



# Communicating the value and complexity of our work

**Theresa Porrett, Senior Medical Manager, Ostomy Division, Coloplast Ltd, talks about the recently launched Apollo Nursing Resource**

Specialist nurses play a vital role in the NHS, providing expert clinical services to patients. The current budgetary challenges in the NHS have led to increasing pressure on specialist nurses, and some groups report that they are unable to offer completely the complex care needed. Nurses anecdotally report being asked to work on the wards 1 day per week (presumably as a cost-saving measure to reduce agency staff costs), or to take on other services such as enhanced recovery, in addition to their own clinical service workload. The Royal College of Nursing (RCN) (2013) identified that the quality of care and support that specialist nurses offer have been instrumental in:

- Reducing unnecessary hospital admissions and readmissions
- Reducing waiting time
- Freeing up consultants' treatment time
- Improving access to care
- Educating health and social-care professionals
- Supporting patients in the community.

However, if managers and organisations are unable to realise and value the services specialist nurses provide and the risks associated with not providing them, one can very well understand the decisions they make about the service.

I am sure that you and I are nodding our heads in full agreement with the key areas identified by the RCN (2013); however,

can we individually or collectively hold our hands up and say we can demonstrate this about our service?

For many specialist nurses, the answer will be 'no', and acknowledging this is OK.

Let us rewind to the late 1970s, when I was a student nurse. I will describe one change in nursing practice that, at that time, caused unrest and concern: nurses administering intravenous drugs. Today, you might laugh and say that this is an established part of the holistic care of a patient; that nurses are educated on pharmacology, potential side effects, and allergic reactions; and that the time spent administering the drugs also allows the nurse the opportunity to talk and assess patients, ascertain their understanding of the treatment, involve them in care and decision-making, and so on. However, back in the 1970s, experienced clinical nurses felt this was a technical skill more suited to the role of a doctor; it was not part of the hands-on caring remit of the nurse. I remember a certain ward sister say:

**'I didn't become a nurse to spend all my time drawing up IV drugs. I became a nurse to undertake nursing care, and I'm not a pharmacist'.**

Hold on to this thought; we will come back to it shortly.

As specialist nurses, you excel in providing expert nursing care, and as my colleague Jerome Marley, Lecturer at Ulster University, so eloquently puts it (Apollo Nursing Resource, 2014a):



Martin Beynon (far right), Medical Marketing Director at Coloplast, standing with the people who made Apollo Nursing Resource a reality. From left to right: Jerome Marley, Alison Leary, and Theresa Porrett.

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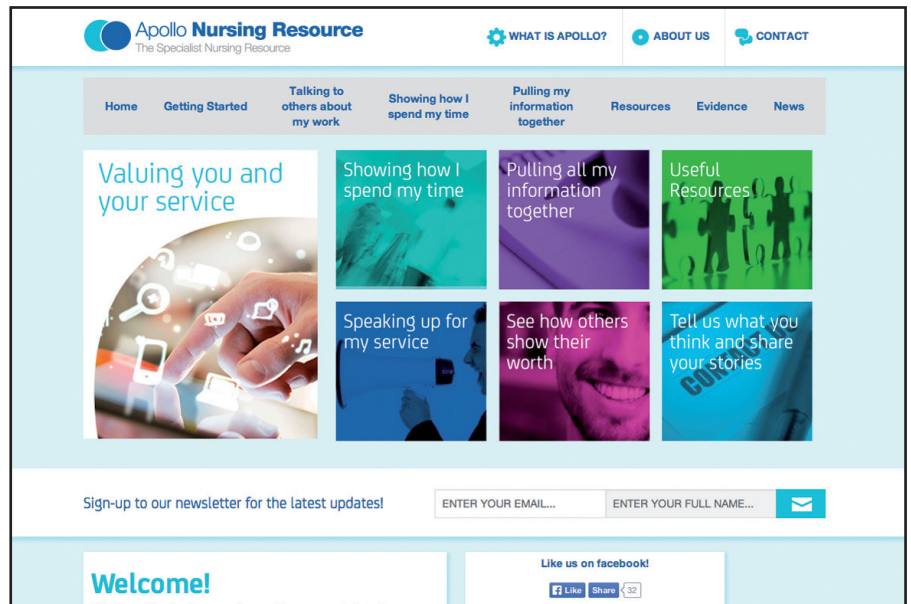
**'[S]pecialist nurses have developed lop-sided skill sets. [W]e have become experts in caring for people with various diseases and disorders ... but ... a different reality has grown up alongside ... the need to demonstrate the value we bring to people and services in a way that our managers and commissioners understand and value.'**

