The Respiratory Nurse Specialist: Role, Education, Competences & Prescribing

Wendy Preston RGN BSc (hons) Msc (Resp) Pg Cert NMP & HE
Declaration of interests

- Funding from various pharmaceutical companies for education events, travel and payment for delivering conference talks and education sessions.
- Vice-Chair of the Association of Respiratory Nurse Specialists & ERNA committee member
- BTS Stop smoking champions co-lead
- RCN smoking cessation adviser and representative on APPG smoking and health
Agenda

- Introduce ARNS & my roles
- Role of Respiratory Nurse in UK
- Advancing practice
- Nurse prescribing
- Competence & Career frameworks
- Education
- Clinical & career examples inc Smoking cessation, community role & education
• ARNS was created in **1997** by respiratory nurses, for respiratory nurses

• Today, our organisation benefits from the participation of more than **1,400** members across the UK

• The executive committee consists of a broad range of expert respiratory nurses from a variety of backgrounds, including: nurse consultants, researchers, academics and nurse specialists working within primary, secondary and tertiary care

• ARNS collaborates with other respiratory care organisations, as well as government and NHS initiatives in order to influence policy and developments for respiratory services, such as the NICE and BTS Guidelines
Our organisational goal
To be the voice of specialty respiratory nursing by evolving into a sustainable and member-driven organisation with the capacity to deliver ARNS’ mission effectively and efficiently.

Our vision
To champion the specialty respiratory nursing community, promote excellence in practice, and influence respiratory health policy.

Our mission
To be the national voice for specialty respiratory nursing, ensuring the community’s views are heard in the development and implementation of policy and guidelines, to equip the profession for the delivery of high quality patient care, and to promote their roles in positive respiratory health outcomes.
Respiratory Nursing at a Glance

Wendy Preston and Carol Kelly

From the publishers of the market leading *at a Glance* series, and in collaboration with the Association of Respiratory Nurses (ARNS), comes this easy-to-read, highly visual guide bringing together key principles of Respiratory Nursing. Highly visual, each topic is covered in a two-page spread, making it easy to quickly read up on key information and grasp the essentials of respiratory care, as well as a focus on preventative measures to prevent, minimise and control respiratory disease.

- Covers a wide range of topics, including assessment and diagnosis, respiratory health, medication, communication, models and management of care, acute and chronic care, and common respiratory diseases.
- Takes a unique, holistic approach to care across the life course – from childhood to end of life care.
- Provides need-to-know information in a highly visual, evidence-based, quick-reference format.

*Respiratory Nursing at a Glance* is ideal for nurses and health care students and practitioners at all levels involved in respiratory care.

9781119048305 · 152 pages · July 2016 · £27.99

www.wileynursing.com
My Roles

- **Nurse consultant** – Acute Medicine
- None medical prescribing lead
- BTS Stop smoking champion
- Pulmonary embolism lead
- Lecturer
- Full time

Out of hours general practice

**Advanced Nurse Practitioner**

Part-time

- ARNS Vice-chair
- ERNA committee
- RCN stop smoking advisor & APPG
- BTS Tobacco SAG
- BTS Ambulatory PE guideline group
- RCP Tobacco group
- Area prescribing committee
hospital and community based services to more than 300,000 people across Nuneaton & Bedworth, North Warwickshire, South West Leicestershire and North Coventry.
Public Health

Education
Smoking
Cessation
Vaccination
Telehealth for chronic disease
£32,000/QALY

Triple Therapy
£7,000-
£187,000/QALY

LABA
£8,000/QALY

Tiotropium
£7,000/QALY

Pulmonary Rehabilitation
£2,000-8,000/QALY

Stop Smoking Support with pharmacotherapy £2,000/QALY

Flu vaccination £1,000/QALY in “at risk” population
https://player.vimeo.com/video/155665480
BTS Stop Smoking Champions

