

# Capturing the impact of consultant roles

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# Capturing consultant role impact: key questions

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Why capture impact?

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What is the evidence of impact?

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What domains of impact should be captured?

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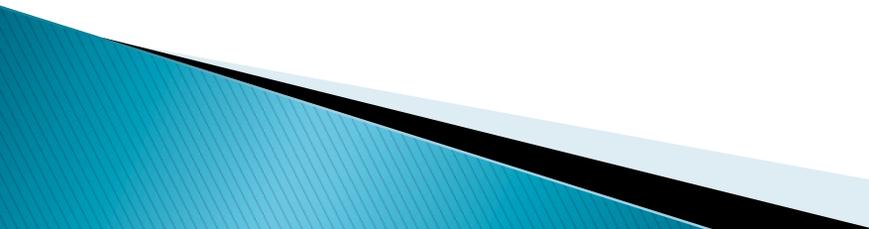
What are the challenges of capturing impact?

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How might impact be captured?

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Where next?



# Approaches to measuring the impact of nurse consultants on patient, professional and organisational outcomes

Research study funded by The Burdett Trust for Nursing

<http://research.shu.ac.uk/hwb/ncimpact>

# Background

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Nurse consultants (NC) introduced into the NHS in England in 2000

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Gradual increase in numbers: 1091 NCs in post by 2010

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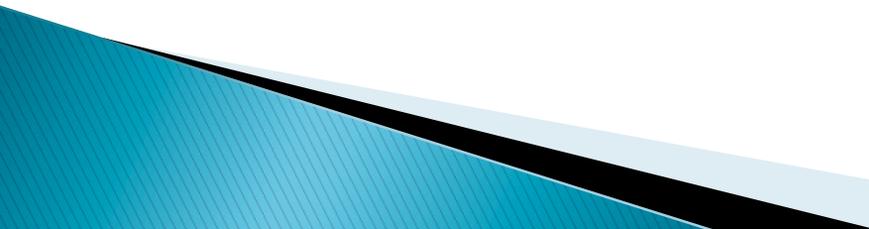
Limited development of consultant posts in Allied Health Professions

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Nurse / midwife consultant roles introduced in Wales in 2001 and consultant AHP in 2003

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Approximately 32 consultants in post 2010 although 70+ roles approved (CNMHP annual report)



# Research aims

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To identify a range of indicators to demonstrate the impact of nurse consultants on patient, staff and organisational outcomes

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To develop a toolkit to help nurse consultants to demonstrate their impact on patient, staff and organisational outcomes



# Project overview

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Stage 1 Systematic literature review (Kennedy et al 2011)

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Stage 2 Mapping exercise of nurse consultants

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Stage 3 Case studies of nurse consultants

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Stage 4 Iterative specialist panel linked to each case study

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Stage 5 Composite toolkit/guidance

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# Case study: sample

Purposive sampling of 6 NCs in 5 hospitals in 2 trusts to achieve maximum variation

- whether the NC managed their own caseload
- whether the NC acted as a specialist advisor to front-line staff
- the extent to which the role crossed organisational and professional boundaries
- the extent to which the nurse consultant worked independently or as part of a multi-disciplinary team

Specialisms

- gynaecology, neonatal care, pulmonary hypertension, sexual health, stroke, urology

# Case study: data collection & analysis

Participant	Data collection
Nurse consultant	In-depth interview Follow-up interview
Professional colleagues	Semi-structured interview
Patients and family members	Semi-structured interview
Data analysis	Framework approach (Ritchie and Spencer 1994)

# Iterative specialist panels

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Specialist panel for each NC involving the NC, key stakeholders and the research team

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Areas of impact identified in case studies reviewed and consensus established regarding most important to capture and how

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NCs worked with research team for 6–8 weeks to pilot up to 6 data collection instruments and strategies

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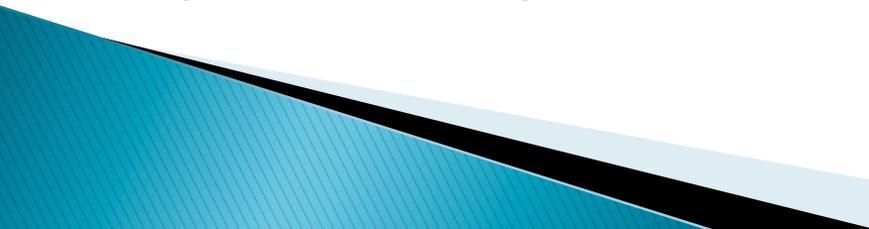
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Follow up interviews with NC

