

NURSE-LED CLINICS: 10 ESSENTIAL STEPS TO SETTING UP A SERVICE

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ABSTRACT Hatchett, R. (2008) Nurse-led clinics: 10 essential steps to setting up a service. *Nursing Times*; 104: 4, 62–64. This article outlines 10 key steps for practitioners to consider when setting up and running a nurse-led clinic. It lays emphasis on careful planning, professional development and the need to audit and evaluate the service to ensure the clinic is measurably effective.

There has been a huge growth in nurse-led clinics, improving the patient experience and offering opportunities for role development to nurses. The clinics vary greatly in the way they are set up, both within and between specialties but there are common characteristics. In most cases, nurses have their own caseload and patients consult them in specified time slots. The nurses have a high level of autonomy, with the ability to make often detailed care decisions, admit and discharge from the clinic and refer to other colleagues.

Many clinics demonstrate elements of advanced practice with detailed physiological assessment, subsequent care planning, delivery of treatments, monitoring of the patient's condition and management

of medicines (Hatchett, 2003). A variety of methods are available for medicines management, such as the use of patient group directions (PGDs) and independent or supplementary nurse prescribing.

The literature supporting the role of the nurse-led clinic is growing and demonstrates the variety of issues that nurses encounter in setting up and maintaining a service through this method of delivery. This experience forms the development of 10 key steps outlined here, which aim to enhance the nurse's ability to run a measurably effective service.

THE TEN STEPS

Step 1: the business case

In the planning stage, you need to make a business case to present to your employing or funding organisation explaining why the service is needed.

The business case does not refer just to the financial aspect of the service, such as the rationale for using resources but also focuses on what the service can provide. This explains what the service can offer to the organisation and the people needed to run it, and offers a clear overview to all those who may be affected by the project.

For those who have little experience of preparing a business case, the process can be daunting. Using a mentor for support can help to guide you through the process. To find a suitable person, approach staff experienced in this area within your

employing trust or healthcare environment or approach your local university. A number of publications detail ideas and principles for building a business case (Cannon, 2005).

Step 2: aims and objectives

You need to be clear about the aims of the clinic and its associated objectives. This will help clarify what is being offered to patients and other healthcare professionals who may refer into the service. This process is valuable for subsequent publicity.

A clear approach at this stage will also help to demonstrate what needs to be audited and evaluated in the future. It also helps to clarify which patients are appropriate to access the service and which are not. This helps to avoid wasting the time of referrers, patients and those running the clinic.

Step 3: patient criteria

Establish the criteria patients need to meet in order to access the nurse-led clinic.

The criteria may be quite broad. For example, a walk-in or drop-in service may offer a variety of services. They may also be quite narrow – for example some clinics investigate a specific symptom and others monitor and treat a particular condition.

Some nurse-led clinics provide leaflets to explain to patients what services they provide. Explicit criteria may come under the objectives of the service and need to be relayed to all those using the service, both patients and other healthcare staff.

Step 4: publicity

The clinic will not succeed if patients and referrers do not know of its existence and what service it offers.

Publicity should begin during the planning stage as it may prompt discussion that leads to adjustment of the proposed service. These changes may improve the service for patients and those who refer in.

Posters, leaflets, web information, group discussions and visits to those who may use it can all highlight what the service is about and when it starts, as well as explaining

IMPLICATIONS FOR PRACTICE

- Careful planning of a nurse-led clinic will identify the aims and objectives, aid evaluation and prevent misunderstanding among patients and colleagues regarding the role of the service.
- Generally nurse-led clinics have been welcomed by patients who seek a high standard of effective care.
- A structured approach to professional development is vital to ensure that there is a measurably effective service through the nurse-led clinic.
- Nurse-led clinics need to be audited and evaluated to ensure they are meeting their own aims and objectives as well as patient needs.