162 Champions in 137 sites
Smoking Cessation

- A full NHS smoking cessation service should be available in all health settings – GP, pharmacy, community, secondary care & mental health
- Behavioural support and access to the full range of Nicotine Replacement Therapy and other medication
- A minimum of 12 weeks but complex patients need longer
- Most important element of a current smokers treatment plan.
- All staff need Making Every Contact Count training
- Free online training – www.ncsct.co.uk
Recommendations for practice include:
Be open to e-cigarette use in people keen to try them; especially in those who have tried and failed to stop smoking using licensed stop smoking medicines.
Provide advice on e-cigarettes that includes:

- E-cigarettes provide nicotine in a form that is much safer than smoking.
- Some people find e-cigarettes helpful for quitting, cutting down their nicotine intake and/or managing temporary abstinence.
Although some health risks from e-cigarette use may yet emerge, these are likely, at worst, to be a small fraction of the risks of smoking.

Behavioural support will improve the chances of a client successfully stopping smoking whether or not they use e-cigarettes.
E-cigarettes and NRT (nicotine replacement therapy) can be safely used together to stop smoking.

http://www.ncsct.co.uk/publication_electronic_cigarette_briefing.php
Respiratory nursing in UK

- Practice Nurse (general or specialised)
- Allergy nurse
- Community nurse who specialises e.g. COPD
- Clinical nurse specialists e.g. COPD, Asthma, Lung cancer, TB, ILD, Pulmonary Rehabilitation, oxygen
- Nurse Consultant (very few)
- Advanced nurse practitioners e.g. pleural disease
- Tertiary CNS e.g. rare disease, ILD, CF
- Paediatric – asthma, CF, allergy, ventilation
“A role, requiring a registered practitioner to have acquired an expert knowledge base, complex decision-making skills and clinical competences for expanded scope of practice, the characteristics of which are shaped by the context in which the individual practices. Demonstrable, relevant education is recommended for entry level which is to be at masters level and which meets the education, training and CPD requirements for Advanced Clinical Practice as identified within the framework.”
National policy direction and key workforce factors
There are a number of national policy drivers that have directly impacted on workforce development. Some of the factors worth highlighting are:

• impact of the Working Time Directive on the workforce
• increasing vacancies in higher specialty training grade roles
• need for Specialty and Associate Specialist Career grade doctors
• Modernising Nursing Careers and the RCN National Career Framework
• Modernising Allied Health Professional Careers Programme
• promoting the move towards an increasing competent and flexible workforce
• professional requirements for Revalidation
• Chief Nurses Care and Compassion: Six Cs highlight that it is essential if we are to understand the impact of what we do and ensure we deliver truly compassionate care.
NMC statement  2005

“Advanced nurse practitioners are highly skilled nurses who can

Take a comprehensive patient history

Carry out physical examinations

Use expert knowledge & clinical judgement to identify the potential diagnosis;

Refer patients for investigations where appropriate;

Make a final diagnosis;

Carry out treatment, including the prescribing of medicines, or Refer patients to an appropriate specialist;

Use their extensive practice experience to plan and provide skilled and competent care to meet patients’ health and social care needs, involving other members of the health care team as appropriate;

Ensure the provision of continuity of care including follow-up visits;

Assess and evaluate, with patients, the effectiveness of the treatment and care provided and make changes as needed;

Work independently, although often as part of a health care team;

Provide leadership; and make sure that each patient’s treatment and care is based on best practice.
Data on advanced Practice?

- 2013 HSCIS census GPN category was divided into 3 sub-categories

- **Advanced Level Nurses** includes Advanced Nurse Practitioner, Nurse Practitioner, Prescribing Nurse, Nurse Clinician, Nurse Manager, Practice Development Nurse, Physician Associate and Assistant Practitioner. These nurses have high levels of clinical skill, competence and autonomous decision-making. **Up by 9.3% 2013-14**

- **Extended Role & Specialist Nurses** includes Extended Role Nurses and practice nurses who have received additional training in a specialist area such as Diabetes, Asthma, Learning Disability, Mental Health and Sexual Health and includes Community Nurses. Midwives, Health Visitors, School Nurses if they are directly employed by the Practice. **Down by 0.03%**

