Liver disease is the fifth most common cause of death in the UK (British Association for the Study of the Liver and British Society of Gastroenterology, 2009). The condition has three major causes of liver disease – alcohol, viral hepatitis and obesity leading to non-alcoholic fatty liver disease (NAFLD) (Department of Health, 2012a) – all of which are essentially preventable and have been attributed to changes in lifestyle, particularly over the last two decades. Public attention surrounding liver disease is not always positive due to its links to health inequalities and stigmatisation of the disease as being “self-inflicted”.

Age is no barrier to liver disease, and raising awareness of risk factors in the form of health education and promotion across the age spectrum is imperative. Established liver disease is generally life-limiting and the treatment options available, such as liver transplantation, are limited. Promoting a healthy liver as part of a healthy life to the next generation is therefore vital to help reverse this growing problem.
Nurses have been identified as key professionals in leading the fight against liver disease (NHS Future Forum, 2012). Those working in all areas of clinical practice can contribute by identifying individuals at risk because of alcohol consumption, hepatitis B and C, and obesity, and offering brief advice to help them to make informed choices. In primary, secondary and tertiary care, identifying risk factors, giving verbal and written information and signposting to support services can be invaluable in helping to reduce patients’ risk of liver disease. Nurses who care for people with diabetes and cardiometabolic risk factors can also help to promote a healthy liver.

Developing a competency framework
The significant burden of liver disease means it is essential that we have a nursing workforce with the skills and confidence to deliver high-quality services to patients with a diagnosis of liver disease or a risk of developing it. On behalf of the Department of Health in England and the Royal College of Nursing, a group of liver nurses developed Caring for People With Liver Disease: a Competency Framework for Nursing (RN, 2013). Developing a competency framework, rather than competencies per se, reflects the need to encompass knowledge, skills and attitudes rather than just the performance of a skill (ten Cate and Scheele, 2007).

We identified and worked closely with a group of stakeholders to ensure the framework embodied what it is like to live with liver disease, as well as considering the wider public health impact of a generation that has increased risk factors for it. The completed framework encapsulates the professional standards expected of practitioners caring for adults and young people with or at risk of liver disease across the UK, against which skills, knowledge and understanding can be assessed. We also aimed to make it a flexible tool that individual nurses or teams can access easily.

It is important to recognise that competency levels are not equivalent to Agenda for Change banding and nurses’ competency levels may vary in different competencies (Table 1). The framework provides detail about each competency level to enable teams to build individual competencies for their workforce, and so individual nurses can recognise the level they are working towards or have achieved. For example, public health nurses or practice nurses can identify competencies relevant to their area of practice, such as working with people to achieve lifestyle goals, signposting and supporting, developing and evaluating self-management plans. Those working in a liver nursing environment such as liver intensive care, a liver unit or a gastrointestinal ward may identify with many or all of the competencies.

Competency frameworks are focused on outcomes and are an indispensable tool for those commissioning, managing and developing the workforce to improve the quality and efficiency of services. The goal of the liver disease framework is to improve liver care across the spectrum, from prevention and early identification through to end-of-life care. It is hoped that people with liver disease will be identified earlier, and receive care that is equitable, responsive, of high quality and effective.

<table>
<thead>
<tr>
<th>TABLE 1. COMPETENCY LEVELS AND ROLE EXAMPLES</th>
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<tbody>
<tr>
<td>Levels 1-4 Non-registered practitioner: healthcare assistants working in drug or alcohol environments, on gastroenterology wards or liver unit, or with liver outpatients</td>
</tr>
<tr>
<td>Level 5 Registered practitioner: any registered nurse who cares for a patient with liver disease or risk factors for liver disease in primary or secondary care, with any clinical background and in any setting</td>
</tr>
<tr>
<td>Level 6 Senior practitioner: nurses within drug, alcohol or viral hepatitis services, nurses with experience of caring for patients with liver disease over a number of years, junior ward sisters or newly appointed specialist nurses</td>
</tr>
<tr>
<td>Level 7 Advanced-level practitioner: experienced clinical nurse specialists, ward managers, practice development nurses and liver recipient transplant coordinators</td>
</tr>
<tr>
<td>Level 8 Consultant practitioner: nurses who have developed or are leading services, for example, nurse consultant in viral hepatitis or lead nurse for hepatology</td>
</tr>
</tbody>
</table>

