

## RCN Factsheet: Specialist nursing in the UK February 2013

### Introduction

Clinical specialist nurses work in a variety of acute and community settings, specialising in particular areas of practice such as general practice, mental health, children's nursing, learning disability nursing and district nursing. Specialist nurses can work in isolation or as part of a multidisciplinary team to provide high quality, patient-centred, timely and cost-effective care. All specialist nurses provide tailored care depending on the patient's level of need. They also provide education and support for patients to manage their symptoms, particularly patients with long term conditions and multiple morbidities. Nurses working in these advanced and specialist roles spend about 60% of their time in clinical activity, 17% of time in education, 14% in management activity and 4% in research.<sup>1</sup> The quality of care and support that specialist nurses offer has been instrumental in reducing unnecessary hospital admissions and re-admissions, reducing waiting times, freeing up the consultant's time to treat other patients, improving access to care, educating health and social care professionals and supporting patients in the community.<sup>2,3</sup>

This factsheet will provide a brief overview on specialist nursing roles in the United Kingdom, specifically addressing issues like regulation, education, scope of practice and research endorsing cost-effectiveness.

### Types of specialist nursing

There are many types of specialist nurses in the UK. However, there are only two types of post-registration specialist training programmes either registered or recorded with the Nursing and Midwifery Council (NMC), the professional regulator for nurses and midwives. They are:

1. **Specialist Community Public Health Nurses (SCPHN)** usually refers to nurses or midwives working in public health roles. Some SCPHNs have a defined area of practice, for instance school nurses, health visitors, family nurses and occupational health nurses. Nurses and midwives working as SCPHNs not only work with individuals but also with populations. This means decisions made by SCPHNs can affect whole populations without

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<sup>1</sup> Ball (2005). *Maxi nurses: advanced and specialist nursing roles*.

[https://www.rcn.org.uk/\\_data/assets/pdf\\_file/0006/78657/002756.pdf](https://www.rcn.org.uk/_data/assets/pdf_file/0006/78657/002756.pdf)

<sup>2</sup> RCN (2010) *Specialist nurses: changing lives, saving money*.

[http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0008/302489/003581.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0008/302489/003581.pdf)

<sup>3</sup> Fletcher M (2011) Assessing the value of specialist nurses. *Nursing Time*., <http://www.nursingtimes.net/nursing-practice/clinical-zones/assessing-the-value-of-specialist-nurses/5033220.article>

the nurse or midwife having direct contact with individuals. For this reason their regulation is considered separately by the SCPHN part of the NMC register.<sup>4</sup>

2. **Specialist Practice Qualification- nurses** are specialist practitioners working in either hospital or community settings and specialising in areas such as general practice, mental health, children's nursing, learning disability nursing and district nursing. For example, specialist nurses qualified under this category work across many disease groups such as diabetes, epilepsy, cancer, Parkinson's, rheumatology, multiple sclerosis, dementia etc. to name a few.

## Regulation

In the UK, the NMC register has three parts: nurse<sup>5</sup>, midwife and specialist community public health nurse. SCPHNs are qualified nurses or midwives who work with populations and subsequently undertake further training to demonstrate competence in this area. They then register on the SCPHN part of the NMC register in addition to the nursing or midwifery part. Other qualified nurses undertake specialist practice qualifications in a variety of areas. These qualifications are recorded or annotated next to their nursing entry on the register. These courses do not allow them entry to the SCPHN part of the register.<sup>6</sup>

## Education requirements needed to practice as a specialist nurse

Entry level qualifications to become a specialist nurse involve having a RN qualification, a first level initial registration with the NMC and in some cases a period of experience of sufficient length in professional practice. This 'period of experience of sufficient length' varies across specialities and roles. Entry level requirements for SCPHN programmes are very flexible, requiring no minimum period of post-registration.

However, there is a general consensus in the UK that nurses practicing at specialist level should complete a 1 year full-time degree level programme concentrating on: clinical nursing practice; care and programme management; clinical practice development and clinical practice leadership. The course should cover 50% theory and 50% practice.

To qualify as an SCPHN, an RN must complete an NMC approved SCPHN course at a degree level. Programmes are required to have an overall length of 52 weeks (of which 45 are programmed weeks). They may be delivered full-time or part-time. The course is 50% practice and 50% theory across the whole programme.<sup>7</sup>

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<sup>4</sup> <http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Specialist-community-public-health-nursing/>

<sup>5</sup> The 'nurse' part of the register is divided into two sub parts. Sub parts 1 include adult nurse, mental health nurse, learning disability nurse and children's nurse. Sub parts 2 include adult nurse, general nurse, mental health nurse, learning disability nurse and fever nurse.

