**Request for Information – Feedback Summary Sheet**

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| **Request made by:** | | Mandy Chequers | | **Responses to be sent back to:** | [Mandy.Chequers@bsuh.nhs.uk](mailto:Mandy.Chequers@bsuh.nhs.uk) |
| **Date request made:** | | 10/01/2017 | | **Date sent out:** | 11/01/2017 |
| **Details of Request:** | | Do you employ Band 4 Critical Care Assistant Practitioners within your critical care unit? If so, please can you let me know how they work within your unit e.g. number employed; who supervises them; pros & cons along the way; how long you have used them for; & if possible please could you send me a copy of the job description. Any information gratefully received. | | | |
| **No.** | **Response Received From:** | | **Details of Response:** | | |
| 1 | Sumnall Rebecca - Education and Practice Development Sister  [rebecca.sumnall@uhl.tr.nhs.uk](mailto:rebecca.sumnall@uhl.tr.nhs.uk)  via Karen Berry: [karen.berry@cmft.nhs.uk](mailto:karen.berry@cmft.nhs.uk) | | 2 band 4 assistant practitioners. They care for level 2 and uncomplicated level 3 patients. They undertake the majority of the nursing care required by the patient. The most notable exception being that they do not administer drugs. The 2 band 4s we have in post at present have been in post for over 10 years. We currently have several band 3 trainee assistant practitioners who will become band 4s on completed of their programme. The band 4s are counted in the nursing numbers the same as an RN. The band 3s aren’t counted in on the off duty since they are still in training. The level 3 patients are managed 1:1 and sometimes that 1 ‘nurse’ may be a band 4 associate practitioner.  The band 3 trainee assistant practitioners give some flexibility in the rota since they aren’t counted and still training.  They usually look after 1 level 2 patient. We do have both band 2 HCAs and band 1 housekeepers. | | |
| 2 | [theresa.plaiter@christie.nhs.uk](mailto:theresa.plaiter@christie.nhs.uk) | | Historically we did employ AP’s in CCU however they were phased out some time ago.  Unfortunately this was before my time so am unable to give the detail, however I think it was felt that they did not necessarily have a clear scope of practice within the CCU setting.  There were also concerns regarding skill mix and that the use of AP’s in this setting may dilute the RN trained establishment. | | |
| 3 | [daniela.shacklock@uhsm.nhs.uk](mailto:daniela.shacklock@uhsm.nhs.uk) Matron Clinical Support Services AICU, Resuscitation Dept, Outreach  Wythenshawe Hospital | | I had a request for reply from my critical care network lead nurse. You were asking about Band 4 associate nurses. My trust is very much in support of the band 4 associate nurses, but only in certain areas. We do not utilise the band 4’s in critical care areas. | | |
| 4 | [simon.morgan-robinson@pat.nhs.uk](mailto:simon.morgan-robinson@pat.nhs.uk)  Matron  Critical Care | Outreach  The Pennine Acute Hospitals NHS Trust  North Manchester General Hospital | | We employ one Band 4 AP in Critical Care. She nurses level 1 and stable level 2 and 3 patients. If it’s a level 3 patient then they are usually weaning off ventilation and engaging in rehab. We have a buddy system so she has an allocated RN to administer drugs for her.  Limitations have been patients who require lots of infusions – obviously she cannot make up and administer drugs, and cannot bolus such as Propofol for example.  So the patient really does have to be stable. We encountered some issues if her patient has to go off the unit, to scan for example, or transferring to another level 2 or 3 unit. Again this is mainly due to the medication issue – they were to deteriorate there is limited action she could take.  Therefore we have taken the decision that she never escorts anything other than a level 1 patient, so a RN would take her patient to scan. We have found she has been really valuable to the nursing team, but it can be difficult with development.  For example a lot of the courses / training days are catered to either HCSW or RN’s, of which she is neither. | | |
| 5 | [emily.putt@nhs.net](mailto:emily.putt@nhs.net)  Lead Rehab Physiotherapist Intensive Care  Derriford Hospital, Derriford Road | Plymouth | PL6 8DH | | I have recently been recruited to lead the ICU rehab team at Derriford hospital in Plymouth. We have also recruited x 2 band 4 physiotherapy assistant practitioners . They are currently only part of the physio team, however as the team expands i.e gains an OT and a psychologist we are hoping they will have more of a generic rehab role. It’s very early days, they have only been in post for less than a month, they are currently only working supervised until they have been signed off in terms of completing their competencies. | | |
| 6 | [patricia.rowan@rlbuht.nhs.uk](mailto:patricia.rowan@rlbuht.nhs.uk) | | We did employ 1 in our POCCU but it didn’t work as far too often the unit was short staffed and proper supervision could not always be certain.  We do not at present have any plans to employ more. | | |
| 7 | [steve.rushin@nhs.net](mailto:steve.rushin@nhs.net)  Steve Rushin  Clinical Nurse Educator  ITU  Kent and Canterbury Hospital | | We have had a band 4 for a few years now, and overall it has been a positive experience. We were approached to ask if we would accommodate a band 4 trainee while he undertook his foundation degree. This meant that he was supernumerary for 2 years  and worked as an apprentice He didn't come out of our budget. This meant that we could train him as we saw fit. We were lucky as he was absolutely brilliant. He has been qualified for  4 years now and works virtually independently. He is nominally supervised by the nurse in charge. He is able to give a limited number of IV drugs (we have a list of named drugs) having undergone competencies in each drug. He is as good and knowledgeable as most of our band 5s, and so we have had to think of what he cannot do. Therefore he cannot do transfers (as he would not be supervised),  he cannot get involved with CDs and he does not take patients on multiple inotrope infusions with cardiac output monitoring. The main drawback is that he is extremely frustrated, as he has no career progression. He should have done his nurse training but for financial reasons did the band 4. If he had been an RN he would be a band 6 by now, and so he gets quite depressed. We had hoped there would be some kind of conversion course available by now, but that doesn't seem likely. So overall we have had a very positive experience, but I think that is more to do with the person than the role. I would be very wary of taking a band 4 who hadn't trained with us. | | |
| 8 | [melanie.pinnington@nhs.uk](mailto:melanie.pinnington@nhs.uk)  Mel Pinnington  Clinical educator  Critical care  Southport and Ormskirk NHS Trust | | We use band 4 assistant practitioners and I am currently in the process of looking at their job descriptions and skill sets. The one thing that I can say for definite is that the role has changed a lot since 2004 when it was established on this unit on  both local and national advice. The initial plan was that they were to look after two HDU level patients but this has now been reduced to one – problematic when they may be taking the most stable patient but then they become ward level / discharged and the new arrival is subsequently the most poorly patient – requires a lot of swapping . However the role is evolving more into support for coronary care and being able to assist with procedures such as TOEs and cardioversions. | | |
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