



What was our aim?

To develop the assistant practitioner (AP) role in the Home Enteral Nutrition (HEN) Team to be more clinically focused, in order to increase job satisfaction.

Why is it important to service users and carers?

The HEN Team accepts referrals for any adult in east and west Kent with a feeding tube. Due to the complex clinical needs of the patients, the team does not hold a waiting list, as all patients get seen within four weeks of referral and are discharged on death or tube removal. Over the past two years, the team has seen its caseload increase by 22 per cent (June 2020 – June 2022), this has led to more time being allocated to seeing new referrals. As a result, the dietitians are managing increasingly large caseloads and finding it difficult to always review existing patients in a timely manner.

Historically, dietetic assistants (Band 3) would complete reviews on stable patients allocated by the dietitian within their competency framework. At the time of the project the dietetic assistants in post were developing into Band 4 roles, (having begun Level 5 Assistant Practitioner (AP) apprenticeships in March 2020). Part of these Band 4 roles focused on managing the admissions of patients to the HEN Team, to improve safety and to release the time of the dietitians to manage their caseloads. It became apparent that completing this aspect of their roles within the allocated time was challenging, resulting in less time to complete clinical reviews, increased pressure felt by the assistants and a reduction of job satisfaction.

Ideas and tests of change

This project is part of a bigger review of the demand and capacity of the HEN Team. Below are the change ideas that were generated in relation to this particular issue:

- Develop full time AP (Band 4) roles instead of Band 3 assistants in the HEN Team to utilise the Assistant Practitioner Apprenticeship.
- AP staff each have a special clinical focus, for example, Motor Neurone Disease, or learning disability, to update team.
- AP staff to independently manage their own caseload.
- Review admissions process which currently takes up 40 to 50 per cent of staff time.
- Develop AP competency document and parameters to work within.
- One line manager for all AP staff in the HEN Team to ensure coordinated approach.
- Review and develop AP tutorials to bring three staff to same level.
- Improve clinical updates for all colleagues, which had reduced during COVID-19.

The tools we used

A main tool used in this project was the identification, prioritisation and engagement of stakeholders – key stakeholders being dietetic assistant staff in post and the wider HEN Team. We felt this to be important as change is more sustainable when staff are engaged in the process. Our Interim head of service and our service lead for quality, governance and professional standards were also involved.

The HEN team met and used brainstorming, six thinking hats, fresh eyes and process mapping, to help generate change ideas which included the following:

- “Have caseloads AP manage completely”
- “Admissions; streamline process”
- “Expand Band 4 role”
- “AP manage caseloads in care home”
- “Be different in care homes”

A plan was agreed to change the admissions process, to increase efficiency and to stop the AP staff managing this. This would then free up the time to manage a caseload. It was identified that new competencies would need developing (which was done in collaboration with staff) and clear parameters, appropriate to their role, for different clinical situations including when to escalate clinical concerns. This would support AP staff learning and give clear structure to the support they provide their dietitian colleagues.

PDSA cycles were utilised, starting with AP staff managing a small caseload of existing nursing home patients and then following review, increasing to managing new patients referred to their nursing homes.

Results/How did we do/Anticipated outcome

We have seen a number of results not just with regard the job satisfaction of the APs but also in the quality of service delivered to care home patients. These include:

- AP staff in HEN have completed their new, updated competencies and are independently managing a geographic caseload of care home patients.
- AP staff have seen 12 new patients since May 2022.
- AP staff have expressed increased satisfaction in the management of care homes. Specifically, they feel that they are building relationships with staff and patients at their homes. They have also identified the need for improved patient and care home literature and resources to help the care home staff manage issues independently, without the need to call the HEN Team so frequently. They have started to work on care home resource packs and new patient information with the HEN nurse.
- AP staff have expressed that they have enjoyed the challenge of completing new patient assessments as they feel they have a greater, in depth knowledge of the patient and have found subsequent reviews more efficient than when the initial assessment was completed by a dietitian. They also feel it improves the rapport with the patient / staff in the home.
- AP staff have engaged with the competencies and parameters, suggesting additional ones not initially included for consideration.
- AP staff feel reduced pressure that they are no longer managing the admissions process.

AP staff completed a survey reflecting on changes and shows they are less frustrated, more engaged and happier in their roles compared to 12 months ago with the following comments:

‘Very happy in what I am doing and how the role has been developed.’

‘Having some influence on how the role develops is important to me and makes me feel more valued as a clinician.’

What we learned and what’s next

The next plan, do, study, act (PDSA) cycle will look at increasing the size of the APs caseloads with the management of appropriate patients in their own homes. We plan to use similar methods of collaborative working to develop clear criteria to identify which patients could be managed by an AP.

As the independent caseloads of the APs continue to be defined and increase appropriately, the next step will be to assess the impact of these changes on the wider team, particularly in relation to managing the demand of the increasing caseload of the service.