SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST

CLINICAL SERVICES POLICY & PROCEDURE (CSPP No. 8)

SPECIALIST PRACTITIONER POLICY AND PROCEDURES

November 2018

DOCUMENT INFORMATION

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Consultation & Approval:
Staff Consultation Process: (21 days) ends:
Clinical Governance Committee:
Board Ratification: N/A

This document replaces:
Review and Implementation of Clinical Guidance Policy

Notification of Policy / Strategy Release:
All Recipients e-mail:
Staff Notice Boards – Intranet:

Original Date of Issue: November 2018

Next Review: November 2020

Version: 10
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SERVICE NHS FOUNDATION TRUST

SPECIALIST PRACTITIONERS SPECIALIST PRACTITIONER POLICY AND PROCEDURES

1.0 SCOPE OF THE POLICY

1.1 The scope of this policy is to formalise the arrangements within South Central Ambulance Service NHS Foundation Trust for the recruitment, training, clinical practice and monitoring of the Trust’s Specialist Practitioners.

2.0 POLICY STATEMENT

2.1 South Central Ambulance Service NHS Foundation Trust is committed to the development of the role of the Specialist Practitioner as a model to deliver health care to the patient as outlined in Urgent and Emergency Care Review (Keogh Report 2013). The Trust is committed to providing a modern and mobile health care service, meeting the needs of our service users ‘Right Care First Time’. The trust provides professional and safe care for patients by providing the excellent education, clinical practice and monitoring, in order to maintain and improve the role of Specialist Practitioners.

3.0 ACCOUNTABILITY

3.1 Accountability for compliance with this policy is ultimately with the Trusts Chief Executive; however this can be devolved within the Trust Board to a clinical director if appropriate.

3.2 Executive Director of Patient Care and Service Transformation

The Executive Director of Patient Care and Service Transformation has Board level responsibility for compliance of this policy within South Central Ambulance Service NHS Trust. The Executive Director of Patient Care and Service Transformation also chairs the Patient Safety Group with all Medical Directors as membership which forms the Committee with responsibility for ensuring that this policy represents best practice.

3.3 Consultant Pre-Hospital Care Practitioner

The Consultant Pre-Hospital care Practitioner has senior management responsibility for ensuring this policy is implemented throughout the Trust. The role also has a coordinating function between departments to ensure the policy is embedded into practice.

3.4 Specialist Practitioner Managers

The Specialist Practitioner Managers have a day to day management responsibility for ensuring this policy is implemented throughout the trust. The role also has a coordinating function between departments to ensure the policy is embedded into practice.

3.5 Patient Safety
The Patient Safety Group will monitor the effectiveness of this policy and produce a gap analysis and action plans for the Quality and Safety Committee to resolve any highlighted issues.

3.6 Quality and Safety Committee

The Quality & Safety Committee will monitor the implementation and effectiveness of the policy via the Patient Safety Group, and the implementation of action plans, within the Trust’s clinical governance structure.

4.0 SPECIALIST PRACTITIONER DUTIES

4.1 Specialist Practitioner Manager

The Specialist Practitioner Manager has delegated responsibility for managing the strategic development, clinical development and monitoring of the Specialist Practitioner service. He / She will be able to operate as a fully functional Specialist Practitioner, providing mentorship and clinical supervision as required.

4.2 Consultant Pre Hospital Care Practitioner

He / She will advise the Executive Director of Patient Care and Service Transformation to ensure safe clinical practice in diagnosis, treatment and appropriate referral or discharge of patients. He / She will be able to operate as a fully functional Specialist Practitioner, providing mentorship and clinical supervision as required.

4.3 Specialist Practitioner

A Specialist Practitioner may be defined as a healthcare professional who works to a medical model, with the attitude, skills and knowledge base to deliver holistic care and treatment within the pre-hospital, primary and acute care settings with a broadly defined level of autonomy.

The settings where a Specialist Practitioner could be employed include:

- Minor Injury/Illness Units
- Walk-in-Centres
- General Practice
- Primary Care
- Out-of-Hours provision
- Ambulance Service (frontline duties)
- Ambulance Service (Specialist Clinical Communication Hub)
- Custody Suites
- Emergency Departments
- Urgent Care Centres

Specialist Practitioners are jointly answerable to their immediate line manager (Team Leader) and their Specialist Practitioner Manager.

5.0 RECRUITMENT
Specialist Practitioners are recruited in line with the Trusts recruitment policy and procedures.

Specialist Practitioners may be selected from either a Paramedic or Emergency Nurse background, but must have successfully achieved an approved level 7 qualification.

It is the aim of SCAS to ensure that all pre-existing and new Specialist Practitioners employed within the Trust should have, or be working towards, a Specialist Practitioner masters level qualification. This is in line with the College of Paramedics (CoP), Health Education England (HEE) and NHS England recommendations for Specialist Practitioners.

