National Council for the Professional Development of Nursing and Midwifery

Service Needs Analysis for Clinical Nurse/Midwife Specialist and Advanced Nurse/Midwife Practitioner Posts

SEPTEMBER 2005

Mission Statement of the National Council

The Council exists to promote and develop the professional role of nurses and midwives in order to ensure the delivery of quality nursing and midwifery care to patients/clients in a changing healthcare environment.

Service Needs Analysis for CNS/CMS and ANP/AMP Posts

Contents

Service Needs Analysis for CNS/CMS and ANP/AMP Posts

Introduction

The expectations and demands of patients/clients

receiving healthcare have shifted, moving the focus from clinician to patient/client need (Council of Europe 2000). Changes in the provision of healthcare are having an impact on the demands made on healthcare providers, and have resulted in shorter stays in acute services, quicker access to hospital services and greater emphasis on the importance of community care. A significant factor in support of such changes is the creative use of nursing and midwifery expertise and a growing resistance to nurses being under-utilised.

A proactive and strategic approach to the development of clinical nurse/midwife specialist (CNS/CMS) and advanced nurse/midwife practitioner (ANP/AMP) posts is necessary to ensure the availability of a critical mass within the Irish health service. As indicated in the *Evaluation of the Effectiveness of the Role of the Clinical Nurse/Midwife Specialist* (National Council 2004), it is critical in the early years of the introduction of the clinical career pathway that formal annual and multi-annual reviews of current posts and future needs occur. These CNSs/CMSs and ANPs/AMPs can respond in a flexible, innovative and creative manner to meet the evolving needs of patients/clients who access the health services. This paper will identify factors necessary for a service to conduct a needs analysis to determine whether specialist or advanced practice levels of nursing/midwifery practice are required to deliver a high-quality service. A business case template is provided. It is important to note that this paper is intended as a guide only. It can be used in conjunction with other specific organisational or health service guidance as appropriate. It is targeted at any health care professional who wants to conduct a service need analysis.

This paper has been developed in conjunction with the Directors of the Nursing and Midwifery Planning and Development Units and the Directors of Nursing and Midwifery.

Background

Increasingly, nurses and midwives are required to enable and co-ordinate care in clinics, and to co-ordinate liaison between acute and community boundaries (Melling & Hewitt-Taylor 2003). New models of care are being developed that require practitioners to challenge traditional professional boundaries. Important changes are taking place in the public's expectations of the health services. In addition, patients/clients are discharged from hospitals earlier, and responsibility for continued and continuing care is shifting towards community-based service providers and practitioners (DoHC 2001a).

The dynamic nature of the demographic and epidemiological profile of the population in Ireland has had, and will continue to have an impact on both the management and delivery of healthcare. There have been radical reforms in health care delivery, technological advances and a concomitant growth of nursing and research knowledge. CNS/CMS and ANP/AMP roles can respond to service demands in a timely and pioneering manner. There is great potential within these roles to assist the integration of primary, continuing and secondary care through the service planning process. It is the responsibility of each Director of Nursing/Midwifery, working collaboratively with their nurse/midwife managers, to ensure the integration of such clinical roles into the strategic planning and development processes of the health services as a whole.

This is a time of change and development opportunities for nurses and midwives in Ireland. With the advent of the pre-registration nursing degree programme, post-registration education, the clinical career pathway, the scope of practice framework, the implications of expanded roles for nurses and midwives such as the use of medication protocols and the training of health care assistants, there is considerable scope for harnessing the potential of experienced, competent nurses and midwives to support the entire healthcare team to direct their efforts toward ensuring that patients/clients receive the highest standard and quality of care.

The nursing and midwifery profession plays a central role in the health system. Nurses and midwives are often the first point of contact for patients/clients. They comprise almost 36 per cent of the healthcare workforce and provide care over a 24-hour, 7-day period. There is considerable potential for nurses and midwives to enhance further the development of high-quality patient/client care and positive health outcomes for patients/clients.