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Exploration of practicalities of capturing impact



# Toolkit development

Research findings

- Framework for capturing impact
- Practicalities of capturing impact
- Examples of tools used by NCs

Initial validation

- NCs involved in project
- Wider group of 14 nurse/midwife consultants (local)
- Workshop involving 60 nurse/midwife consultants (national)
- Project Advisory Group: nurse consultants, chief nurses, lead nurses, patient representatives, academic researcher

Why capture impact?

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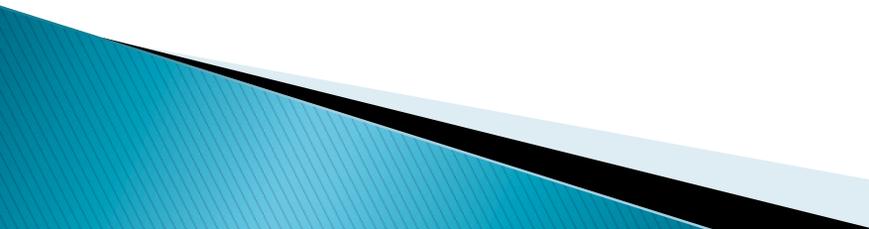
Who needs to know?

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Why do they need to know?

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How might they use the information?



# Why capture impact?

It's helping nurse consultants to look across the spectrum of their role to say where they're strong already and where they may need to improve. (chief nurse)

[NC] needs to be able to say 'this is what my role is', and we need to make it clear why the role is different from a medical consultant. (medical consultant)

There needs to be a distinction between what they could have done as nurse specialists and what they will be doing as nurse consultants. (clinical manager)

# Why capture impact?

Recently the importance of capturing impact has probably grown, given the financial climate in which we find ourselves. Things have shifted with a new Secretary State for Health and his focus on outcomes. It is clearly on outcomes rather than processes, and so I think the importance has grown exponentially. (chief nurse)

# Why capture impact?

From the nurse consultant perspective, I think it's very important to have some quantifiable measure that they're actually making a difference. We feel instinctively it makes a difference, but if we want these posts to continue in the current climate, we need to show some sort of benefit and impact. (medical consultant)

# Why capture impact?

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Personal assessment of post and help plan future developments

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Clarify role boundaries and identify value-added component in relation to other posts

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Organisational concern for return on investment in post

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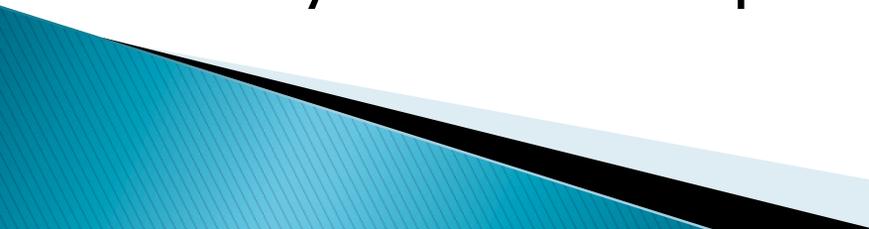
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Demonstrate the contribution of consultant roles to improving health care nationally

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Professional and public responsibility to demonstrate money invested in post being used to best effect



What is the evidence of  
impact?