<sup>6</sup> <http://www.nmc-uk.org/Documents/Registration/Registration%20information%20trained%20outside%20Europe.pdf>

<sup>7</sup> <http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Standards-of-proficiency-for-specialist-community-public-health-nurses.pdf>

## Specialist nursing statistics

In the UK, there is no title protection for specialist nurses leading to the creation of multiple professional titles and roles; this has made it difficult to collect accurate data on numbers. This has also increased inconsistencies in scope of practice, education and training across hospital providers and higher education institutions, and career progression for clinical nurse specialists.

According to the NMC (2012), there are 27,133 nurses on the register with a SCPHN qualification and 27,782 nurses with a specialist practice qualification.

Table 1- Number of nurses on the NMC register with a SCPHN qualification

| Qualification   | NMC Statistics (2012) |
|---|-----------------------|
| Registered Specialist Community Public Health Nurse - Family Health Nurse | 37                    |
| Registered Specialist Community Public Health Nurse - Health Visitor      | 20,367                |
| Registered Specialist Community Public Health Nurse - Occupational Health | 3,521                 |
| Registered Specialist Community Public Health Nurse                       | 175                   |
| Registered Specialist Community Public Health Nurse - School Nurse        | 3,033                 |

Table 2- Number of nurses on the NMC register with a specialist practice qualification

| Qualification   | NMC Statistics (2012) |
|---|-----------------------|
| Specialist Practitioner - Adult Nursing                           | 4,111                 |
| Specialist Practitioner - Children's Nursing                      | 382                   |
| Specialist Practitioner - Community Children's Nursing            | 747                   |
| Specialist Practitioner - Community Learning Disabilities Nursing | 456                   |
| Specialist Practitioner - Community Mental Health Nursing         | 1,328                 |
| Specialist Practitioner - District Nursing                        | 18,217                |
| Specialist Practitioner - General Practice Nursing                | 1,821                 |
| Specialist Practitioner - Learning Disability Nurse               | 55                    |
| Specialist Practitioner - Mental Health                           | 665                   |

## Competencies for SCPHN

The NMC have set out the ten recognised public health competence for entry to the SCPHN register.<sup>8</sup> These ten key areas of public health practice (National Occupational Standards) form the basis of the development of standards for those responsible for establishing public health registers. They encompass the following areas:

<sup>8</sup> NMC. <http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Standards-of-proficiency-for-specialist-community-public-health-nurses.pdf>

- Surveillance and assessment of the population's health and wellbeing
- Promoting and protecting the population's health
- Developing quality and risk management within an evaluative culture
- Collaborative working
- Reducing inequalities by developing programmes and services
- Policy development and implementation
- Working with and for communities
- Strategic leadership for health
- Research and development
- Ethically managing self, people and resources.

## Value of specialist nursing in the UK

The NHS deficit crisis in 2005/06 has shown us that specialist nursing roles were one of the first to be cut when savings needed to be made. Nearly one in four faced risk of redundancy and many specialist nurses were asked to fill vacancies and shortages in other settings within the NHS.<sup>9</sup>

During the current economic climate, the RCN through its *Frontline First* campaign has once again been made aware of cuts to district nursing posts and a lack of investment in specialist nursing roles.<sup>10,11</sup>

This is a false economy as there is evidence to show that specialist nurses can improve the lives of their patients and deliver value for money. This body of evidence is growing as nursing stakeholders and frontline nurses continue to make the economic case for specialist nurses in both community and hospital settings (table 3).

Table 3: Key findings on cost-effectiveness of specialist nurses and improved patient outcomes

| Specialist nursing role                    | Evidence base   |
|--|---|
| <b>Rheumatology nurse specialist (RNS)</b> | Evidence shows that by investing in RNSs to perform routine follow-up, consultants time are freed up to see new patients, saving an additional £175,168 pa per nurse WTE. <sup>12</sup> Having access to a RNS on a phone consultation has deterred about 60% of patients from requesting a GP appointment. <sup>13</sup> |
| <b>Epilepsy specialist nurse (ESN)</b>     | NICE guidelines recommend that every patient with epilepsy should have access to an ESN. Epilepsy Action has outlined the value of ESNs in  |

<sup>9</sup> *Ibid.* 2

<sup>10</sup> RCN (2012) *Community nursing workforce in England*. <http://www.nursingtimes.net/Journals/2012/05/11/u/q/b/The-Community-Nursing-Workforce-in-England.pdf>

<sup>11</sup> RCN (2012) *Frontline First November 2012 Update*. [http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0004/486175/FF\\_England\\_briefing\\_Nov\\_2012\\_LO.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0004/486175/FF_England_briefing_Nov_2012_LO.pdf)

<sup>12</sup> RCN (2012) *Clinical nurse specialist: adding value to care*. [http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0008/317780/003598.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0008/317780/003598.pdf)