Various policy documents and strategies have influenced the development of nursing and midwifery specialities in Ireland. The ***Report of the Commission on Nursing: A Blueprint for the Future*** (Government of Ireland 1998) has been highly influential in the development of these specialities. The national health strategy ***Quality and Fairness: A Health System for You*** (DoHC 2001b) recommends the development of further clinical specialist posts in nursing and midwifery within the framework devised by the National Council. ***Audit of Structures and Functions in the Health System: (Prospectus Report)*** (DoHC 2003a) recommends the enhancement of system capability and performance. It recommends the continued advancement of the personal development planning process, which is established in some health agencies but not in all. It also recommends that the human resource division of the Health Service Executive (HSE) conduct an audit of the critical skills and competencies required in delivering system capability and performance. In tandem with the health service reform programme and the implications of the ***Report of the National Task Force on Medical Staffing*** (DoHC 2003b), the scope for enhancing the role of nurses and midwives should be explored in detail, with a view to identifying how such enhancement could be implemented nationally.

***The Nursing and Midwifery Resource: Final Report of the Steering Group –
Towards Workforce Planning*** (DoHC 2002) recommends that the National Council monitor
and evaluate the introduction of clinical nurse/midwife specialists throughout the health system in
collaboration with the Nursing & Midwifery, Planning & Development Units and Directors of Nursing
and Midwifery.

The Scope of Nursing and Midwifery Practice Framework (An Bord Altranais 2000) has
facilitated a new and empowering phase in Irish nursing. The framework was developed following
consideration of national and international developments in nursing and midwifery practice. Its aim is
to support nurses and midwives in their determination, review and expansion of their scope of
practice. The scope of practice is defined as 'the range of roles, functions, responsibilities and
activities, which a registered nurse is educated, competent and has authority to perform'. The
Scope document acknowledged the evolving roles of nurses and midwives and differentiated
between the terms expansion and extension, in favour of the former. It highlighted the principles and
values that should underpin role development and expansion.

***Nurses' and Midwives' Understanding and Experiences of Empowerment in
Ireland*** (DoHC 2003c) highlights the fact that empowerment is a key requirement in encouraging
the innovative practice that will underpin healthcare provision. It states that:

> *'the challenge facing senior management is to harness the positive attitudes and skills of nurses
> and midwives in providing the direction necessary for the effective implementation of the health
> strategy. The factors adjudged to enhance empowerment include education, skills, knowledge
> and self-confidence'.*

The ***Evaluation of the Extent and Nature of Nurse-Led/Midwife-Led Services in
Ireland*** (National Council 2005) highlighted the changing nature of health service delivery and new
ways of working. Nurses and midwives are required to enable and co-ordinate care and liase across
acute and community boundaries. It is evident that nurse-led/midwife-led services are continually
being developed and refined by nurses and midwives who want to improve the quality of
patient/client care. What is also evident is that these nurse-led/midwife-led services have evolved
because of a gap in the service or because the service was not meeting the expectations of the
patient/client. This can be evidenced by the introduction of evening and out-of-hours clinics that suit
the patient/client and not necessarily the healthcare professional delivering that service. It is evident
that depending on the location and the type of service, nurse/midwife-led care can be delivered by
nurses and midwives at generalist, specialist and advanced practice level.

Many factors such as population ageing, population increases, migration trends and increasing
urbanisation will affect the requirement for nursing and midwifery services and specialisation within
health services in the future.

All new services should be developed on a service needs analysis basis and must have an
evaluation strategy built in to assist the process of continuous quality improvement and to ensure
that the service fits the patient/client need. This evaluation should be as holistic as possible,
incorporating the views of patients/clients and communities. The introduction of any new service will
have implications for the wider system of working and cannot be considered in isolation.

Building on the service needs analysis, service planners should develop a business case to support
their service plans. Most business plans require review and amendments as they go through the
formal review processes by key decision makers and stakeholders. It takes time to prepare, submit
and get approval for a business plan. Service planners need to remain committed to the
justifications for the new service and clearly articulate the vision that will improve patient/client care.

Part 1 of this paper presents a framework for conducting a service needs analysis.

Part 2 of this paper presents a business case template.