- **Practice Nurses** include all other qualified nurses employed by the practice. **Down by 2.6%**
ANP characteristics

- Flexible generalist
- Can work across Medicine & Nursing
- Maintains Nursing ethos
- Able to manage acute patients
- Able to manage complex LTMCs
- Can work across community
HEE GPN Career Framework

Diagram 1

General Practice Education and Career Framework

Health Care Apprentice
Level 2
- Care Certificate
  Hold or working towards level 2 QCF Diploma in Clinical Healthcare Support or equivalent

Health Care Assistant
Level 3
- Care Certificate
  Hold or working towards level 3 QCF Diploma in Clinical Healthcare Support or equivalent

Assistant Practitioner
Level 4
- Higher Care Certificate
  Hold or working towards Foundation degree at level 5

General Practice Nurse
Level 5
- Registered on Part 1 of the Nursing and Midwifery Council register.
  Educated to a minimum of Pre-Registration Diploma Level

General Practice Nurse
Level 6
- Registered on Part 1 of the Nursing and Midwifery Council register.
  Educated to a minimum of degree level.
  Successful completion of post qualifying accredited foundation course in General Practice Nursing at level 6 or 7 and able to meet RCGP Practice Nurse competencies. To include extended brief interventions

Senior General Practice Nurse
Level 7
- Registered with the Nursing and Midwifery Council.
  Completion of Postgraduate Diploma in General Practice or a related subject.
  NMC Independent non-medical prescribing V300
  NMC Mentor

Advanced Nurse Practitioner
Level 8
- Registered with the Nursing and Midwifery Council.
  Postgraduate diploma meeting Advanced Nurse Practitioner requirements and to include level 8 high intensity interventions (see NICE guidelines for descriptors of behaviour change interventions)

Nurse Consultant
Level 9
- Registered with the Nursing and Midwifery Council.
  Postgraduate Diploma in General Practice or a related subject.
  NMC Independent non-medical prescribing V300
  NMC Mentor

Under further development with HEE Talent for Care Programme
OTHER COMPETENCY FRAMEWORKS

- SCOTTISH
- WELSH
- N. IRELAND
- Canadian, New Zealand, Australia, Germany, Netherlands, US
Competences of the Clinical Nurse specialist (CNS): Common plinth of competences for the Common Training Framework of each specialty

The Clinical Nurse Specialist (CNS) is an advanced practice Nurse prepared as a specialist within a clinical specialty at the master’s, post master’s or doctoral level”
Competence of specialist nurses
a. Relation to national and European qualification framework

The competences of CNS are designed according to the descriptor defining levels in the European Qualifications Framework and corresponds to the level 7 and 8 depending on the legislation of the different EU countries, above the level 6.

1. The descriptor for the second cycle in the Framework for Qualifications of the European Higher Education Area corresponds to the learning outcomes for EQF level 7

