Case Study – Securing funding for ILD nurse specialists

British Thoracic Society

Helen Morris, is an Interstitial Lung Disease (ILD) Specialist Nurse, working at Wythenshawe Hospital's North West Lung Centre,. Here she shares her experience of securing additional funding to increase the number of ILD nurse specialists in her team.

What is the role of an ILD nurse specialist?

ILD is a complex group of diseases associated with significant mortality and morbidity, and specialist ILD nurses provide care throughout the patient's disease. Access to an ILD specialist nurse, who can provide support through a patient's care pathway is one of the NICE Quality Standards for Idiopathic Pulmonary Fibrosis (IPF).

IPF is progressive and life limiting and the ILD Specialist Nurse provides a personalised care pathway which incorporates diagnosis, prognosis, disease progression, and life expectancy. ILD Specialist Nurses provide medication management, prescribe and manage antifibrotic treatments with up and down titrating regimes, and help with side effect management. They also specialise in symptom management and palliative care, focusing particularly on breathlessness, cough, and fatigue.

ILD Specialists Nurses run clinics to deliver assessment of new patients, drug counselling, drug monitoring, symptom management and palliative care. They also lead on the provision of cross-regional support and often manage a regional network of nursing teams. They are instrumental in the care of ILD patients.

Your business case to fund additional ILD nurses has been successful. How did you build your case?

I was about 1 year into a 30 hr per week post and was working on my own.
First we identified the outcomes we wanted from an increase in workforce, which were:

- To provide equitable quality of care for patients with ILD
- To lead and support more respiratory teams from across the region to provide equitable care closer to home
- To improve access to the nursing service for patients
- To ensure smooth transition to future medication provision
- To provide an exemplary, structured symptom management service

Securing more nursing staff time has been a staged process.

First proposal:
Our first application, prepared by our Matron, requested one extra nurse (30 hrs per week). This was in response to an increased workload due to the rise in referrals for antifibrotics.

I had increased the provision of clinics to one full day face to face, for both new and review patients. I had also added a telephone clinic every week, which enabled me to show evidence of increased revenue for the Trust.

I was able to provide data to show that with an extra nurse I could increase the clinic capacity and provide one extra face to face session per week.

Two years on:
After two years we were able to add a third specialist nurse to the service as part of an ILD service business plan to increase consultant capacity.

This plan centred on strengthening the service by building a multi professional team, with an additional consultant, an extra specialist nurse, increase in ILD pharmacy provision and administration services.

The inclusion of a third Specialist Nurse followed an increase in the demand for face to face clinics, and an extra nurse allowed us to run one extra clinic per week.

3rd business case:
We later submitted a third business case for extra staff, after patient numbers increased again and even larger numbers were using our telephone clinic.

We were receiving more referrals from ILD consultants for palliative and symptom management support.

Nursing input has been included in the development of highly specialised services within the ILD team and a gap in nursing research and service development strategies for patients with pulmonary fibrosis was not included in job plans.

We had a further increase in consultant provision, and service developments were in process. For example we developed a telephone advice line to replace ad hoc

phone calls, which provided a more robust and evidenced based service.

Increased responsibilities were also evident, from use of antifibrotics to assessing new patients, prescribing, managing and mentoring regional teams, and management of complex patients.

Over the last 2 years the nurses in the service had developed increased clinical skills and special interests underpinned by level 7 study and masters qualifications.

It was clear that we had outgrown our current service model and had developed specialist skills in complex patient management, including CBT techniques to accompany this.

We strongly felt that we had now grown into a truly innovative team, and wanted to continue to lead innovation and research to improve our patient's quality of life.

ILD care is multi-professional. How did you ensure your business case reflected this model of working?

When looking at tasks and responsibilities that the nursing team carry out we established that some tasks could be more appropriately carried out by the admin team. Therefore the additional admin support was a necessary and cost effective solution.

The second business case drawn up included an increase consultant time. Increased consultant capacity requires additional nurse/pharmacy /admin time. Our nursing business case aligned to this and included further administration time to cover the increase in workload.

Was there anything you can pinpoint that you feel increased your chances of gaining approval?

Being able to identify service growth in a tangible way, and providing evidence that additional nurse-led clinics were being added into the weeks' work plan certainly helped.

Key to the approval of the first and second applications for extra staff was providing evidence of the growth in referrals to the service, and also additional drugs being licensed for IPF.

What do you see as the key outcomes and impact of the increase in nursing staff?

The service review and the increase in nursing posts will ensure the service is sustainable in the longer term. It will also allow the provision of new innovative clinics which will enable us to provide the high quality care patients expect of a regional specialist centre.

It will provide a development structure within the nursing service to:

- Ensure the continuation of multi-professional working within the ILD service, being able to establish new accessibility to enhanced services.
- Allow us to offer all services without the nursing team burning out under the enormity of the workload and having to work extra hours to maintain services
- Give us time to develop the research arm of our service, which manages nursing services for one of the largest ILD units in the country.
- Enable us to continue to develop innovative solutions to enhance patient and carer quality of life.

Throughout all the changes we have managed to make the nursing and the wider ILD service, we have always been able to show an increase in revenue for the Trust, with further additions to the clinic provision.

What challenges did you face, and how were these resolved?

My biggest challenge recently has been timing. Firstly, the start time of the project wasn't ideal (Feb 2020 just before COVID 19 pandemic) and it took a great deal of time to gather all the relevant evidence together.

The increase in clinical workload has not allowed me to put management time aside to put the evidence together, so the case has taken much longer than it should. Although we had identified it as a long term priority, it felt like we reached a crisis point before it was addressed formally.

The importance of management time being added into a job plan has been evident during the process.

What are your next steps?

I am currently finishing the business case to increase to four nurses. For this I will be looking at:

- The increase in revenue that we have provided.
- The increase in patients needing treatment monitoring.
- Adding a further telephone clinic and a symptom management clinic.
- New patient day cases.
- The impact of our telephone advice line has had.

We have developed job descriptions and have used the BTS Framework for Respiratory Nursing as evidence for the nursing structure in the business case. This provides the evidence required to change the grading structure of the team encouraging continued development throughout the service.

What pointers would you share with people embarking on a similar journey?

When there is an increase in consultant time in a multi-professional service, it's important to have a discussion about how that appointment effects the wider team, particularly the additional services that might be needed.

Think about timing. The change and expansion of our service had been discussed and supported in my appraisal, however the timing was wrong due to the pandemic. In hindsight I should have sent in the plan as it was, received feedback and worked though that earlier, so that at this point we would have been further ahead with recruitment.
Include patient feedback/suggestions and needs. We identified a large increase in consultant referrals to us for symptom management and palliative care discussions over the last 18 months. We have nurses trained in symptom management and CBT techniques and so we are able to provide a symptom management service.

To ensure that you prepare your case well you need to be able to provide substantial evidence of growth in service. This should include information on increases in patient referrals, details of additional services being provided and the associated evidence. Finally, evidence any national changes in treatment provision that add extra responsibility to your service.

Contact details

To get in touch with Helen, please email:

helen.morris2@mft.nhs.uk

If would like to share your experience of working as a respiratory nurse, please email Louise Preston:
Louise.preston@brit-thoracic.org.uk