# Key findings from literature

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36 primary studies – 12 quantitative with a comparison group, 9 descriptive surveys (no comparison) and 15 qualitative studies

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Diversity in clinical setting, nature of clinical services and outcomes assessed

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Overall, study quality was weak

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Quantitative studies, study design compromised by lack of adequate comparators

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Qualitative studies focus was often on processes rather than outcomes of care

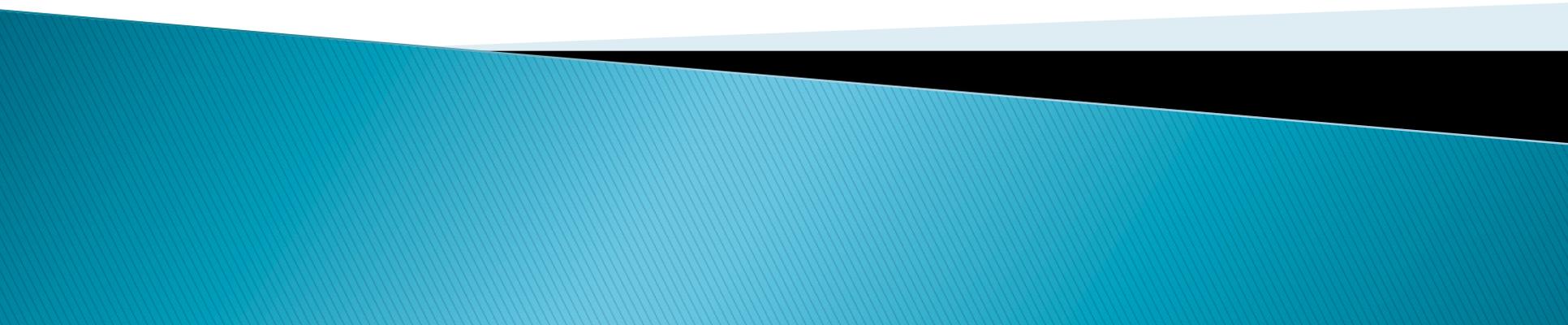
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Some (weak) evidence of impact in relation to patient, staff and organisational outcomes



What dimensions of impact  
should be captured?



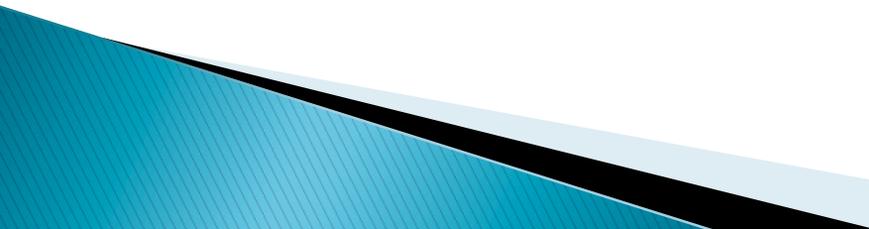
# Capturing impact: how to focus?

## Four components of role

- Expert practice
- Professional leadership & consultancy
- Education, training & development
- Service development, research & evaluation

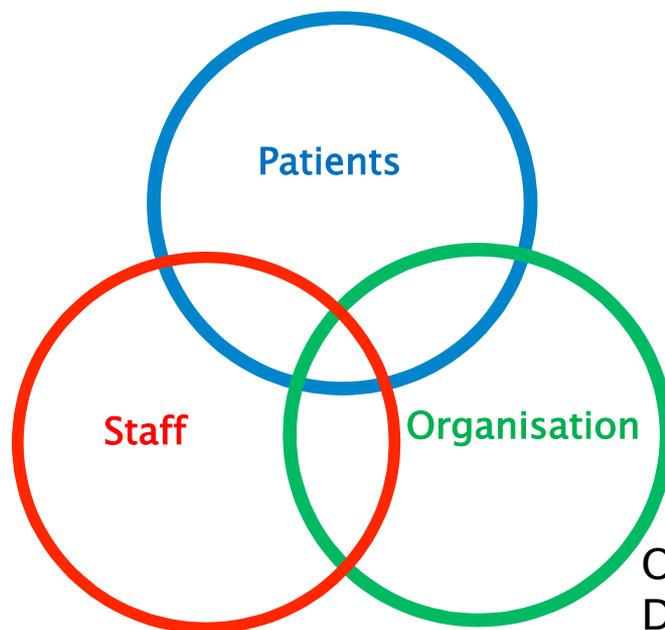
## Issue of process and outcome

## Potential framework for outcome indicators (Gerrish et al 2007)

- Clinical significance – patients
  - Professional significance – staff
  - ? Organisational significance – internal and external
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# Framework for capturing impact

Physical/psychological wellbeing  
Quality of life & social wellbeing  
Patient behavioural change  
Patient experience of healthcare



