

Sample Business Case

Neonatal Advanced Clinical Practitioner

Case for Change

Health care delivery models are changing swiftly within the workforce provision in the NHS. The demands on services are greater due to aging populations and the growing burden of chronic diseases. In addition, financial constraints and budget cuts are pushing health and social care to its limits. The wider healthcare infrastructure is fragile.

Allied Health Professionals (AHP's) and Healthcare Scientists (HCST's) are the third largest group of staff within the NHS. It is well documented that there are challenges in the nursing and medical workforce to meet service demands and many of them are nearing retirement. ¹ Now is an opportune time to look to AHP's as an accessible workforce to adapt, blend and offer alternative ways of expanding the NHS workforce. Extended roles have existed in AHP's practice for many years and are more prominent within certain professional groups. These roles are often created in a uni-professional way in response to service gaps or lack of access to services and offer innovative ways of working, within individual health care settings. However, consideration of role descriptions, outcome measures, transferability to other settings and robust clinical governance structures need to be given to support the role/s and explore other opportunities.

What is an Advanced Clinical Practitioner?

An Advanced Clinical Practitioner (ACP) describes an experienced, registered health care practitioner who has relevant clinical expertise and demonstrates a high degree of autonomy and complex decision making. ACP's manage defined episodes of clinical care independently in partnership with individuals, families and carers and as part of the wider multidisciplinary team (MDT) team. They combine their expert clinical

skills with research, education and clinical leadership within their practice. All of this is underpinned by a master's degree or equivalent which encompasses the four pillars of clinical practice. Management of complex problems across a range of healthcare settings by ACPs can result in innovative solutions enhancing outcomes and patient experience.

The four pillars referred to above and which underpin Advanced Practitioner/Advanced Clinical Practitioner practice are:

1. Clinical Practice
2. Leadership and Management
3. Learning and Education
4. Research

There is a particularly exciting ACP role to develop on the Neonatal unit. XXXX Hospital Neonatal Intensive Care Unit is a tertiary surgical unit taking complex surgical and medical babies from all across the region and beyond. This includes extreme preterm infants, those with a short gut and or intestinal failure. Nutrition is an imperative aspect of every baby's care and underpins both the success of their treatment and impacts negatively on many different outcomes such as risk of retinopathy, growth, cognitive development, and bronchopulmonary dysplasia, rates of infection and length of stay if not managed correctly. XXXX is the biggest user of Total Parenteral Nutrition (TPN) in the NHS tertiary Hospitals. TPN is an expensive and complex treatment to prescribe, with well documented risks. The NCEPOD (National Confidential Enquiry in Patient Outcome and Death) review in 2010 "A mixed bag" highlighted that only 24% of standard TPN prescriptions in tertiary neonatal units reflected good

practice. There were delays in recognising the need for Parenteral Nutrition, starting TPN, poor documentation of requirements, not meeting nutritional needs and inadequate monitoring resulting in avoidable metabolic complications.

Implementing an ACP in Nutrition on NICU will provide a unique role to bridge the gap between the limited pre-registration nutrition training of medical staff and the complex nutritional needs of the neonatal unit. Feed requirements are an ever-changing complex phenomena due to side effects of surgery, evolving maturity and clinical conditions. There is a requirement for an experienced clinically qualified practitioner to oversee this work as well as providing continuity with a rotational medical team; who cannot be expected to understand the intricacies of TPN prescribing and diet therapy when commencing their placements. This person will also be an invaluable resource for multi-disciplinary liaison between other specialities such as Gastroenterology and Surgery as well as other regional neonatal units. Currently only the pharmacist and neonatologist on the nutrition team are able to prescribe bespoke PN and specialist feeds and an additional prescriber on the nutrition team will help reduce risk.

Strong nutritional leadership to implement and coordinate nutrition education, guidelines and implement best recommended practice, as well as the ability to improve the timeliness of prescriptions and speed of delivery of optimum nutrition will reap countless dividends, and will also have a positive effect of reducing both the number and severity of nutrition related incidents that are experienced on the unit. There were 50 such incidents over the last 12 months.

The unit feels that this role would only be suited to an experienced neonatal dietitian, and the ACP training would provide the foundation upon which to become the clinical lead for nutrition alongside a Consultant Neonatologist.

Objectives/benefits

Aim: To develop an ACP in Neonatal Nutrition

Objectives:

- 1. Clinical Practice:** To plan, develop, implement and coordinate all phases of nutritional care for neonatal patients.
- 2. Leadership and Management:** To supervise less experienced dietitians, medical and nursing staff. To drive any necessary changes in prescriptions and practice in line with emerging research, liaising with pharmacies and nutrition companies to achieve this.
- 3. Learning and Education:** To plan, develop and implement relevant nutrition education to both medical staff and nursing staff, ensuring that the Unit follows best clinical practice as far as possible. To contribute expert leadership both across the region and nationally.
- 4. Research and audit:** To carry out research and audit where possible in order to evaluate current practice, develop and implement strategies to improve nutritional care on the Neonatal unit, establish continuous quality improvement across the region and influence national guidelines.