Part 1: Service Needs Analysis

Determining the need for CNS/CMS and ANP/AMP roles

It is intended that this framework will assist nurse/midwife managers in identifying within each service area what posts are required to deliver high-quality care to patients/clients in accordance with service need and future developments. Ability to demonstrate to all key stakeholders that new roles are effective or that professional development has enhanced the quality of patient/client care is essential. Collaboration and service planning are key prerequisites for success in determining whether there is a service need that requires application of specially focused nursing and midwifery knowledge and skills to improve the quality of patient/client care.

The following are some of the key areas that should be considered by planners when considering the likely demand for clinical nurse/midwife specialists and advanced nurse/midwife practitioners. It is by no means meant to be an exhaustive list and will always be underpinned by the local service planning process. Social, political, cultural, technological and economic factors all have an influence on how nursing and midwifery roles will develop in the future.

1. Epidemiology or Disease patterns

- Breakdown of patient/client numbers by disease/condition
- Mortality and/or morbidity rates
- Incidence and/or prevalence of disease
- Increasing or decreasing patterns of disease e.g., increase in childhood diabetes, obesity
- Epidemiological clusters
- Epidemics e.g., Influenza, AIDs, measles etc.
- Pandemics e.g., SARs, avian influenza

2. Population Health/Demographics

- Information from sources already established, e.g., National Cancer Registry, Hospital In-Patient Enquiry, Public Health Information's Systems, Central Statistics Office, National Intellectual Disability Database
- Local health statistics
- Migration trends
- Globalisation
- Ageing population
- Life expectancy
- Birth rate
- Health economics
- Women's health
- Genetics
- Environmental health
- Socioeconomic status
- Drug use
- Population distribution
- Biostatistics

3 Hospital data

- Numbers of in-patient admissions

- Length of average stay of patients

- Re-admission rates

- Routes of admission, e.g., GP referral, via A & E, elective admission

- Numbers of patients through A & E annually

- Bed occupancy rates

- Waiting times

- Number of patients seen per year, per service

- Other CNSs/CMSs and ANPs/AMPs in post – take a service perspective

- Audit from existing CNS/CMS and ANP/AMP that is outcome-focused and has measurable data demonstrating the efficacy (or otherwise) of the role

- Other audit data

4 Relevant health policy documents – to support the development of new posts

International reports from bodies such as the World Health Organisation or the Organisation for Economic Co-operation and Development (OECD) and other National bodies like the Economic and Social Research Institute (ESRI) are valuable sources of information.

National health strategies and reports[1]

- Acute Hospital Bed Capacity – A National Review (2003)

- AIDS Strategy 2000: Report of the National AIDS Strategy Committee (2000)

- Cardiovascular Strategy (1999)

- Ireland's Changing Heart (2003)

- Effective Utilisation of the Professional Skills of Nurses and Midwives (2001)

- European Home and Leisure Accident Surveillance System Report for Ireland (2002)

- Evaluation of the Irish Pilot Programme for Health Care Assistants (2004)

- Health Statistics (2002)

- Health Strategy – Quality & Fairness - A Health System for you (2001)

- Long Stay Activity Report (2001)

- National Health Information Strategy (2004)

- Primary Care Strategy (2001)

- Report of the National Advisory Committee on Palliative Care (2001)

- Research Strategy for Nursing and Midwifery in Ireland (2003)

- The National Health and Life Styles Survey (2003)

- The National Health Promotion Strategy 2000 – 2005 (2000)

Regional health strategies

Refer to local policies as available for example:

- A Study of Turnover of Staff in Midwifery Services in the Eastern Regional Health Authority (2004)

- Strategy and Action Plan for Nursing and Midwifery, Acute Hospital Services, HSE Mid-Western Area 2005 - 2008

- Regional Practice Development Project for the Development of Gerontological Nursing, Nursing and Midwifery Planning and Development Unit, Eastern Regional Health Authority (2004)

---

[1]All of these reports are available on the Department of Health and Children's web site: www.dohc.ie

5 Geographic context

- Sharing of services
- Cross-border working
- Regional posts

6 Additional supporting evidence

- Evidence from international literature – demonstrating benefits of CNS/CMS and ANP/AMP roles
- Workforce planning data including review of skill-mix
- Patient/client expectation of the service
- The perceived contribution of the CNS/CMS and ANP/AMP to patient/client care