Professional competence  
Quality of working life  
Workload distribution  
Team working

Organisational priorities/targets  
Development of policy  
Generation of new knowledge

Informed by the work of Schulz et al (2002) & Gerrish et al. (2007)

# Impact on patients: NC stroke

Physical & psychological wellbeing

- Reduced patient impairment/improved functioning via timely referral to rehab or intermediate care
- Positive impact on patients/carers psychologically through variety of initiatives (e.g. Tell your story, referral to support groups, referral to psychologist)

Quality of life & social wellbeing

- Improved patient/carer QoL and social wellbeing through on-going NC clinic, carer support group

Patient behaviour

- Behaviour change relating to prevention of stroke (e.g. providing advice on blood pressure checks)

Experience of healthcare

- Positive influence on patient journey/satisfaction in continuity of care / streamlined services through NC led clinics, consistency in treatment (through guidelines / protocols), positive information / communication, community links, rehabilitation in the community

# Impact of staff: NC stroke

## Competence

- Increased skill of nurses/AHPs/junior doctors in various aspects of stroke care through providing education locally and via stroke network
- Improved practice/stroke awareness of primary care staff through development of guidelines (e.g. TIA/follow-up)

## Quality of working life

- Positive influence on work environment/team and nursing morale – people feel valued

## Work distribution / workload

- Re-profiled workload of others – indirectly through development of CNS posts which reduce speech & language therapist workload and directly via development of nurse-led clinics/redistribution of responsibilities within pathway

## Team working

- Improved team working – including MDT involvement in national audits and subsequent work to address issues

# Impact on organisation

Organisational  
priorities

- Reduced length of stay through organisation of pathway/community rehab
- Reduced readmissions via NC clinic/review and management of patient at home

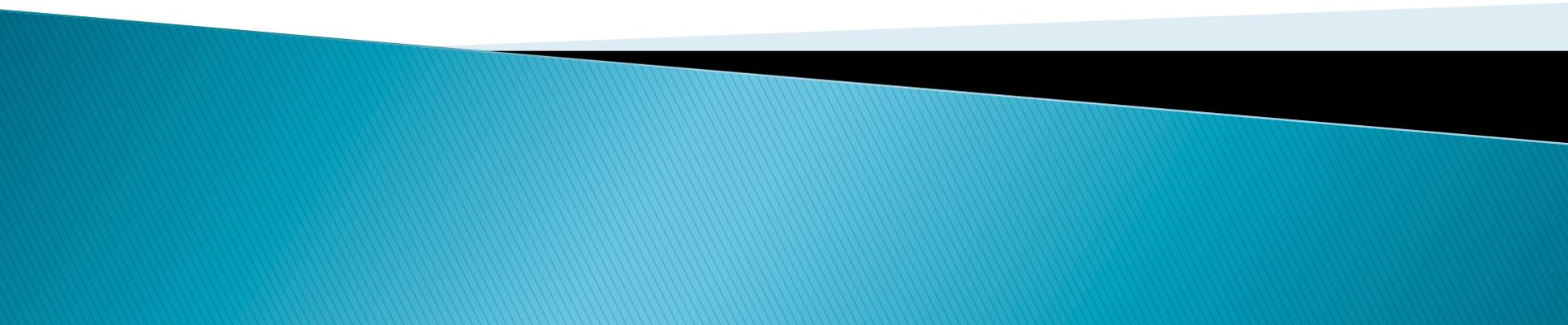
Policy  
development

- Contribution to development of national guidelines in stroke (influences other Trusts' pathway) Development of local / regional protocols / guidelines

Generation of  
new  
knowledge

- Advanced knowledge in field via research involvement / activities / publications

What are the challenges of capturing impact?



# Challenges of capturing impact

## Complexity of the role

- Impact across organisational boundaries and over time
- 'Hidden impact'

## Immediate v delayed impact

- Immediate or short term impact e.g. concordance with medication at follow up appointment
- Delayed impact e.g. NC in sexual health who sought to reduce infection rates

## Direct v indirect impact

- Direct impact e.g. stroke NC who ran follow up clinics exerted an impact on psychological adjustment and reduction in anxiety
- Indirect impact e.g. by influencing practice of other staff or developing services

## Attributing impact to an individual

# Practicalities of capturing impact

## Gaining a patient perspective

- Engaging vulnerable groups e.g. women after miscarriage
- Socially desirable responses

## Time, resources and expertise

## Identifying outcome measures

- Few suitable 'off the shelf' validated measures

## Identifying suitable comparators

How do you go about  
capturing impact?

