The role of the Advance Nurse Practitioner in Renal Transplantation and Out Patient Service Development.

Background: Our transplant program provides care for over 1500 kidney transplant patients; the number of patient’s eligible and receiving transplants continues to increase, but the availability of trainee medics has fallen, creating a gap in care provision. This, and the recognition of other issues which may be better addressed by nursing, rather than medical, staff has led to the introduction during the last 3 years of 3 Advanced Nurse Practitioners (ANPs). The aim was to provide long term care to the kidney transplant population in collaboration with the medical team, with particular focus on health promotion and ongoing patient education.

Description of role: The service started in October 2015 with a single ANP, within 18 months this was expanded to 3 ANPs due to service demand.

The ANP’s role is multifaceted which includes independent and holistic clinical reviews in the general transplant clinic, a combined renal / dermatology clinic and a nurse led patient education clinic. The role also involves patient telephone consultations, adhoc bloods / reviews, referrals to the multidisciplinary team, coordination of investigations and scans, organising patient admissions, weekly quality assurance meeting, follow up plans for non-attenders, and review of patients on our risk database. Importantly, the ANP service provides a single point of contact for advice or support, resulting in less ambiguity and frustration for those under follow up. The role also includes the personal development of the ANPs and the team (including opportunity to complete the Advanced Practitioners university course at Masters level and non-medical prescribing) and supporting / providing teaching to junior staff.

From a service provision perspective specifically, the ANP service has facilitated much-needed expansion of the transplant clinics from 2 per week to 4 per week (5 including the nurse-led ‘education’ clinic). The ANPs are expected to see 6-8 patients per clinic, the same as a specialist trainee. Data collected shows that the ANPs are seeing equal to if not more than the trainees, and over the last year have been responsible for nearly 3000 patient episodes in clinic.

SWOT Analysis:

***Strengths****:* Independent clinic consultations are undertaken, with the ‘safety-net’ of formal and informal discussion with a small group of consultants who support the ANP role. The ANP service covers Mon-Fri 0800-1800. A defined point of contact for patients is available, providing continuity of care and visibility. The team has been successful in instituting all the aims of the ANP role as described above. There has been significant formal and informal positive feedback from patients, consultants and other members of staff.

***Weaknesses****:* In contrast to doctors there is no ‘defined’ clinic job plan, and the ‘ceiling’ for our workload is ill-defined. In the current financial environment, availability of funding for CPD is limited.

***Opportunities****:* These exist for further development of the service and expansion of the ANP role. Annual review of post-transplant patients is being considered. Research, audit and quality improvement could play an important role moving forward,

***Threats****:* These are new roles and are therefore at risk of cuts. Managing the expectations of others, who may have limited understanding of the ANP role, certainly in comparison to the well-established role of a doctor. NMC regulations of Advanced Practitioner role may have an impact.

Conclusion: Out Patient Transplant Services have unquestionably developed since the introduction of the ANP role. The developments described above have been met with positive feedback from both service users and colleagues, and we believe have helped improve patient care, education and continuity. The SWOT analysis provides a focus for reflection on the past and ideas for the future.