<sup>13</sup> Hughes R, Carr ME, Huggett A and Thwaites C (2002) Review of the function of a telephone helpline in the treatment of outpatients with rheumatoid arthritis, *Annals of Rheumatic Diseases*, 61, pp.341–345

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improving patient outcomes, reducing the consultant's workload and delivering high quality care.<sup>14</sup>

**Parkinson's specialist nurse** *Parkinson's UK* report that a Parkinson's nurse can save on average £147,021 per year in bed days (data generated from 3 English NHS trusts); £43,812 in avoided consultant appointments and £80,000 in unplanned admission to hospitals.<sup>15,16</sup>

**Cancer clinical nurse specialist** The Department of Health in England commissioned an economic analysis on the cost benefits associated with providing a 'one to one support worker' (a combination of clinical specialist nurses and support staff) for patients with cancer. Aside from the workforce costs associated with this proposal, the analysis suggested that the annual bill of £60 million would be offset by a savings of £89 million per year.<sup>17,18</sup> According to the National Lung Cancer Audit report, 64.8% of patients seen by a lung cancer nurse specialist went on to receive treatment compared to 30.4% of patients who did not see a specialist nurse.<sup>19</sup>

**Multiple Sclerosis specialist nurse** Various case studies across NHS trusts have highlighted the cost effectiveness of MS specialist nurses. Based on an economic evaluation of a MS specialist nurse, a new MS nurse post could yield a net cash-releasing savings in the amount of £54,000 by preventing 300 outpatient appointments and 40 emergency admissions.<sup>20</sup>

**Heart failure specialist nurse** Specialist nurses have proven to reduce the likelihood of readmission of patients with chronic heart failure.<sup>21</sup> In 2004 the Big Lottery Fund funded 76 heart failure specialist nurse posts in 26 NHS Primary Care Trust across England with results showing an average estimated saving of £1,826 per heart failure patient; a 43% reduction in hospital admissions and a total savings of £8,000,000 for the NHS over a 12 month period.<sup>22</sup>

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<sup>14</sup> Epilepsy Action (2010) *Best care: the value of epilepsy specialist nurse*. <http://www.sudep.org/wp-content/uploads/2010/07/EpilepsySpecialistNurse-Report-2010.pdf>

<sup>15</sup> Parkinson's UK (2011) *Parkinson's nurses- affordable, local, accessible and expert care: a guide for commissioners in England*. <http://www.parkinsons.org.uk/PDF/Englandnursereport.pdf>

<sup>16</sup> Parkinson's UK (2011) *Parkinson's nurses in Scotland- providing safe, effective and patient-centred care*. <http://www.parkinsons.org.uk/PDF/Scotlandnursereport.pdf>

<sup>17</sup> Frontier Economics (2010) *One to one support for cancer patients*. <http://www.parliament.uk/deposits/depositedpapers/2011/DEP2011-1688.pdf>

<sup>18</sup> MacMillan Cancer Support (2011) *Cancer clinical nurse specialists: an evidence review*. <http://www.macmillan.org.uk/Documents/AboutUs/Commissioners/ClinicalNurseSpecialistsAnEvidenceReview2011.pdf>

<sup>19</sup> Williams D (2011) Specialist nurses boost care for lung cancer patients. *Nursing Times*. <http://www.nursingtimes.net/nursing-practice/clinical-zones/cancer/specialist-nurses-boost-care-for-lung-cancer-patients/5030101.article>

<sup>20</sup> Mynors G, Perman S and Morse M (2012) *Defining the value of MS specialist nurses*. Multiple Sclerosis Trust. <http://www.mstrust.org.uk/downloads/defining-the-value-of-ms-specialist-nurses-2012.pdf>

<sup>21</sup> Price A (2012) Specialist nurses improve outcomes in heart failure patients. *Nursing Times*; 108: 40, 22-24.

<sup>22</sup> British Heart Foundation (2008) *Heart failure specialist nurses*. <http://www.bhf.org.uk/heart-health/treatment/types-of-healthcare-profession/heart-failure-nurses.aspx>

There are many more examples of specialist nurses working across speciality areas delivering cost-effective, high quality care and improving patient outcomes.

## **RCN view**

To support specialist nurses to continue delivering high quality, patient-centred and cost-effective care, the RCN has been calling for commissioners, health care providers and governments to commit<sup>23</sup> to the following:

- all patients with long term conditions should have access to a specialist nurse
- specialist nurses should be allowed time to care and accomplish the vital aspects of their role
- increasing funding for specialist nursing roles and supporting other providers and commissioners to understand the wider cost implications and health improvements to be gained in continued investments in both the medium to long-term.

During times of austerity, specialist nursing roles are often down banded or not fully utilised in an attempt to temporarily save money, however in the long-term this can create more problems within the health and social care system and have serious implications on patient care.

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<sup>23</sup> *Ibid 2.*