# Capturing impact: A practical toolkit for nurse consultants



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Practical resource

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Evidence based – developed through our research study

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Draws on the framework of impact, practicalities of capturing impact & lessons learned

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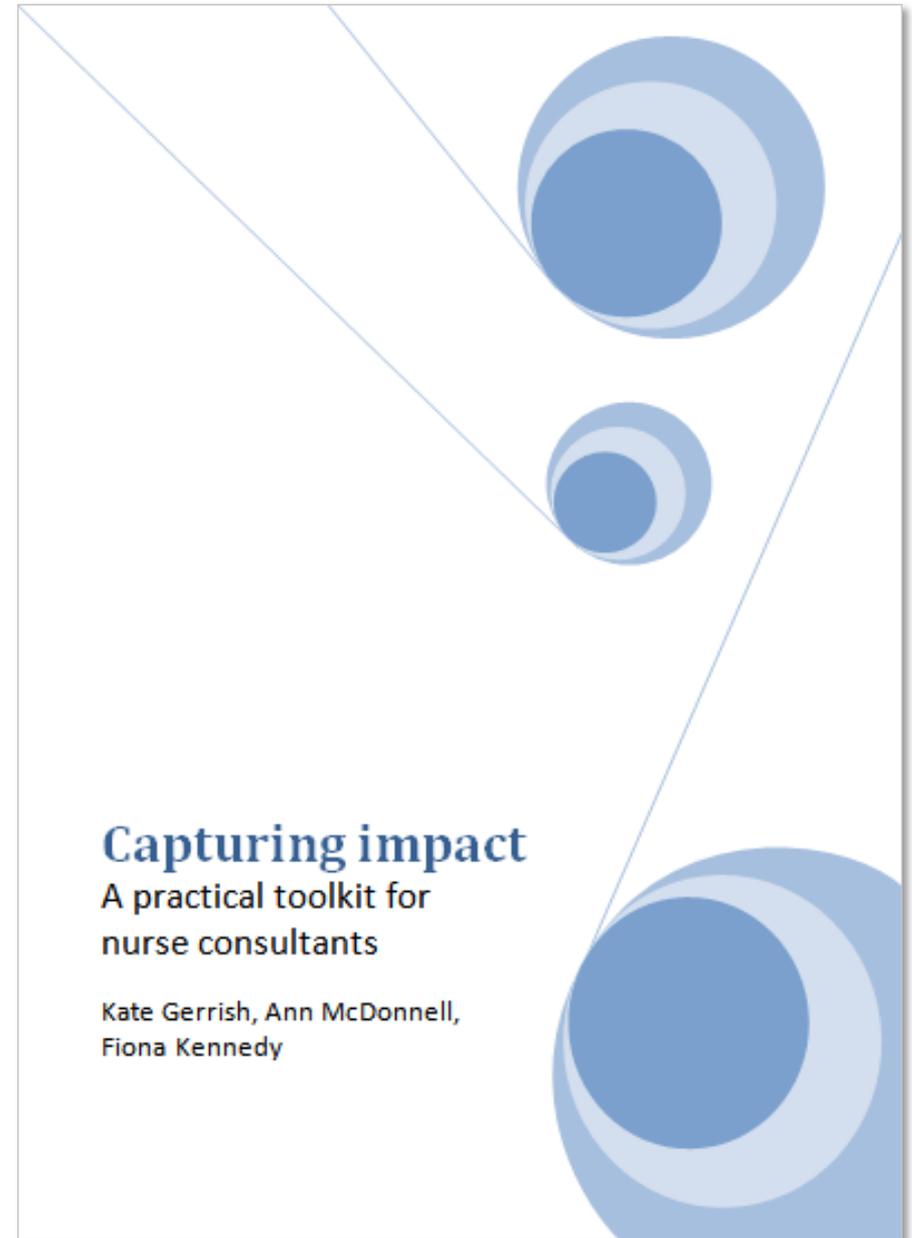
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Activities and examples

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Positive feedback



# Toolkit contents

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Introduction to the toolkit & how to use

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Section 1 – Capturing Impact

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Section 2 – Your impact – identifying areas & priorities

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Section 3 – Guidance on capturing impact

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Section 4 – Evaluating economic aspects

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Section 5 – Examples of capturing impact

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Section 6 – Who needs to know about your impact?

