



Nurse Led systemic monitoring clinics – guidance on setting up this service

Introduction

Nurse led systemic monitoring clinics are an innovative approach to improving care delivery and maintaining both a high quality and efficient service. Nurse led clinics can help to reduce existing waiting lists and free up consultant time.

When setting up a new service it is important to consider the impact on the existing clinical infrastructure, resources and manpower. You may or may not expect to see more patients. It may be that the population of patients is the same but the treatment mode will require an alternative set up.

This document outlines the areas that you will need to consider when developing nurse led systemic monitoring clinics. A Clinical Guideline Checklist is available in Appendix A.

Where to get help with planning

You may have to put together a business case for this clinic. Your local Business Manager should be able to help with this. Alternatively some pharmaceutical companies have business support units who may be able to assist you.

Consider the following areas when developing a business case

- The business plan should focus on service improvement and fit with your national and local health strategy
- Involve the patient in developing your service
- Map out the current patient's journey and identify who sees the patient at each point
- Identify steps on the journey where resources could be used more effectively and efficiently
- Identify areas where cost savings could be made e.g. nurse led systemic monitoring clinics reduce the impact on consultant time
- Identify key benefits and outcomes for the service e.g. increased patient satisfaction, improved quality of service, quicker access for patients
- Identify succession training and risk assessment of factors that may influence continuity of service.

How many patients are likely to be referred to this clinic in the population you serve?

It is important to estimate the number of patients that you are likely to see at your clinic. You may consider auditing a sample of the current patients attending your department or reviewing the prescribing reports to ascertain how many patients currently require systemic therapy.

Knowledge and Experience of the Nurse

It is advisable to identify the minimum level of knowledge and experience for the nurse running this clinic. This nurse should have sufficient post registration experience and be knowledgeable in dermatology. Access to and attainment of some formal post registration education in dermatology nursing is recommended where possible.



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This nurse should have substantial experience in dermatology nursing and have had access to and experience in the range of services within a dermatology department.

The length of experience may be variable according to individual background. Three years would be recommended and anything less than 18 months may not equip the nurses with the necessary knowledge and skills to fulfill the role. The nurse should have a detailed knowledge of:

- The anatomy and physiology of the skin
- The specific dermatological conditions that will be monitored at this clinic
- The topical and systemic treatments used to treat the above conditions
- The specific drugs being monitored at this clinic
- The psychological effects of living with a skin condition and the effects on the patient

You should identify a minimum period of supervision and a named person(s) to undertake this supervision. During this period, the nurse should complete competencies. Example of a Competency Assessments are available in Appendix B. Periodic review of these competencies would be recommended.

Non Medical Prescribing

To ensure patients have quicker access to medicines and to improve overall access to services, it is desirable for the nurse to have undertaken formal non medical prescribing training. Local agreement should be in place when this is not possible.

The purpose of nurse led drug monitoring clinics

Patients will be seen in a nurse led clinic for the purpose of assessing and evaluating their response to systemic therapies. It is important to outline which drugs you will monitor and for which specific diagnosed dermatological conditions.

Identifying the patient group

You should agree with medical staff the pre-requisites for patients attending the clinic and clearly state this in your guidelines.

Consider the following when identifying the patient group

- The minimum age of patients
- The drugs and dermatological conditions of patients
- Who initiates systemic drug therapy
- Who undertakes screening prior to commencing drugs
- The dosage schedule for drugs
- Indications for referral back to Consultant

Logistics of clinic

To ensure the smooth running of any clinic, you should make arrangements for the following:

- **Where the clinic will take place.** It should be run in parallel to other clinics where medical staff is available if required



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- **Clinic times.** Decide when the clinic should run and consider early and late appointments to meet the needs of patient.
- **Length of appointments.** Longer appointments are more beneficial to patients. Therefore it is not unreasonable for the length of appointments to be 30 minutes
- **How often the patients should be reviewed by a doctor.** Patients should be reviewed at regular intervals by their consultant or if they request this more frequently
- **When investigations are required.** It is important to identify how frequently investigations such as bloods are required and whose responsibility this is. If the nurse running the clinic is required to undertake investigations, extra time should be allocated for each appointment
- **Availability of investigation results.** A process should be agreed so that investigation results are available at each patient appointment
- **Alteration of dosage.** Agree circumstances when the nurse can alter the dosage or discontinue medications.
- **Where patients obtain medication.** Have a clear plan for the patient to obtain supplies of medication e.g. through hospital pharmacy or via General Practitioner
- **Patients that do not attend.** Clearly identify a process for dealing with patients who do not attend without prior notification.
- **Telephone helpline.** These are beneficial for patients but can be time consuming to the nurse. Consider if you have the facilities/personnel to operate a helpline and identify the primary point of contact.
- **Time for case review/discussion.** Time should be set aside for regular review of cases with consultants and other medical staff

The impact on other staff

You should consider the impact of this clinic on other members of the team and plan for this.

