing roles bring to general practice.

Greater Understanding of Potential Value:

The goal is to develop a greater understanding of the potential value of advanced nursing roles in general practice. This involves not only addressing concerns but also showcasing the positive impact that advanced nursing roles can have on patient care, service delivery, and overall healthcare outcomes (Wilson *et al*., 2002).