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Section 7 – Examples of tools

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# Introduction

Not an exhaustive guide, but practical assistance to:

- Identify key areas of impact relevant to your post
- Assess barriers/facilitators
- Consider different approaches to demonstrate your impact

## Who might find it useful?

- Developed for use by nurse consultants – new & established
- Line managers
- Other advanced practice nurses (e.g. CNS, NPs)
- Allied health professionals in consultant roles

# Section 1: Capturing impact

## What do we mean by impact?

- ‘Influence’ or ‘difference’ brought about by providing a service or having you as a NC in post.
- ‘Added value’ to the organisation / what’s unique?

## Difference between process and outcome

- Process – what you do in your role (e.g. 4 core functions)
- Outcome – end result & impact you have through the activities you engage in

## Who are the stakeholders for your post and what impact is important to them?

- Activity 1 – identifying stakeholders for your post
- Valuable insights into your impact
- Tool 1 (page 43) could be used to gather stakeholder views

# Section 2: Your impact –identifying areas & priorities

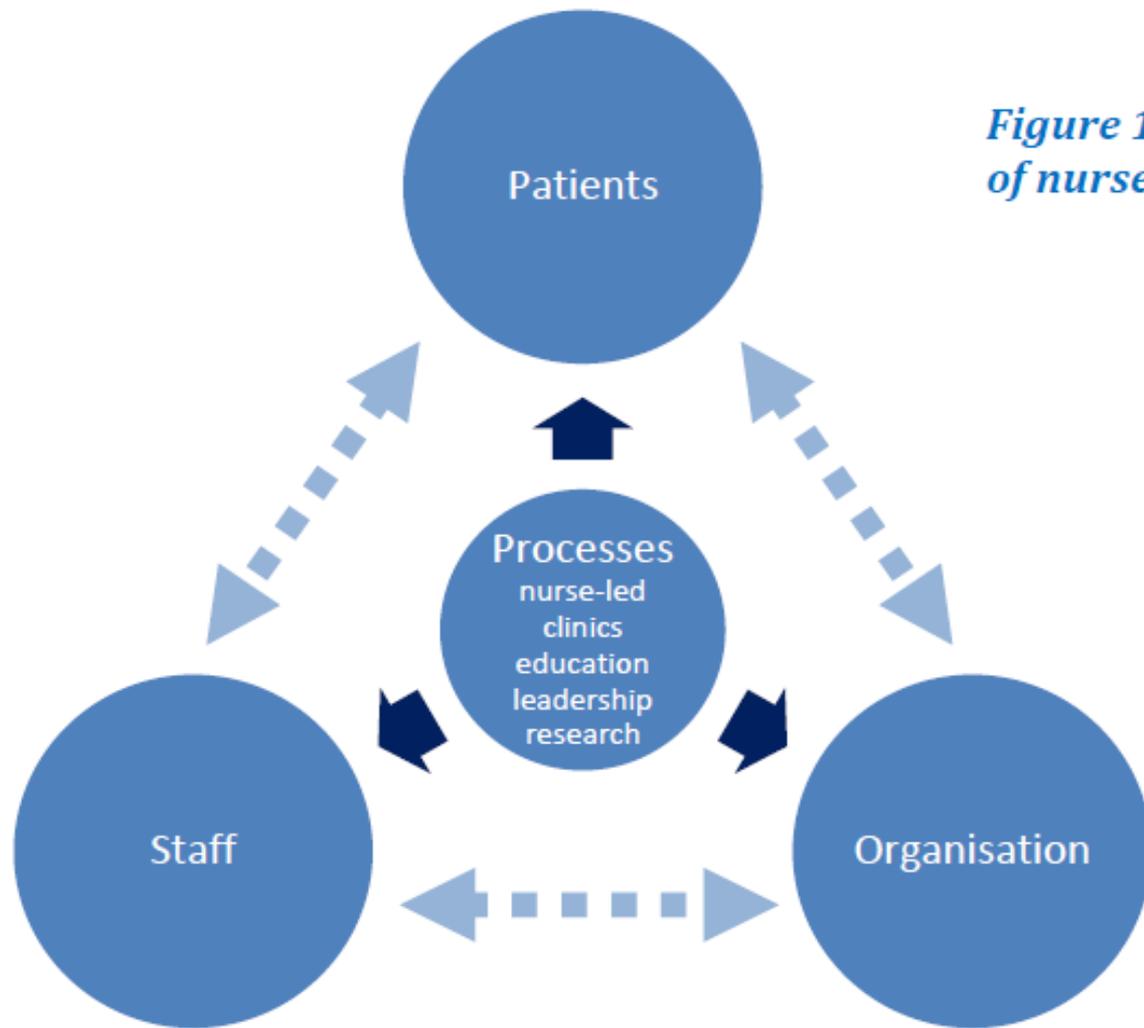
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What do you do on a day-to-day basis?  
(Activity 2)