2. The descriptor for the third cycle in the Framework for Qualifications of the European Higher Education Area corresponds to the learning outcomes for EQF level 8.
<table>
<thead>
<tr>
<th>ESNO competences</th>
<th>Context summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Role</td>
<td>Assess, investigate, diagnose, plan and treat.</td>
</tr>
<tr>
<td></td>
<td>Prescribe</td>
</tr>
<tr>
<td></td>
<td>Advanced technical skills</td>
</tr>
<tr>
<td></td>
<td>Public Health and Screening</td>
</tr>
<tr>
<td>Patient Relationship</td>
<td>Personal &amp; Collaborative approach</td>
</tr>
<tr>
<td></td>
<td>Communicate</td>
</tr>
<tr>
<td></td>
<td>Co-ordinate</td>
</tr>
<tr>
<td>Teaching</td>
<td>Teach – patients, carers, MDT</td>
</tr>
<tr>
<td></td>
<td>Coach</td>
</tr>
<tr>
<td></td>
<td>Mentor</td>
</tr>
<tr>
<td>Research</td>
<td>Translate and critique</td>
</tr>
<tr>
<td></td>
<td>Produce and publish</td>
</tr>
<tr>
<td>Organisation &amp; Management</td>
<td>Lead MDT group</td>
</tr>
<tr>
<td></td>
<td>Innovation &amp; service development</td>
</tr>
<tr>
<td>ESNO competences</td>
<td>Context summary</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Communication &amp; Teamwork</td>
<td>Professional role &amp; responsibility</td>
</tr>
<tr>
<td></td>
<td>Collaboration</td>
</tr>
<tr>
<td>Ethics &amp; decision making</td>
<td>Autonomy</td>
</tr>
<tr>
<td></td>
<td>Legal adherence</td>
</tr>
<tr>
<td></td>
<td>Health &amp; safety</td>
</tr>
<tr>
<td></td>
<td>Confidentiality</td>
</tr>
<tr>
<td>Leadership &amp; Policy making</td>
<td>Local level</td>
</tr>
<tr>
<td></td>
<td>National</td>
</tr>
<tr>
<td></td>
<td>International</td>
</tr>
<tr>
<td>Public Health</td>
<td>Surveillance</td>
</tr>
<tr>
<td></td>
<td>Disease prevention</td>
</tr>
<tr>
<td></td>
<td>Advocacy</td>
</tr>
<tr>
<td></td>
<td>Health promotion</td>
</tr>
<tr>
<td></td>
<td>Research</td>
</tr>
</tbody>
</table>
Advanced Practice clinical role with a large management element

Advanced Practice clinical role with strong research/teaching elements
2012 RCN ANP Survey

3. What educational qualification(s) do you hold? Select all that apply

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSC</td>
<td>13.3%</td>
</tr>
<tr>
<td>BSc hon</td>
<td>59.4%</td>
</tr>
<tr>
<td>PGdip</td>
<td>24.2%</td>
</tr>
<tr>
<td>MSc</td>
<td>36.0%</td>
</tr>
<tr>
<td>MA</td>
<td>4.0%</td>
</tr>
<tr>
<td>PHd</td>
<td>0.9%</td>
</tr>
<tr>
<td>Other</td>
<td>30.2%</td>
</tr>
</tbody>
</table>
Education for Health

Improving the lives of people living with long term conditions
A comprehensive and flexible range of education and training

• Professionally accredited face to face workshops (RCGP, ARTP)
  • Essentials of COPD, COPD Update, NIV and Spiro
• University validated modules and programmes:
  • Levels 5 & 6 – Open University
  • Level 7 – Hertfordshire University
• eLearning and online resources
  • REAL
  • Intro to COPD
• Simply COPD Pocket Book
LINKS

- www.educationforhealth.org
- www.educationforhealth.org/respiratory
- REAL - http://real.educationforhealth.org/
- Intro to COPD - http://www.introtocopd.org/
None Medical Prescribing
Non Medical Prescribing is the prescribing of medicines, dressings and appliances by health professionals who are not doctors. There are 3 models of Non Medical Prescribing:

1. Supplementary Prescribing
2. Nurse and Pharmacist Independent Prescribing
3. Nurse Prescribers Formulary for Community Practitioners
THE HISTORY

1986
Recommendation for nurses to take on prescribing role [Cumberledge Report]

1998
• DOH introduced the Nurse Prescribers formulary for District Nurses and Health Visitors in England.
Supplementary prescribing training for nurses and pharmacists began in 2003.

Supplementary prescribing training for allied health professionals began in 2005.
UK Nurse Prescribing History

1st May 2006

- Prescribing powers extended for nurses, midwives and pharmacists
- Independent prescribing

- from 2013- also physiotherapist & podiatrists
Cost Effective Prescribing

- Balance of optimising budget and avoiding waste
- Prescriptions = 18% of total health expenditure
- Estimated £100m of medicines are returned to pharmacies unused
Standards of proficiency for nurse and midwife prescribers (2006)