- **Healthcare Assistants** – you may want to consider training healthcare assistants to undertake investigations
- **Secretarial support** – you will need administrative support for typing letters, arranging appointments, filing investigation results etc.

Documentation

You may consider developing a pro-forma to record information at each patient appointment. Checklists are helpful as an aide memoire and are also useful for an overview of previous appointments. Always ensure that the checklists are filed in the patient records for easy access by all team members.

Clinical Guidelines

The British Association of Dermatologists (BAD) have produced Clinical Management Guidelines for many dermatological conditions and treatments. The BAD are accredited by NHS Evidence to provide clinical guidelines and these are reviewed on a regular basis to ensure they reflect best evidence. More information on BAD guidelines can be found at <http://www.bad.org.uk/site/495/default.aspx>



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Use these guidelines in collaboration with local medical staff to agree the monitoring schedule. Areas to cover in this guideline include:

- Indications for use
- Contraindications
- Cautions
- Side effects
- Drug interactions
- Dosage and administration
- Pre treatment investigations
- Considerations of patient on drug e.g. pregnancy prevention
- Monitoring requirements

Audit

Clinical audit is an integral part of clinical governance and can be carried out by any practitioner involved in the treatment of patients. It provides the mechanisms for reviewing the quality of everyday care provided to patients with common conditions. By addressing quality issues systematically and explicitly, audit provides reliable information to confirm the quality of service as well as highlighting areas for improvement.

Examples of areas to audit

- Entries in clinical notes of pre treatment investigations
- Compliance with monitoring recommendations
- Adherence to NICE guidelines, if applicable
- Adherence to Pregnancy Prevention Programme, where applicable.

Patient involvement

User and public involvement is a vital part of any service. Patient's views are crucial to the improvement of services. They have a valued opinion and often make suggestions for service improvement or give suggestions for new developments. Patient surveys can be undertaken in a variety of methods e.g. post, telephone, whilst patients are attending clinic, online.

Examples of areas to cover on a patient survey:

- Waiting times for first appointment
- Choice of appointment times
- Information given before first appointment
- Waiting times at clinic
- Length of appointment
- Department facilities e.g. cleanliness
- Patient involvement in decision making during consultation
- Patient's perception of trust and confidence of nurse undertaking consultation
- Privacy and dignity



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- Information giving e.g.
 - On condition
 - On treatment and side effects
 - Information leaflets

Continuing education/training requirements

Continued professional development (CPD) is a legal requirement in maintaining NMC registration for all nurses. CPD allows nurses to:

- Provide a high standard of practice and care
- Keep up to date with new developments in treatment and care
- Think and reflect on your practice

Time must be set aside by employers to enable this.



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Appendix A – Clinical Guideline Checklist

| Criteria | Yes | No | Comments |
|--|-----|----|----------|
| Is the authorship clear? | | | |
| Is there a clear description of involvement of the necessary expertise and key disciplines/stakeholders? | | | |
| PURPOSE | | | |
| Is the objective of the Guideline clearly stated? | | | |
| Is the patient population or medical condition/situation to which the guideline applies to clear? | | | |
| Is the professional group to whom the guideline is intended clearly stated? | | | |
| EVIDENCE BASE | | | |
| Does the guideline include a clear description of the sources of information used to select evidence? | | | |
| Are these sources adequate i.e. is the literature search described and are the sources appropriate? | | | |
| Is the methodology for selecting the evidence described e.g. critical appraisal or informal consensus? | | | |
| DEVELOPMENT | | | |
| Has the guideline been peer reviewed? | | | |



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| RECOMMENDATIONS | | | |
|---|--|--|--|
| Are recommendations clear and unambiguous? | | | |
| Have recommendations clearly referenced, demonstrating a link to the evidence base and/or best practice? | | | |
| Have recommendations been made after all other reasonable options of appropriate clinical interventions have been considered? | | | |
| Has considerations been given to the information patients and/or carers should be given? | | | |
| OUTCOMES | | | |
| Are the health benefits to be gained from the recommended management clear? | | | |
| Are the potential risks or harm from a recommendation described clearly? | | | |
| Are outcomes clearly stated and measurable in order to enable monitoring through audit? | | | |
| DISSEMINATION AND IMPLEMENTATION | | | |
| Are recommendations given as to how to achieve successful dissemination and implementation of the guideline? | | | |
| Do implementation plans include considerations of anticipated resource implications (e.g. time, training, equipment) | | | |
| REVIEW | | | |
| Is there a named representative identified as a contact to provide guidance/support concerning the guideline and receive feedback from staff? | | | |



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|---|--|--|--|
| Is the review date stated after which the guideline is reviewed/replaced or considered expired? | | | |
| Are details of the review process outlined? | | | |