THIS ARTICLE HAS BEEN DOUBLE-BLIND PEER-REVIEWED

BACKGROUND

- There has been a huge growth in nurse-led clinics to assist in meeting a variety of healthcare needs in the UK.
- The government has endorsed their use since the 1990s in a variety of documents including *Making a Difference* (DH, 1999) and the chief nursing officer's 10 key roles for nurses. Recommendations

encourage the provision of nurse-led services and the breaking down of demarcation between healthcare staff as part of modernising health care.

- Nurse-led clinics have increased the scope for nurses to practise more autonomously and to develop and apply advanced practice.

when and how it can be accessed.

Patient information about the clinic should be posted on the trust or healthcare provider's website, and information about what to expect can be sent out with appointment letters.

Step 5: location

Decide where the clinic will be run. Questions to consider include: Will it be near to your usual work location or some distance away in the community? Does this raise travel issues for you? Do you have computer access and the necessary facilities to carry out your work effectively in the chosen location? Is there likely to be opposition or problems with using the facilities that you need?

One of the most important issues to consider here is that of administrative support. This should be regarded as a

make-or-break issue to running the service as it often causes significant difficulty for nurses setting up a service. Find out whether there is support for typing letters and booking appointments. Nurses need to focus on their specific skills and not be in the office late at night typing letters to patients and to GPs.

Step 6: multidisciplinary support

Although the term 'nurse-led' implies a strong degree of independence, the clinic is of course part of the patient's broader healthcare pathway.

A clinic that other healthcare professionals oppose or to which they will not refer patients is doomed to failure. In addition, the sharing of knowledge and experience is a part of all nurses' professional development.

Prior to starting the clinic you will need to talk to key healthcare professionals who

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CASE STUDY 1

Angina clinic for hospital outpatients

Jane Caton, an angina specialist nurse at Wrightington, Wigan and Leigh NHS Trust, has set up nurse-led clinics for patients with angina. Four angina clinics are run weekly in hospital outpatients, each with capacity to see 7–9 patients.

After discharge from hospital patients with angina often come back into A&E with symptoms. The clinics offer ongoing follow-up and support to those who have been in hospital with angina or who have unstable angina.

Ms Caton has also set up a nurse-led rapid-access clinic for patients with chest pain who have attended their GP with a new onset of chest discomfort. These patients are seen within two weeks of referral at the clinic.

Looking back on the experience, Ms Caton says: 'I think initially I was naive. The number of patients was daunting and I had no secretarial support. I was making appointments, sending letters to patients and GPs, doing my own typing.'

Fortunately, the clinic now receives five hours of secretarial support a week. Having previously worked as a coronary care sister in the same hospital meant that Ms Caton had a sufficiently high profile to make the process of publicising the clinics and securing multidisciplinary support straightforward.

Ms Caton says: 'I would advise any nurse setting up a clinic not to run before you can walk and to be sure to get all systems in place before the launch. You do have to be prepared to put work in at the beginning but I did run myself into the ground. Sometimes we do say yes when we mean no.'

may refer into the service, who may take your referrals and who may suggest who can offer education, advice and support. Consider what they may suggest in terms of adjustments or adaptation or if they do not feel the service is warranted at this stage. The business case is invaluable here in making a clear argument regarding the need and viability of the service.

Step 7: professional development

This is one of the most important elements of a nurse-led clinic as it underpins a competent service. It is important to put structures in place that enhance your ability to see deficits in your knowledge base and the ability to rectify these.

One of the main problems with an emphasis on personal reflection on education deficits, within documents such as the *Scope of Professional Practice* (UKCC, 1992), is that we don't always know what we don't know, which may be termed 'unconscious incompetence'.

Professional development places the emphasis on a continual process, and maintaining a personal education portfolio or file can help focus nurses and managers on where training and education is needed,

CASE STUDY 2

Community pain clinic

Jenny Coen, clinical nurse specialist in pain management at United Lincolnshire Hospitals NHS Trust, has been involved in setting up three nurse-led pain management clinics in the community. Two pain specialist nurses see around 15 patients in a half-day clinic. Patients are both new referrals to the service and follow-ups.