- Nursing and Midwifery Council – UK regulatory body
- Standards and proficiencies for programmes of preparation
- Standard of conduct
- Within own level of competency
Patricia Hewitt (Health Secretary in 2005/6) said
“Extending prescribing responsibilities is an important part of our commitment to modernise the NHS. By expanding traditional prescribing roles, patients can more easily access the medicines they need from an increased number of highly trained health professionals”

“This is another step towards a truly patient led NHS, giving the patients power to choose where and by whom they are treated”.
BENEFITS FOR PATIENTS

- Timely access to treatment
- Speedier and more accessible service
- Sometimes easier to consult a nurse than a doctor:
  - Availability
  - Time to talk
  - Approachability
BENEFITS FOR NURSES

Provides New Opportunities –
• To use and develop our skills
• To improve practice and knowledge base
• To manage whole episode of care and provide continuity
• To save time
• Greater job satisfaction
• Increased nurse led services
• Autonomy
POINTS TO CONSIDER

- Expectations or pressure from others
- Awareness of own level of competence
- Accountability
- Development of nurse prescribing policies within organisations
- Clarification of insurance
- Review of job descriptions
- Continuing Professional Development
Accountability & Scope of practice
WINDOW OF OPPORTUNITY
Ambulatory Care

- Developed as part of Msc in Respiratory care
- Tested concept
- Measured outcomes
- Involved patients
- Acute care without sleeping in hospital
- 100% positive patient feedback

- Respiratory infections including pneumonia & bronchiectasis
- Pulmonary embolism & DVT
- Pulmonary effusion
- Pneumothorax
- COPD
- As well as lots of other pathways
### Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Standard</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APRIL</th>
<th>MAY</th>
<th>JUNE</th>
<th>JULY</th>
<th>AUG</th>
<th>SEPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of GP calls</td>
<td></td>
<td>152</td>
<td>137</td>
<td>131</td>
<td>177</td>
<td>164</td>
<td>154</td>
<td>192</td>
<td>173</td>
<td></td>
</tr>
<tr>
<td>Number directed to ACU via GP calls</td>
<td>see 50% increase in GP referrals seen in ACU from the baseline in January within 6 months</td>
<td>31</td>
<td>56</td>
<td>69</td>
<td>70</td>
<td>66</td>
<td>58</td>
<td>75</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>Admitted to wards from GP calls</td>
<td>see a reduction of 20%</td>
<td>16%</td>
<td>9%</td>
<td>9%</td>
<td>14%</td>
<td>7.50%</td>
<td>13.70%</td>
<td>10.66%</td>
<td>5.60%</td>
<td></td>
</tr>
<tr>
<td>Total new patients (including GP calls)</td>
<td>see 50% increase in referrals from the baseline in January within 6 months</td>
<td>144</td>
<td>173</td>
<td>207</td>
<td>269</td>
<td>216</td>
<td>261</td>
<td>314</td>
<td>296</td>
<td></td>
</tr>
<tr>
<td>ACU follow up appointments</td>
<td>Excluding IV medication referrals the follow ups will be &lt;50% of new referrals</td>
<td>33</td>
<td>24</td>
<td>36</td>
<td>43</td>
<td>55</td>
<td>55</td>
<td>32</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Admitted via ACU including GP referrals</td>
<td>&lt;50% of total new patient</td>
<td>10</td>
<td>13</td>
<td>17</td>
<td>18</td>
<td>8</td>
<td>14</td>
<td>8</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Community IV medication episodes</td>
<td>&gt;50% within 12 months from baseline in January</td>
<td>31</td>
<td>65</td>
<td>97</td>
<td>129</td>
<td>165</td>
<td>174</td>
<td>155</td>
<td>158</td>
<td></td>
</tr>
<tr>
<td>Admission avoidance</td>
<td>50% increase in baseline in January</td>
<td>84</td>
<td>92</td>
<td>90</td>
<td>90</td>
<td>169</td>
<td>158</td>
<td>179</td>
<td>142</td>
<td></td>
</tr>
<tr>
<td>Friends and Family -score</td>
<td>90%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Friends and Family - Response rate</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td></td>
</tr>
<tr>
<td>No of complaints received</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
Outcomes

