

# Changing Perioperative Roles

## Nicety of Necessity ? A UK Perspective

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Chair

Association For Perioperative Practice  
(AfPP)

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## Aim of Presentation

- To share observations and experiences from the UK
- To outline some of the solutions that have been developed to facilitate perioperative workforce reform and sustained service delivery

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## Indulgence



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### AfPP Vision

*To enhance patients perioperative experience by promoting best practice*



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### AfPP Purpose

We exist to improve patient care by:

- Determining standards and promoting best practice
- Facilitating education and practice development
- Providing professional support services
- Providing a forum for partnership with industry
- Shaping healthcare policy

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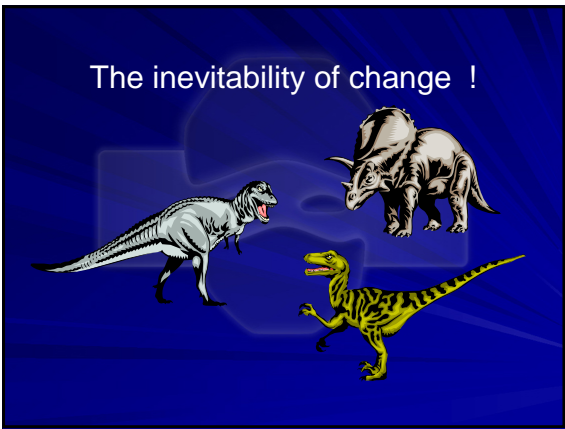
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*Lighting the  
way  
to  
Perioperative  
Excellence*



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### Challenges and Drivers

- Demographics
- NHS Policy Shifts
- European Working Time Directives (EWTD)
- NHS Pay Reform (Agenda for Change)
- NHS Skills Escalator

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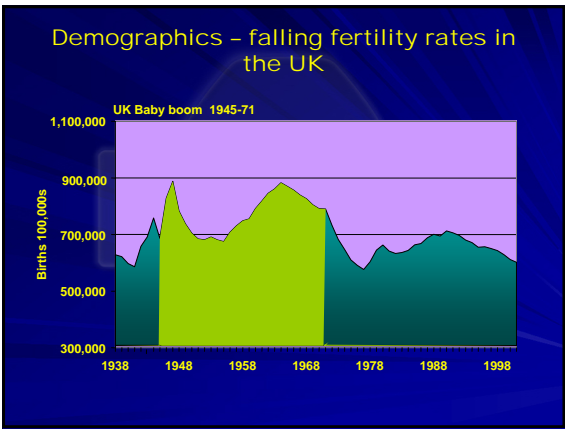
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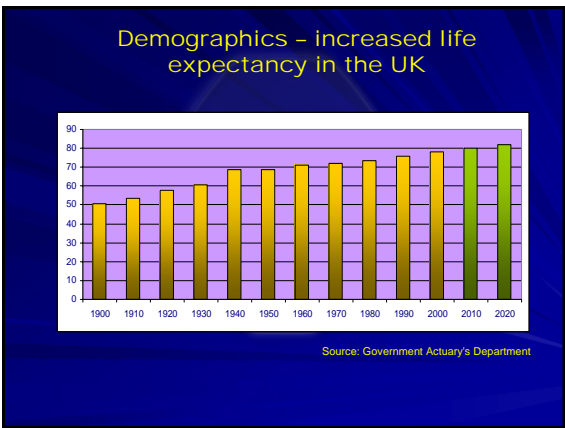
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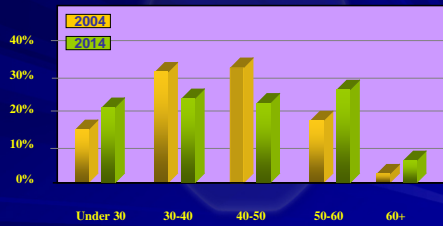
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### Demographics – age profile of the NHS nursing workforce 2004-2014



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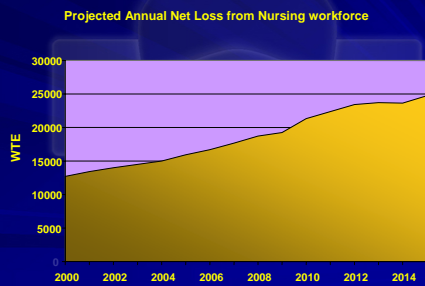
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### Demographics – projected impact on nursing workforce retirements



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### Key Drivers

- Financial Balance
- Medical advances
- Information and communications technology
- Social and political factors, attitudes and values toward public services
- EU enlargement and globalisation

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## Changing Workforce Programme (Modernisation Agency)

## National Practitioner Programme

2005-2007

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## NPP Remit

- Tests and implement new ways of working to improve patient services
- Redesign staff roles either by combining tasks differently, expanding roles or moving tasks up or down a traditional uni-disciplinary ladder
- Disseminate 'Best Practice'

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## European Working Time Directives

- The 1993 Working Time Directive.  
[Directive 93/104/EC of the European Parliament and of the Council](#)
  - The 1994 Working Time Directive for Young Persons.  
[Directive 94/33/EC of the European Parliament and of the Council](#)
  - The 2000 Working Time Directive.  
[Directive 2000/34/EC of the European Parliament and of the Council](#)
  - The 2003 Working Time Directive.  
[Directive 2003/88/EC of the European Parliament and of the Council](#)
- Other Directives**
- The 1989 Health and Safety Directive.  
[Directive 89/391/EEC of the European Parliament and of the Council](#)