She says that success of clinics depends largely on whether you have support of management and the PCT, which they did.

Before setting up the clinics, the multidisciplinary team established clear guidelines for referral. Patient satisfaction surveys at the end of the first year have shown positive results.

The PCT took charge of publicity, informing GP practices of the new service. The population in Lincolnshire is widespread and patients like to have care delivered nearer their own homes.

Ms Coen says: 'You need to be certain of what you want to do when setting up a clinic and not to rush into it. Everyone needs to be on board – consultants and management – and you need to build relationships in the community.'

'You need to be clear about what you do. Don't rush into it. It is best to start slowly. We did the first clinic on its own for two months and then built up gradually from then.'

The nurse-led service has been a positive experience for the nurses as well as the patients. 'The clinics mean that we are able to deliver care ourselves and deliver an individual package of care to patients, many of whom are with us for a long time,' Ms Coen says.

based on job description and service needs (Hatchett, 2003).

Reviewing cases through clinical supervision offers a formal process through which deficits can be noted and education implemented, much more so if it is tied closely to the education portfolio.

Development does not need to be only through classroom teaching, although this has clear advantages, but considering how competence can be assessed and measured is an important point in closing the gap in personal practice deficits. Building strong links with the local university's faculty of health care can be helpful in enabling you to discuss education needs and gain advice.

Step 8: managing medicines

While this is not an element of all clinics, where medicines are a part of the nurse-led service, it can lead to a hiatus in the smooth delivery of care if it is not managed effectively.

There are various methods of managing medicines, from supplying them through patient group directions (PGDs) to

supplementary and independent prescribing. It is an area that nurses need to reflect upon, as undertaking a consultation then handing a pre-printed prescription for signing to a professional who has not seen the patient is not an ideal situation.

Nurses have been successfully educated in prescribing skills and offer an invaluable service as part of their holistic care.

Consider what aspect of managing medicines would best suit the service, and indeed the nurses themselves, and how significant advances can be made in this area.

Importantly, if nurse prescribing is the route taken, consider how you will maintain professional development in this area (Bramley, 2006).

Step 9: audit and evaluation

Ongoing audit and evaluation is key to meeting patient needs and ensuring that what is offered does make a difference to service users.

There may be areas you are obliged to audit and evaluate but this needs to be considered as part of the planning stage. It will help focus the aims and objectives of the service and allow a consideration of how measurement will be undertaken.

It is important to understand the difference between the two terms – evaluation focuses more on the merit and worth of what is provided, which the audit will make explicit. Are you making a measurably effective difference?

Authors such as Pennery (2003) offer useful advice on the various elements which capture the measured effectiveness of a nurse-led clinic.

Step 10: closing the loop

This final step refers to the need to remember that the clinic is an evolving service. Take care to ensure paperwork, such as job descriptions and publicity, have kept pace with any changes in what is being offered.

Keep audit, evaluation and personal development as a clear part of planning, reflecting on where the service will be, perhaps in a year's time. Audit and evaluation is only useful if it is reflected upon within the healthcare team and adjustments made over time as needed. ■

● Case studies provided by NT.

THE 10 STEPS IN BRIEF

- 1 Build a business case**
Explain why the service is needed
- 2 Define your aims and objectives**
Clarify what you are offering to patients and other professionals
- 3 Establish patient criteria**
Decide what services you will offer
- 4 Plan your publicity**
Ensure patients and referring professionals will know it exists
- 5 Select a location**
Find a suitable place to run the clinic, with appropriate facilities and access
- 6 Gain support from colleagues**
Ensure the multidisciplinary team recognises the need for the service
- 7 Plan your professional development**
Ensure you will be able to maintain and expand your competencies
- 8 Consider medicines management**
Decide how medication will be provided
- 9 Plan audit and evaluation**
Consider how you will measure the effectiveness of the service
- 10 Facilitate ongoing improvement**
Attend to administrative detail to ensure the clinic can run smoothly and you can act on evaluation data

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