SETTING UP A SUPPORT NETWORK FOR SPECIALIST NURSES

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This article describes the establishment of an All-Wales Network for Nurses and Midwives Working in Abortion Services. This network provides a professional arena and active support for practitioners to enable professional development.

INTRODUCTION

New roles have enabled nurses to work across traditional boundaries and set up services to meet health needs (Department of Health, 2006).

Various professional components are required in order for nurses to plan, deliver, develop and evaluate termination of pregnancy services within their scope of practice. Role development relies on continuous personal and professional development, which is intrinsically linked to the generic knowledge and skills framework. Working in this way ensures practitioners are equipped to respond to change.

The all-Wales network was launched to help nurses and midwives who work in termination of pregnancy services to enhance their knowledge and skills in order to improve patient care.

NURSES’ RESPONSIBILITIES

The Abortion Act 1967 enables nurses to accept delegated instructions from a registered medical practitioner.

The majority of NHS trusts in Wales have a primarily nurse-delivered termination service. Role and practice development has enabled nurses to undertake ultrasound assessment, pre- and post-termination counselling, vaginal and/or speculum examination, and patient discharge.

THE NETWORK

The group consists of nurses and midwives working in termination services and senior nurses who have a management or leadership role in sexual and reproductive health services. The enthusiasm for joint working and engagement, and practitioners’ contribution to the group’s work has resulted in several demonstrable outcomes.

Two consultant nurses jointly instigated and led the network. The group meets every two months and has regular email contact between meetings, especially with members who are not able to attend regularly. Links with other professional and strategic groups are made and individual members co-opted.

Through discussion, benchmarking and audit, group members identified common aspects of practice and service provision that would benefit from collective work.

Areas focused on clinical practice as well as professional and personal development.

Key areas for the group were defined early on, resulting in terms of reference, shared objectives and an action plan.

KEY AREAS OF WORK

The group agreed four key areas: enabling quality service provision; practice/service development; professional development; and developing/sharing the evidence base.

Quality service provision

The group identified areas from accessibility of services and referral pathways to post-termination care, using Welsh Assembly Government (2007) requirements. It is pooling good practice from across Wales, to inform an all-Wales integrated care pathway.

The purpose of such a pathway is to provide ‘a multidisciplinary outline of anticipated care, placed in an appropriate timeframe, to help a patient with a specific condition or set of symptoms move progressively through a clinical experience to positive outcomes’ (Middleton et al., 2001). The care pathway being developed includes assessment, medical and surgical termination and aftercare, incorporating the needs of vulnerable women.

In 2006, 193,700 women in England and Wales underwent a termination, a rise of 3.9% since 2005 (DH, 2007). One in four women will experience domestic abuse in their lifetime, with between one in eight and one in 10 being affected annually (Women’s Aid, 2008). Routine enquiries about domestic abuse are being incorporated into the care pathway.

The under-16 termination rate was 3.9 per 1,000 and the under-18 rate was 18.2 per 1,000 women in 2006, both higher than in 2005 (DH, 2007). Despite the low frequency, the group identified that services would benefit from quality assurance of the process of managing requests for termination from women under 16. This work has been developed and shared across Wales.

IMPLICATIONS FOR PRACTICE

 Allocating time for nurses and midwives to take part in a network relevant to their field of practice can enhance learning.

 Practitioners need to be able to share with their peers the opportunities and challenges that are presented when working in specialised services.

 The diversity and scope of experience brought by nurses and midwives working at different levels strengthens networks.

 This initiative has demonstrated that practitioners working at every level can and do lead change.

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BACKGROUND

Historically, termination care has been medically driven; nurses have had minimal involvement other than general nursing care.

More recently, several external and organisational drivers for change have emerged (NMC, 2008; Welsh Assembly Government, 2007; DH, 2006).

Current and future developments in termination services will continue to provide both challenges and opportunities for nurses.

Implementing the integrated care pathway, with patient information leaflets, will assist in enabling high-quality continuity of care.

Practice and service development

The group identified two main objectives.

First, a quality assurance package detailing the preparation for obtaining consent in line with the NMC (2008) code of conduct was developed, informed by previous work undertaken by Joanne Fletcher and colleagues at Sheffield Teaching Hospitals NHS Foundation Trust. It is currently being revised. The package highlights the qualifications, experience and training nurses require, plus the methodology to quality assure a service.

It is used by first-level registered nurses/midwives who have been trained in the administration of vaginal abortifacients to ensure they have a sound knowledge base of the procedures and risks. They must complete an open-learning package on informed consent and attend annual updates in line with trust policy. The package has a policy statement regarding holistic, patient-focused care and is specific to nurses working with women requesting a termination.

Criteria stipulated for referral back to hospital doctors include: if patients are under 16 and unaccompanied by an adult with parental responsibility; if patients do not understand the procedures; any circumstances where nurses’ professional judgement deems such referral to be necessary.

Assessment of competence is mandatory and measured through different methods. Second, there are best-practice examples within Welsh NHS trusts of sensitive disposal of foetal remains; this aspect of service provision continues to develop.

Also, some nurses leading on service development in Wales are facilitating multidisciplinary planning processes to quality assure services for women.

Professional development

Nurses and midwives working in sexual health services require specific skills to manage clients’ needs in relation to possible stigma. Nurses often work in isolation or at the cutting edge of service development so regularly have opportunities to explore and extend their knowledge, expertise and skills.

The all-Wales network provides a forum for sharing experiential learning using action learning. The National Primary and Care Trust Development Programme (2008) reports that one of the main functions of action learning is enabling joint work, testing individual perceptions, clarifying the issue and exploring alternatives for action.

Network members present a scenario in a confidential environment. Any details that may identify patients are withheld, and the process enables constructive analysis, self-reflection, open discussion, assisted learning and personal and professional development. This aspect of the network has received very positive evaluations.

Sharing the evidence base

The network enables dissemination, discussion and implementation of research. One of its aims is to disseminate good practice and influence service development locally and nationally. This is fulfilled in a number of ways. Members disseminate the group’s work locally. A national conference hosted by the network – the first in Wales related to termination – received very positive evaluations; a follow-up event is planned.

Collaboration with the University of Glamorgan has generated a postdoctoral research project on termination services in Wales. The network and researcher have produced all-Wales patient information leaflets, available electronically to trusts.

The network has provided an opportunity for the researcher to attend the group as an observer, and for members to understand the role of research in shaping services. This bridges the research/practice gap and facilitates joint working. It also supports and develops working relationships between service providers and higher education. The group’s work has been disseminated through national conference and poster presentations.

CONCLUSION

The all-Wales network provides a professional arena and proactive support for practitioners to aid both professional and personal development.