Other factors affecting service need analysis

- The entire service planning process and prioritisation of services for development
- Maintenance of competence and development of future competencies
- The identification of the educational requirements such as continuing professional development, higher diploma and masters programmes. This requires the involvement of the education providers, i.e. third-level institutions and centres of nurse education to ensure that the skills and competencies required are available
- Philosophical approaches to provision and delivery of care, e.g., implementation of the social model and person-centred planning in intellectual disability services

Part 2: The Business Case

Preparing a business case to support the development of new roles

Once a service or an organisation has successfully completed the service need analysis using the above framework it is crucial to present the analysis in a business case format. The service need analysis is the first step in writing the business case. Organisations and services may have their own frameworks; this business template is intended as a guide only. It can be used by any member of the nursing or midwifery team in collaboration with the relevant key stakeholders. In developing the business case the following four principles should be adhered to:

1. The demonstrable outcome for the patient/client is the top priority

2. The service to be provided will be demonstrably cost-effective

3. The service model or care delivery model will be based on evidence relating to the needs of the specific population and/or the case load.

4. Models of evidence-based best practice will be adopted

A project management approach to develop the business case should be utilised. This entails identifying stakeholders, establishing a project team and setting targets to be achieved within an agreed timeframe. Members of the project team should be chosen according to their particular area of expertise, ensuring that a multidisciplinary and/or interdisciplinary approach is adopted. Finance and human resources departments can provide expertise, as they have the required knowledge in these specific areas. A total systems approach will achieve results more successfully and effectively.

The content of the business case should include:

- Service needs analysis
- Human resource implications, including an analysis of the skills and competencies that will be required
- Financial analysis
- Non-financial analysis
- Evidence and risk
- Implementation plan

The following section provides a template for a business case. If the organisation has its own template, this should be used. There is no single 'right' outline, format or content list when writing a business plan. The content needs to be credible, accurate, logical and succinct.

Template for a business case

Proposition or summary

A statement of the new service that is being proposed should be written at the early stages. This should briefly detail the new service and anticipated benefits to the service. The statement should be written with the target audience in mind.

Context

Include a brief statement about why the proposed change really matters to patient/client care and the organisation. The geographic location affected by the proposition (or not) should be addressed and the organisational context outlined.

Service needs analysis

See part one of this paper.

Human resource implications

The Health Strategy (DoHC 2001b) recommends having the right person with the right level of knowledge and the right expertise to lead the service from a clinical perspective. In many cases a business proposal will be about re-engineering the way in which people work and maximising the potential available competencies. To this end, a good business case should include the competencies and skills that will be required to deliver the proposed service. This should include the level of decision-making expected and the level of autonomy, of the nurse and midwife.

The availability of education to ensure the required competencies and skills is a necessity. The business case will therefore need to identify educational needs within the organisation. These may be delivered 'in-house', by the centres of nurse education, the third level Institutions or other means. Agreements with the education providers should be outlined along with the cost implications associated with fees, replacement costs and time.

Financial analysis

This is a critical section of the business case. Accurate data must be provided in relation to the scale of the new service, i.e; new posts, resources, etc. Utilise the assistance of the finance department in the organisation.

Estimated costs split between:

■ Non-recurring (one-off) costs: project management, equipment, recruitment, initial training and evaluation, changes to accommodation, 'pump priming', continuing costs, salaries, etc.

Estimated savings:

■ Estimated savings can be more difficult to identify than costs. Identify ways of doing things differently, not ways of using extra staff. Look at what the organisation is currently spending which is often very different to what is budgeted and what could be saved over time.

Look for the savings in staff costs such as:

■ Reduced use of agency and locum staff, reduced staff turnover and from reducing multiple visits by the patients/clients to hospitals, fewer complaints, less paperwork.

Timing: An analysis of costs and savings over the relevant financial years. If you are unsure, make an estimate.

	2005-2006	2006-2007	2007-2008
Non-recurring costs			
Continuing costs			
Savings			

Non-financial analysis

■ Quantify the likely impact of the change on key performance areas such as, quality, reduced waiting times, increased patient/client satisfaction and clinical performance indicators.