### ARD: 2014-2015

<table>
<thead>
<tr>
<th>Metric</th>
<th>Standard</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APRIL</th>
<th>MAY</th>
<th>JUNE</th>
<th>JULY</th>
<th>AUG</th>
<th>SEPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Activity</td>
<td>na</td>
<td>516</td>
<td>438</td>
<td>538</td>
<td>529</td>
<td>539</td>
<td>561</td>
<td>540</td>
<td>452</td>
<td></td>
</tr>
<tr>
<td>Patients departing from AMU within 72 hours</td>
<td>90%</td>
<td>84%</td>
<td>87%</td>
<td>81%</td>
<td>87%</td>
<td>91%</td>
<td>94%</td>
<td>85%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>% of patients transferred to another ward</td>
<td>78%</td>
<td>60%</td>
<td>60%</td>
<td>53.32</td>
<td>66.54</td>
<td>61.24</td>
<td>61.24</td>
<td>58.15</td>
<td>60.40</td>
<td></td>
</tr>
<tr>
<td>Number of admissions from ACU</td>
<td>Monitoring</td>
<td>2</td>
<td>5</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Number of patients discharged home / community</td>
<td>&gt;20%</td>
<td>37.98</td>
<td>34.36</td>
<td>31.97</td>
<td>30.62</td>
<td>34.69</td>
<td>33.84</td>
<td>29.63</td>
<td>35.28</td>
<td></td>
</tr>
<tr>
<td>Consultant reviews within 12 hours of admission (monthly audit)</td>
<td>90%</td>
<td>92%</td>
<td>73%</td>
<td>85%</td>
<td>91%</td>
<td>100%</td>
<td>90%</td>
<td>80%</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>Medical outliers</td>
<td>0 within 6 months</td>
<td>14</td>
<td>5</td>
<td>0.77</td>
<td>3.5</td>
<td>3.4</td>
<td>1.5</td>
<td>4.9</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>MEWS score carried out at time of admission</td>
<td>within 15 mins</td>
<td>75%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends and Family patient satisfaction Score</td>
<td>90%</td>
<td>89.97</td>
<td>91.62</td>
<td>73%</td>
<td>86%</td>
<td>94%</td>
<td>87%</td>
<td>81%</td>
<td>89%</td>
<td></td>
</tr>
<tr>
<td>Friends and Family patient satisfaction Response Rate</td>
<td>60% by March 2015</td>
<td>75%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of sideroom occupied by infected patients</td>
<td>Monitoring</td>
<td>47%</td>
<td>48%</td>
<td>43%</td>
<td>47%</td>
<td>62%</td>
<td>85%</td>
<td>66%</td>
<td>77%</td>
<td></td>
</tr>
<tr>
<td>Use of pneumonia care bundle on diagnosed community acquired pneumonia patients</td>
<td>60% by March 2014 and 85% by March 2015</td>
<td>40%</td>
<td>90%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>95%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of Sepsis care bundle on appropriate patients</td>
<td>90%</td>
<td>82%</td>
<td>90%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction in acute beds being closed due to infections (average of the month / compared to last year = YID) x</td>
<td>&gt;10%</td>
<td>66</td>
<td>15</td>
<td>120</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>No of patients over 75 with dementia screening undertaken</td>
<td>100%</td>
<td>not audited</td>
<td>70%</td>
<td>80%</td>
<td>80%</td>
<td>85%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Legend:**
- **Achieved target**
- **Working towards target**
- **Target not met**
Outcomes

Ambulatory Care activity outcomes

April: % GP calls converted 39, Total patients seen from all referrals 269, Patients admitted from ACU 18
May: % GP calls converted 34, Total patients seen from all referrals 216, Patients admitted from ACU 8
June: % GP calls converted 39, Total patients seen from all referrals 261, Patients admitted from ACU 14
July: % GP calls converted 47, Total patients seen from all referrals 314, Patients admitted from ACU 8
National award for ‘Team of the Year’
Thank You
For
Your
Attention
Any Questions?