In many cases, this is true. We are not taught to be business astute, to write annual reports, or promote our services. Like the ward sister I described earlier, I am sure many of you feel this is not what you came into nursing to do. However, I would suggest that to holistically develop and provide a specialist nursing service to a specific client group, we need to articulate clearly what our patients need and what we provide; it is as much about patient advocacy as it is nursing care.

This is where the Apollo Nursing Resource comes in. You may feel an inability to communicate effectively and positively about your service, and the Apollo Nursing Resource can help you here.

So what is Apollo? Apollo is a website that provides you with resources to communicate and effectively 'speak up' about the value and complexity of your service, prepare supporting evidence to demonstrate the complexity of your service, and have the language to articulate the complexity of your role. A collaboration between Dr Alison Leary, Ulster University, and Coloplast has led to the development of this resource. Apollo offers key tools to help specialist nurses develop job plans, service summaries, and key performance indicators. The website is open to everyone to access, and you do not need a login code or membership number.

Apollo was formally launched at the Royal College of Nursing by Dr Peter Carter on 17 February 2014. The resources available are varied and extensive and include job plans, annual reports, service summaries, and Cassandra (a data-collection tool), alongside supporting evidence and resource documents. This is not an exclusive list, and



Screenshot of the home page of the Apollo Nursing Resource.

I would encourage you to visit the website and browse through it. New resources will also be made available regularly.

Now, let us discuss briefly the rationale behind a resource in Apollo, using 'job plans' as an example. Many specialist nurses have been asked to complete job plans, and commonly nurses will complete them geographically (i.e. where they are based, such as outpatients or endoscopy) and not on the basis of the activities they undertake there. When we do describe our activity, Dr Leary believes we tend to oversimplify our work and thus talk down its value—this has been recognised in the literature and effectively devalues the work of nursing (Apollo Nursing Resource, 2014b). The job planning app allows you to pick from a drop-down menu of location choices, and drag and drop the appropriate activities under each location. It helps show what you do all day and where there would be a deficit in the service if you were to stop working in that role. On the website, Dr Leary speaks in more detail about the positive message and vocabulary needed when describing what a specialist nurse does, so that we do not fall into the trap of describing our role with terms like 'just' and 'advice and support', which infer that what we do is not a skilled/expert activity.

This is the beginning of a journey. One that I hope will see nurse specialists embracing the challenge to confidently articulate the value of their service. You are experts. You do a great job. Together, with a collective voice, we can demonstrate this. **GN**

Apollo Nursing Resource (2014a) Jerome Marley welcomes you to Apollo. <http://bit.ly/1kv6WRM> (accessed 4 March 2014)

Apollo Nursing Resource (2014b) Talking to others about my work. <http://bit.ly/1c5o2Tj> (accessed 4 March 2014)

Royal College of Nursing (2013) RCN Factsheet: Specialist Nursing in the UK. <http://bit.ly/18PMLo6> (accessed 4 March 2014)

### Feedback about Apollo

*'The Apollo Nursing Resource website is a practical and valuable tool. It captures the very essence of what we do and allows us to turn this into a meaningful dialogue which will assist with service provision and development.'*

*'Specialist nurses [are] worth their weight in gold, anything that helps measure this gets my approval.'*

### Further information

**Apollo Nursing Resource**  
[www.apollonursingresource.com](http://www.apollonursingresource.com)  
**Twitter handle**  
 @ApolloNursing