**SCOPE OF SPECIALIST PRACTITIONER PRACTICE**

### 6.0 The Specialist Practitioner will:

- Work across current and future organisational and professional boundaries
- Deliver care that is patient focused
- Deliver the most appropriate care in the most appropriate place and/or ensure that the patient is referred to the most appropriate health and social care professional
- Deliver care to patients in the most convenient and appropriate place for the patient
- Provide an alternative pathway for the provision of unscheduled care
- Provide appropriate healthcare advice to both their patients and other relevant groups and individuals.
- Empower patients to take responsibility for managing their own care and treatment where safe and appropriate to do so
- Undertake physical examinations based on a whole systems approach, taking a full and appropriate patient history using a medical model
- Assess the social and mental status of a patient
- Treat less serious illness and injury in pre-hospital, primary care and acute settings
- Request appropriate investigations, including pathological and radiological investigations, in accordance with established procedures.
- Ensure fewer inter-professional transfers for patients by enhanced communication networks and cross boundary working.
- Administer and supply medication in line with local Patient Group Directions.

The scope of practice reflecting an educational pathway in Appendix 1 lists the skills sets and learning outcomes in more detail.

### 7.0 PATIENT ASSESSMENT, DIAGNOSIS, TREATMENT AND REFERRAL

Currently there are no Clinical Decision Making Tools used within the Trust; this is currently being reviewed with support of HEE.

All Specialist Practitioners within the Trust operate within their own scope of practice, competency, skill set and knowledge.

Decision making, patient assessment, diagnosis, treatment and referrals are all associated with evidence based practice, in conjunction with a number of national guidelines and frameworks (NICE, JRCALC, BTS, RCGP, RCEM etc).
8.0 MEDICINE ARRANGEMENTS

8.1 Medicine Arrangements

As for all Clinical staff, Specialist Practitioners have a responsibility to maintain their competency in the management of medicines and to ensure their familiarity with changes to therapeutic guidelines as they are adopted by the Trust. Staff will adhere to the Trust Medicines Management Policy.

8.2 Specific arrangements for Specialist Practitioners

There are 3 arrangements for Specialist Practitioners working within SCAS:

- Paramedic Specialist Practitioner’s registered with the HCPC use the AACE / JRCALC guidelines. In addition they may, after additional training and after being deemed competent (see PGD exam), administer medication according to the Specialist Practitioner Patient Group Directions within the Trust.

- For Nurse’s registered with the NMC but without the Independent prescribing qualification, they may, after being deemed competent, use the Specialist Practitioner Patient Group Directions used within the Trust.

- For Nurses or Paramedics that have successfully completed the Independent Prescribing Course they may prescribe according to the Trust guidelines set out in the Medicines Management Policy.

8.3 Assessment Process

All Specialist Practitioners working within SCAS receive training on the use of Patient Group Directions to ensure that only fully competent, qualified and trained professionals operate within the directions. The training is performed during the Specialist Practitioner’s training course, with ongoing training and in yearly review. Each Specialist Practitioner will be assessed as competent by means of a PGD exam (see evidence). Independent prescribers prescribing behavior is reviewed by means of individualised prescribing summaries which are reviewed bi-annually by the Consultant Pre-Hospital Care Practitioner and Trust Pharmacy advisor.

9.0 PROCESS FOR COLLABORATION

9.1 Specialist Practitioner work in collaboration with other healthcare providers in environments such as:

- Minor Injury/Illness Units
- Walk-in-Centres
- General Practice
- Primary Care
- Out-of-Hours provision
- Ambulance Service Clinical Support Desks (Hear and Treat)
- Specialist Communication Hub
- Ambulance Service Frontline Duties (See and Treat)
- Custody Suites
- Emergency Departments
- Urgent Care Centres
4.8 Specialist Practitioners refer patients to a variety of healthcare providers collaboratively providing the most appropriate patient care.

9.3 The Consultant Pre-Hospital Care Practitioner and the Specialist Practitioner Manager attends Emergency Care Network meetings and other specialist care networks to establish alternative patient pathways.

10.0 MONITORING

10.1 For the monitoring of Specialist Practitioners competence, there will be regular assessments. These assessments will include:

- direct observation of the Specialist Practitioners communication and interpersonal skills
- direct observation of the Specialist Practitioners clinical and procedural skills in practice
- evidence provided by other healthcare practitioners regarding the performance of the Specialist Practitioners
- direct questioning by an assessor to check understanding of patient centred care, health and safety procedures, technological interventions and interpretation of results, in addition to demonstrating core knowledge.
- a portfolio of evidence maintained by the Specialist Practitioners. This will include a record of progress as well as reflective accounts of critical learning encounters. This will inform the final assessment process and its outcome. Specialist Practitioners will be able to access their own notes and Portfolio by means of the Trust’s CARS skills analysis system.
- Ongoing, and random examination of individual case notes which will be evaluated using a tool devised specifically for the assessment of clinical notes constructed around the medical model
- SCAS wide and local audit performed to assess the effectiveness of Specialist Practitioners initiatives within the region.

11.0 Other Related Documents

1. South Central Ambulance Service NHS Trust Risk Management Policy
2. Competence and Curriculum Framework for the Advanced Clinical Practitioners
3. Integrated Urgent Care / NHS 111 Workforce blueprint (HEE & NHSE)
4. South Central Ambulance Service NHS Trust Medicines Management Policy
5. CSPP 4 SCAS Patient Clinical Record Completion Policy
6. South Central Ambulance Service NHS Trust Patient advice leaflets
7. CSPP 7 SCAS Care Pathway Policy