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### NHS Strategic Policy Shifts

• Sickness	➔	Health
• Hospitalisation	➔	Care at or close to home
• Professional led	➔	Patient led
• Activity focus focus	➔	Patient safety and quality
• Monopoly	➔	Plurality
• Top down targets	➔	Self improvement
• Provider led	➔	Commissioner led
• Declining productivity	➔	Improving productivity
• Impersonal care	➔	Personalised care
• High growth	➔	Low growth
• Mediocrity	➔	Ambition

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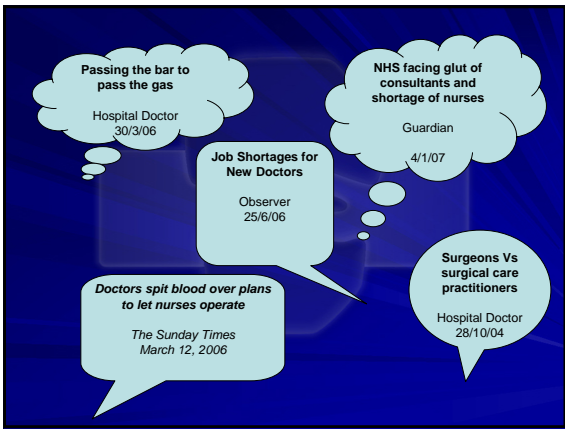
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**Perioperative Related Roles**

- **Surgical Care Practitioner**
- **Anaesthesia Practitioner**
- **Assistant Theatre Practitioner**

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## The Surgical Practitioner

- Pre, intra and post operative role
- Case load management
- Physical Assessment, Diagnostic and Surgical intervention
- Post-graduate Training 2 years (specialist degree)

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## The Anaesthesia Practitioner

- A non-medically qualified, member of the anaesthesia team
- Under the supervision of a medically qualified anaesthetist performs
  - pre-operative assessment
  - anaesthesia management/maintenance
  - post anaesthesia care

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## Examples of AP Work

- Pre operative assessment
- Insertion of lines
- Transfers to recovery / critical care
- Induction and reversal under supervision
- Maintain anaesthesia
- Post operative pain management
- Role in Resuscitation Teams
- Inter-organisation patient transfer

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### Assistant Theatre Practitioner (ATP)

- Perform a range of functions in support of the Registered Workforce as determined by local need
- Role is recognised at Level 3/4 of the Career Framework
- Role is not universally defined or transferable

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### SCP Sample Benefits

- Varicose vein surgery – waits fallen from 120 days to 80 days
- Hernia repair waits – 75 days to 60
- Additional 8 colo-rectal patients per clinic seen by an SCP
- Improved follow-up for laparoscopic cholecystectomy and hernia (2/12 to 2/52)
- SCP led post-op clinic – 40 more patients seen and waiting time 5/52 from 10/52

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### AP Sample Benefits

- Orthopaedic theatre downtime between cases reduced from 33 to 12 minutes
- Increased number of operations on list by up to 25%
- Decreased no. of cancelled lists
- 12% reduction in use of locums
- Savings on theatre downtime of 50 minutes per session

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## Cited benefits of ATP role

- Recruitment and retention of staff
- Enhanced career pathways for support staff
- Efficiencies in skill mix
- Reduced delays and cancellation of cases
- Improved patient experience

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## Enhancements

Quality of Patient Care  
Efficiency  
Effectiveness

Can be achieved through rigorous analysis  
of the patient pathway

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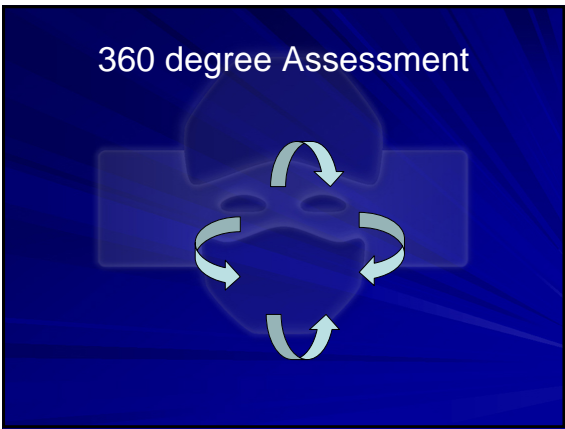
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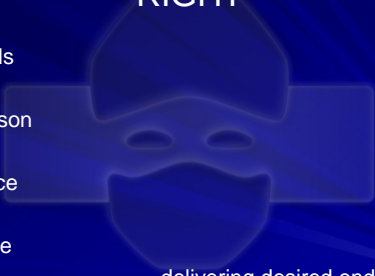
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**RIGHT**

- Skills
- Person
- Place
- Time

..... delivering desired end point



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**Doing nothing  
Is not an option !**

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**Changing Perioperative Roles**

**Nicety or Necessity ?  
A UK Perspective**

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Chair

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**Realising Potential**

AfPP Congress 2007  
October 8-11

Harrogate

England

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