Substance Misuse Nursing Example

2. IN SUPPORT OF YOUR APPLICATION – please read the excellence profile in the guidance document and give us examples from your nursing practice of how your expertise matches the areas below.

How have you made a difference?

- changing how things are currently done
- making things better for individuals, families and communities
- and/or helping others to make a significant impact.

I have worked within community nursing for over 14 years and throughout this time I have taken on specialist roles. In one of my first community nursing posts I was placed within a GP practice with a view to improving relationships between the GPs and patients with substance misuse issues. Part of this role was to challenge attitudes and identify gaps where there were health inequalities. By working alongside the GPs and exploring their attitudes and educating them I did manage to gain their confidence and was allocated a clinical room within the practice. This was a massive step in reducing stigma. Whilst delivering blood borne virus testing I was finding that there was a high prevalence of new hepatitis C infections and I was able to identify that clients were sharing needles due to the lack of needle exchange in this geographical area. I therefore put a proposal to the GP practice and my management to be the first community nurse to provide needle exchange alongside prescribing treatment. As a result of my relationship with the GP practice and their clearer understanding of substance misuse this proposal was accepted. This allowed me to provide this particular group of clients a service that matched their individual needs allowing them to engage in a therapeutic relationship with the desired outcome of less risky behaviour and new hepatitis infections. I recently delivered a presentation of my experience of working as a non-medical prescriber alongside a client whom I used to review in this particular clinic who is now in long term recovery. He reflected on being referred to me and finding for the first time he could be honest about the underlying reasons as to why he continued to use drugs as by being offered needles allowed him to be more honest about his current drug use. I felt honoured to hear that by working in ways with people and empowering them to gain the treatment they need in a more person-centred way can have an impact on their ability to engage and recover. Currently this model of care is now a test of change in other areas several years on.

I was also involved in XXXX in developing a dual diagnosis clinic. Clients with co morbidity with substance misuse/mental health have poorer prognosis, higher risk of relapse and of blood borne virus, and facing higher levels of stigma with poor retention in treatment sometimes falling between service gaps. I worked jointly with the mental health team and we created seamless care pathways for this client group with integrated care planning and risk assessments. The ethos of this team was to work in a flexible person-centred way promoting optimism and building motivation. This clinic was successful and we were able to evidence a reduction in DNA rates and retention in treatment with more positive treatment outcomes. I delivered presentations to the journal of psychiatry on this model. As one main outcome was that when the client's mental health needs were addressed the substance misuse issues where no longer such an issue.

I feel these models demonstrate by working in a creative way you can improve outcomes for this client group as the substance misuse is almost always a coping mechanism for underlying issues for the person. The needles exchange model demonstrates that this is a gateway of engaging people to discuss the underlying reasons why they use substances and not really just to reduce risk of BBV infections.

(no more than 3500 characters which is around 500 words)

Substance Misuse Nursing Example

How have you demonstrated your tenacity and resilience?

- finding your way across boundaries, around obstacles, through bureaucracy
- successfully challenging attitudes
- finding new doors to open each time one closes.

When making any small service development including the needle exchange provision I did have some resistance. This mainly came from medics who felt that prescribing methadone and handing out needles was giving a "wrong message" and would be deemed as unsafe prescribing. I was lucky enough to have one supportive manager who agreed I could pilot this and demonstrate my findings. During this period, I had to ensure I had very robust care planning for each client and as I am a very experienced practitioner and non-medical prescriber I felt able to challenge any attitudes.

In another role as new nurse manager in a new health board I felt I had to challenge unsafe clinical practice in relation to opiate replacement initiation as there was little objective assessment of the patient's response to treatment, which potentiates risk of over dosage or sub therapeutic dosing. When highlighting my concerns in my new role I was met with defensive attitudes despite a recent external audit also highlighting my concerns. I was aware I had to manage this carefully so in order to overcome these barriers and difficulties I firstly had to understand where these beliefs systems were adopted from and spent some time shadowing staff in the medical team. Despite exploring new ways of delivering this care I struggled to gain the confidence of some medical staff involved to consider any new ways of working. Therefore, given my previous prescribing experience in opiate replacement therapy I wrote a test of change paper and presented this at the clinical governance meeting, submitting best practice. I proposed as a non-medical prescriber to do a trial in one of the localities an opiate replacement titration clinic which meets patients' needs with a holistic person-centred approach. My paper was circulated for three months with continual rejection; however, I persevered and continued to make any amendments asked of me. I included a standard operating procedure for every element of the paper to given assurances.

On the fourth month I presented the paper having answered and provided solutions for every eventuality as I was passionate about this model of care and the patient receiving a good quality service. This resulted in the paper being approved however it did not make me feel supported by the medical team.

This was isolating in a non-medical prescribing role and made me feel my clinic would be under great scrutiny. However I feel I am a resilient experienced practitioner and managed to work through any obstacles immediately by looking for solutions. The test of change was then externally audited and patient feedback gained so the hard work had paid off. During this time it was exhausting changing long standing attitudes and the only way to do so was to preserve and maintain enthusiasm and commitment to good safe patient care.