Option Appraisal

Options	Advantages	Disadvantages
Do Nothing	None	Not being able to influence and improve long term outcomes for neonates and reduce nutrition related incidents. Current risk is lack of prescribing ability for Parenteral Nutrition, Specialist Milks and vitamin/mineral supplementation
Advertise for an internal ACP post and access apprenticeship levy to pay for education and training	Will fulfil all objectives	Reduce clinical dietetic support on the unit
Advertise for an internal ACP post and access apprenticeship levy to pay for education and training plus backfill for appropriate cover with a view to longer term recruitment of a band 7 Paediatric dietitian	Will fulfil all objectives and allow for adequate dietetic cover during training and succession planning	None

Preferred Option

Rationale
<p>The preferred option is Option 3.</p> <p>The rationale for preferring this option is it will enable the unit to increase its ability to improve nutritional adequacy for neonates, improve patient safety by improving prescriptions of parenteral nutrition and specialist milk, and improve long term outcomes post discharge.</p>



Impact Assessment

	Impact analysis	Benefit or Risk
Clinical effectiveness	Improved speed at which nutritional decisions can be implemented at ward-based level and making changes to individual neonates' nutritional prescriptions	Benefit
Patient safety	Will enable adequate nutritional prescription, in the right way, at the right time, for the right neonate. Will reduce the number of clinical incidents	Benefit
Patient experience	Discharge earlier, smoother transition to home and local hospitals	Benefit
Workforce	Need more dietetic time to support role in training and when qualified	Risk
Equality & Diversity	Post only suitable for an experience neonatal paediatric Dietitian	Risk to other professionals who may want to become an ACP
Legal & regulatory considerations	Needs to be HCPC registered with a view to registering as ACP on qualification	Benefit/risk
Reputation	First neonatal role in the UK. Trailblazing and can be used to role model internally, externally, locally, regionally, nationally and internationally.	Benefit
Performance	Need to demonstrate impact and be managed by multi-professionals	Risk
Finance	Apprenticeship costs covered, 2 day backfill at band 7 required. Money available in NICU education budget. Long term, work can be displaced from medics to ACP post to increase capacity management for in and out patients (income generation).	Benefit/opportunity
Environmental impact	No change to current position	Neutral
Estates & Facilities	None required	Benefit
Equipment	ACP uniform	Neutral

Stakeholder Analysis

Within the division	Agreed with Neonatal nursing and medical team, divisional manager and clinical director
Other divisions	Liaised and discussed with Apprenticeship team
Other organisations	University Neonatal Network
Commissioning bodies	N/A

Financial Summary

Enabling investment required				
Expenditure	Recurring / Non-Recurring	2020/21	2021/22	2022/2023
Pay	Band 7 0.4wte for backfill	Band 7 0.4wte for backfill	Band 7 0.4wte for backfill	Band 7 0.4wte for backfill plus enhancement from full-time band 7 to band 8a
Non-Pay	None	None	None	None
Capital	Non-Recurring	None	None	None
Income	Recurring / Non-Recurring	2020/21	2021/22	2022/2023
Commissioning income	N/A	N/A	N/A	N/A
Operating income	Out-patient Tariff	Out-patient Tariff	Out-patient Tariff	Potential consultant- led outpatient tariff
Other income	Lectures and clinical research trials	Lectures and clinical research trials	Lectures and clinical research trials	Lectures and clinical research trials
Contribution		2020/21	2021/22	2022/2023
Net contribution				

Risks Associated with Proceeding with Recommended Option

	Description	Consequence 1-5	Likelihood 1-5	Risk Score	Mitigating Actions
1	Not being able to have backfill	4	1	Rare	Access backfill money from nurse education budget
2	Post holder leaves or goes off long term sick	4	1	Rare	Can't mitigate as too specialised a post at access point
3					
4					

	Likelihood				
Consequence	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

9. Approach

Implementation Plan

Advertise internally, recruit, backfill with current department staffing and advertise that post.
Apply for apprenticeship levy and start the course September 2022.

Governance Structure

Project Sponsor	Women's and Children's Division
Project Lead	Nutrition and Dietetic Service Manager
Project Team	Neonatologist, Lead Nurse, Nutrition and Dietetic Service Manager
Reporting to...	Neonatologist, Nutrition and Dietetic Service Manager

Milestones

No.	Description	Estimated Start Date	Estimated End Date
1	Business case signed off	Jan 2020	Jan 2020
2	Advertise and recruit to post	Feb 2020	March 2020
3	Start course	September 2022	July 2025