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What impact do these activities have? (Activity 3)

<b>Activity 3</b> <i>Processes/Activities</i>	<i>Impact</i>
<i>E.g. Teaching clinical skills to nursing staff on ward</i>	<i>- Patients - Staff – Increase in knowledge, skills &amp; confidence of nursing staff on ward. - Organisation</i>
1	<i>- Patients  - Staff  - Organisation</i>



*Figure 1: Direct and indirect impact of nurse consultant roles*

# Framework of impact

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Activity 4 – identify examples of impact from your own work relating to the different areas: patients, staff and organisation

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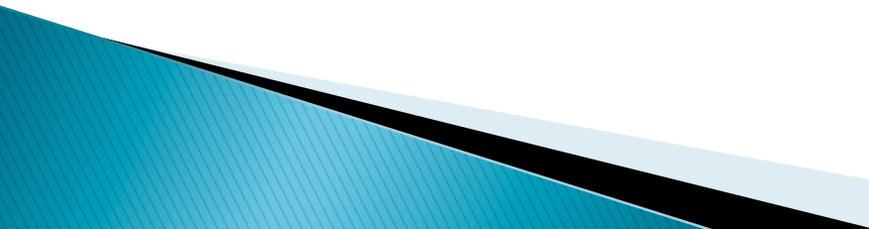
Not all may apply to all roles

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Some outcomes may apply to more than one domain or indicator (e.g. smoking cessation)

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Use flexibly/degree of personal judgement



# Prioritising most important areas

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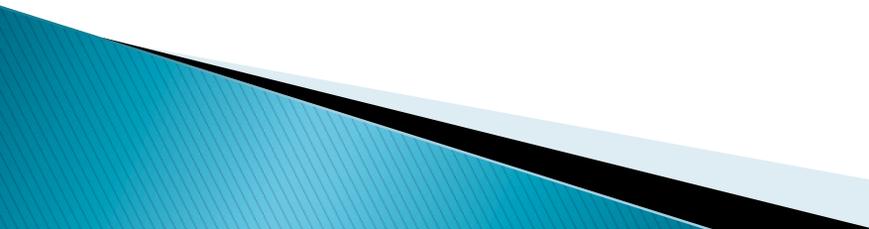
Cannot capture every impact!

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Need to prioritise – discuss with stakeholders

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Worthwhile exploring direct and indirect impact in all 3 domains



# Section 3: Guidance on capturing impact

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## Activity 6: Assessing the barriers & facilitators to capturing evidence of impact

<b>Activity 6</b> <b>Priority area from Activity 5</b>	<b>Barriers</b>	<b>Facilitators</b>
<i>Patients</i>		
<i>E.g. Evaluating the impact on patient outcomes and experience of attending a nurse consultant led clinic</i>	<ul style="list-style-type: none"><li>- <i>Feeling uncomfortable approaching patients directly &amp; social desirability bias</i></li><li>- <i>Lack of suitable comparator</i></li></ul>	<ul style="list-style-type: none"><li>- <i>Third party approaching patients &amp; emphasising confidentiality</i></li><li>- <i>Benchmark the outcomes achieved in clinics over time</i></li></ul>