Evidence and risk

■ Detail how the proposed change will work. Give examples of small-scale tests or history of success elsewhere. Also include potential risks and contingency plans to prevent them.

Quality Improvement Information

■ Provide evidence from the international literature – demonstrating the efficacy (or otherwise) of similar services

- Outline patient/client expectation of the service

- Outline the perceived contribution of the new service to patient/client care

- Discuss what the introduction of a new service will bring to the organisation that was not already there

- Review and critically compare other similar services within the region or nationally and/or internationally as appropriate

- Discuss how the introduction of the service will be monitored. It is important to collect baseline data for comparative purposes, at the outset of the project

Implementation plan

- Outline the time frame for delivery of the new service from approval of business plan to initiation of new service. Use Gantt charts as appropriate

- Discuss the business plan with the key decision makers in your organisation prior to finalising the business plan

- Submit the business plan to the key decision makers as appropriate

- Make recommendations for inclusion in the regional or local service plan if appropriate

Conclusion

Consultation and discussion are key to the development of an inclusive business case. Ideally, nurses and midwives at all levels and grades participate in the service need analysis process. For example, the nurse or midwife on the front-line of care is well placed to identify a service gap.

Development of a business case to support the service planning process requires investment from key individuals. As service planning is currently an annual event it is important to ensure that staff remain motivated and that lessons learnt are shared to support a learning organisation. Thus, Directors of Nursing and Midwifery or the identified lead person with responsibility for writing the service need analysis and the business plan should provide feedback to all staff who have been involved in the process. Successes should be acknowledged and celebrated. Reasons why the business case proposition failed, or indeed succeed, should be outlined. This feedback could take the form of a regular review of the service plan.

Service needs analysis and business case development are an integral part of a modern health service. Nurses and midwives should develop the skills and competencies necessary to be active participants in these processes.

Service needs analysis for CNS/CMS and ANP/AMP posts

References

An Bord Altranais (2000) **The Scope of Nursing and Midwifery Practice Framework.** An Bord Altranais, Dublin

Council of Europe (2000) **The Development of Structures For Citizen and Patient Participation in the Decision-Making Process Affecting Health Care.** Recommendation Rec(2000)5 adopted by the Committee of Ministers of the Council of Europe on 24 February 2000 and explanatory memorandum. Council of Europe Publishing.

Department of Health and Children (2001a) **Primary Care: A New Direction.** Stationery Office, Dublin

Department of Health and Children (2001b) **Quality and Fairness: A Health System for You.** Stationery Office, Dublin

Department of Health and Children (2002) **The Nursing and Midwifery Resource: Final Report of the Steering Group: Towards Workforce Planning.** Nursing Policy Division, Department of Health and Children, Dublin

Department of Health and Children (2003a) **Audit of Structures and Functions in the Health Systems: Prospectus.** Stationery Office, Dublin

Department of Health and Children (2003b), **Report of the National Task Force on Medical Staffing,** Stationery Office, Dublin

Department of Health and Children (2003c) **Nurses' and Midwives' Understanding and Experiences of Empowerment in Ireland: Final Report** Stationery Office, Dublin

Government of Ireland (1998), **Report of the Commission on Nursing 1998 – A Blueprint for the Future,** Stationery Office, Dublin

Melling, S., Hewitt-Taylor, J. (2003) New Flexible healthcare roles and the purpose of nursing. **British Journal of Nursing,** Vol 12 No 21

National Council for the Professional Development of Nursing and Midwifery (2004). **An Evaluation of the Effectiveness of the Role of the Clinical Nurse/Midwife Specialist.** National Council for the Professional Development of Nursing and Midwifery, Dublin

National Council for the Professional Development of Nursing and Midwifery (2005). **An Evaluation of the Extent and Nature of Nurse-Led/Midwife-led Services in Ireland.** National Council for the Professional Development of Nursing and Midwifery, Dublin

National Council for the Professional Development of Nursing and Midwifery
6-7 Manor Street Business Park
Manor Street
Dublin 7

t: 353 1 882 5300
f: 353 1 868 0366
e: admin@ncnm.ie
w: www.ncnm.ie

National Council for the
Professional Development
of Nursing and Midwifery

An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altranais agus
an Chnáimhseachais