Within the substance misuse service currently we have had recent budget cuts of 23%. This has been reflected in the staff teams not being able to meet the HEAT standard waiting time for patients being seen within three weeks of referral to treatment. My response to this has not been to reduce the quality of the standard of care that we are providing in order to meet the target. Unfortunately the service from a commissioning point of view it can feel this is what the service is being measured/evaluated on. I have remained committed to providing a good quality service that retains clients in treatment and is trauma informed so as a team manager we strive to see people in a timely manner but not to compromise quality care. Equally we have used the budget cuts to enhance our partnership working and look at ways of utilising third sector staff/recovery community and our NHS partners.

Substance Misuse Nursing Example

I have also just recently been involved in some work with the DWP to provide education and challenge attitudes towards substance misuse. My way of doing this work in a meaningful way has been to provide education and with my compassion when discussing the reasons why people may use drugs. This has been successful and I have been asked to return and deliver to other areas**. (no more than 3500 characters which is around 500 words)**

Substance Misuse Nursing Example

How have you brought people with you?

- using your enthusiasm and persuasive nature
- creating a ground swell of support and recognition that has "carried the day"
- getting others to commit and get things done.

When I was involved in the test of change as detailed above when I was first asked to manage this team who were made up of third sector staff and an NHS nursing team. They did not work together in a cohesive way to deliver best care to the patients using the service, and the service was delivered in a paternalistic, non-recovery focused model. Often clients had no active role in their treatment.
I spent time shadowing each team member to get an underpinning knowledge of how they viewed their roles and responsibilities within the team. By doing so I could see that there was a crossover of roles creating disharmony throughout the team. I had a sense that staff needed to feel valued for their own skills and experience and empowered to use their skills in a meaningful way. We discussed as a team new ways of working and given my passion and enthusiasm for this having come from another health board this did create some excitement.

I managed to gain some funding from the NHS to arrange an "away day" organised by myself to identify how as a team we can deliver care utilising the skills we had. I ensured the focus was positive and discussed what was good about what they were achieving. All staff had an underpinning desire to provide best care, so I found by placing the client at the heart of this discussions it got people thinking more creatively. Having invested and spent time with the individual team members I was able to draw out their individual strengths and help nourish ideas giving each member of staff having ownership of their work. When the test of change was approved staff all felt that this was their work and had pride in what they had achieved and following the success of the audit we were nominated as "best team". The feedback I received from this team was that I was a leader, alongside them, working just as hard but managing the team with my continued drive and patience never losing enthusiasm. I have always maintained a can do attitude even when it can feel difficult.

In my current role I have nourished each member of staff working on their strengths and the results are that people do want to do a good job and take pride in the work they are doing when they feel valued for this. I also try and promote within the team as a whole that we are all different in our approaches but that is what can make for a great skill mix when delivering service.

I feel one of my main strengths is in promoting partnership working and seeing the links in what we can achieve when we work closely together for patient outcomes. I was recently part of a short-life working group to promote peer support and following organising one meeting – all partners attended and we managed to obtain funding for this post. I think my enthusiasm for this field and passion can be contagious as I now have a group of peers desperate to work alongside me!

How have you demonstrated your ability to reflect?

- listening deeply, seeking to understand what really matters
- approaching life reflectively, always learning and kind to self
- quick to attribute success to others and not seek credit for things.

I attended regular managerial supervision and always consider what I am currently achieving and where I would like to develop further. I am aware of any gaps in my learning and feel every day can be a learning day in any field we work in.

I also attend clinical supervision where I take time to privately reflect how I feel in terms of the service I offer and the staff I manage. I work at a very fast pace and need to take time out to consider everyone works at a very different pace to myself.

When prioritising all the demands on the service, I often take time out to reflect on what is important. Initially when I was first managing this service we were achieving the HEAT target, however when I was reflecting on this I was fully aware that quality was being compromised and that I wanted to work and manage a service that ensured clients received a quality service. I had to then consider that this might compromise my code of conduct in terms of seeing clients when they need care. I continue to reflect on this on a weekly basis.

I alongside all staff attend the coaching sessions for psychosocial interventions as I feel it's important that I too, when seeing clients, take time out to consider how I am working with them and if there are ways that I could improve my interventions.

Another example would be that when I recently dealt with a patient complaint, I was able to reflect and learn from the patient experience greatly. By doing so and being open and honest with the family as to how care could have been delivered better, this has led to us working jointly on developing family support.

I have struggled when completing this form as every aspect within my time managing all good practice has been part of a wider team effort.

(no more than 3500 characters which is around 500 words)

3. WHAT IS YOUR VISION for the role of Queen's Nurses in Scotland's communities and why would you like to be selected for this year's cohort?

I am passionate in my role as a community nurse working within substance misuse and feel that being a Queen's Nurse would hopefully raise the profile of substance misuse nursing, within our profession and amongst communities. This would hugely benefit the client group and their families in reducing stigma. I am a keen learner and as stated feel open to new ideas and ways of working and hope that the Queen's Nursing experience would connect me with a variety of community nurses where I could learn and share experiences. I have been committed throughout my nursing career to reduce health inequalities and pioneer nursing throughout the health service, and this opportunity would support me in doingthis.

(no more than 3500 characters which is around 500 words)