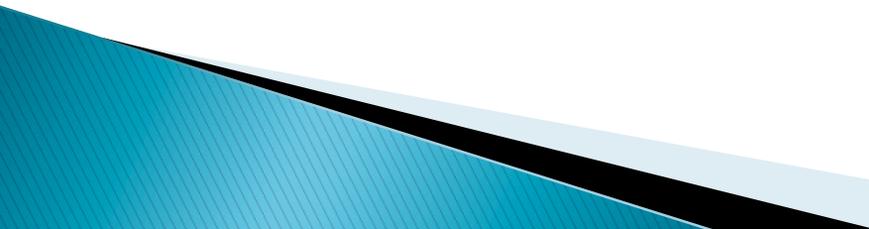
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What approaches might be used to capture impact (e.g. existing data, quantitative, qualitative)

Activity 7 Priority area from Activity 5	Existing data	Quantitative	Qualitative
<i>E.g. Evaluating the impact of learning on practice of national staff training on motivational interviewing</i>	<i>Some data on staff knowledge and skills but only before training</i>	<i>Survey of participants' knowledge and skills in a follow-up questionnaire</i>	<i>Ask participants for examples of how the training has influenced their practice</i>

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Key issues/questions to ask relating to using the different approaches



# Section 4: Economic aspects

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Worked with two health economists who developed a framework for evaluating economic aspects of the role

## Evaluation framework

- 1 Define objective(s) and constraints
  - 2 Identify and describe the options
  - 3 Identify and quantify monetary costs and benefits of each option
  - 4 Identify and quantify (where possible) the non-monetary costs and benefits of each option
  - 5 Assess risks of each option
  - 6 Weigh the non-monetary costs and benefits of each option
  - 7 Assess balance of advantage between options
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# Section 5: Examples of capturing impact

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## Specific examples from the NCs involved in the study or published literature relating to the 3 domains and their specific indicators

A nurse consultant in gynaecology wanted to evaluate the informal on-the-job clinical skills training that she provided to junior doctors. In this situation, it was also identified that because the nursing staff on the ward had been up-skilled considerably through the nurse consultant's initiatives and training packages, they often provided informal advice to junior doctors during their rotations on the ward. Therefore, it was important to explore both the direct (nurse consultant) and indirect (through the nursing staff) impact of the nurse consultant on junior doctors. A before-after evaluation using a bespoke survey (see example tool 8a & b in Section 7) was designed and junior doctors were surveyed at the start and end of their rotation on the ward. This survey has questions about various members of the clinical team, but some specific to the nurse consultant and the other nursing staff.

# Section 6: Who needs to know

Influenced by initial reasons for capturing impact but may include:

- Managers making decisions about service developments
- Annual appraisal with line manager
- Trust Board
- Senior nurse managers

Important in raising your profile & visibility in the Trust & externally

# Section 7: Examples of tools

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Copies of the tools referred to in the examples presented in Section 5

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May need to adapt to suit specific needs

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Not presented as the 'best' tools available – you may already know of better ones in your speciality

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Individual copies of tools are available on our website: <http://research.shu.ac.uk/hwb/ncimpact>

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Advised to contact the authors for permission to use/adapt their tools



# Potential use of toolkit

Nurse  
consultants

- Personal performance review and forward planning
- Presentations for demonstrating dimensions of role
- Induction for new nurse consultants
- Annual report
- Appraisal

Managers /  
lead  
clinicians

- Developing new consultant proposals
- Appraisal / performance review
- Clinical supervision

Where next?  
Moving forward

# Tips for overcoming challenges

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Be realistic in terms of time available

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Use existing data where possible

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Adapt existing data collection mechanisms where feasible

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Consider range of approaches for capturing patient feedback are considered

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Identify other individuals or resources that might help

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Seek out additional advice, support or resources on capturing impact

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Consider benchmarking impact over time to review outcomes

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Identify impact attributable to your role or the service that you lead

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Ask others to identify the difference you've made to achieving the outcomes

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