Source: RCN (2013)

BOX 1. THE NINE COMPETENCIES

A competent practitioner:
- Provides empathy and understanding and works with patients (and their family/carers), particularly those with chronic liver disease
- Signposts and supports patients (and families/carers) in understanding their condition through education and health promotion
- Undertakes a comprehensive clinical assessment, including risk profiling, and follows up with appropriate action, including referral to specialists, for relevant acute and chronic conditions
- Assesses in collaboration with patients (and family/carers), their healthcare needs, taking into account the impact of their age, vulnerability, lifestyle, cultural and ethnic background
- Develops and evaluates a self-management plan with patients who have predisposing factors for liver disease
- Works alongside and with patients (and families/carers) to address the psychological and social impact of the condition
- Provides specific diagnostic/treatment options safely, including:
  - Undertaking phlebotomy and cannulation in patients with difficult access associated with their liver disease
  - Nutrition and fluid management/hydration in patients with liver disease
- Pharmacological treatment and side-effects
- Non-invasive diagnostics and treatment options
- Invasive diagnostics and treatment options
- Uses early warning tools/approaches to identify patients’ changing and deteriorating condition, and takes appropriate action
- Actively improves and promotes liver services across the appropriate care pathway

Source: RCN (2013)
How the framework fits with the 6Cs
The competency framework, which contains nine core liver care competencies (Box 1), is person centred and encompasses the core values of the 6Cs (Department of Health, 2012b). We hope it will promote high-quality liver care for all patients and their families/carers and help to achieve many of the action points set out in Compassion in Practice (DH, 2012b), as follows:
» Helping people to stay independent, maximise wellbeing and improve health outcomes: by improving nurses’ competency in identifying risk factors, offering brief advice, initiating and supporting lifestyle changes;
» Positive experience of care: nurses with a better knowledge and understanding of liver care will be able to give more information to patients to improve their choices;
» High-quality care and measuring impact: by setting professional standards for effective care, and making a positive impact on care by improving nursing knowledge;
» Building and strengthening leadership: by considering NHS drivers and outlining how to actively improve and promote liver services;
» Ensuring the right staff and skills in the right place: by enabling the knowledge, skills and attitudes required to develop patient-centred liver care;
» Positive staff experience: by improving knowledge and skills to develop high-quality care.

Demonstrating competence
Producing the right evidence to demonstrate competency in nursing to meet registration requirements as well as the many other clinical competencies, such as those concerning infection control or nutrition, can seem daunting.

However, in everyday practice, nurses undertake activities that can be used for this purpose. These include explaining procedures to patients, working with junior colleagues to explain symptoms such as ascites and its treatment, and seeing patients in GP practices, discussing lifestyle and risk factors together and motivating patients to make positive changes. Nurses can also use a single piece of evidence to demonstrate more than one competency.

The framework lists the types of evidence that can be incorporated, including:
» Evidence of supervised practice such as signed observation of undertaking a procedure;
» Projects;
» Practice developments/changes in practice;
» Critical incidents;
» Assessments and appraisals;
» Certificates of attendance with reflections on learning.

Implementing the framework
While implementing any competency framework can seem a major undertaking, involving the whole nursing team can allow learning needs for the service to be identified and highlight areas for improvement in the team’s performance. Identified areas can then be supported by using the framework, therefore combining the integration of performance and capability (Garside et al, 2013).

Being clear about what level of competency is expected for different nursing
Competency frameworks can identify gaps in workforce provision and support expansion of services, and can also be used by other health professionals to develop their own portfolio of competencies. They are designed to be flexible and relevant to each individual, and can easily be built upon as nurses develop their experience and skills. 

References

Department of Health (2012b) Compassion in Practice. Nursing, Midwifery and Care Staff. Our Vision and Strategy. tinyurl.com/DH-compassion

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