

**Title of the symposium:** Implementation of nurse-led consultations and nurse-led clinics: from evidence to real-world practices

**Chair/presenters:** Chair: Prof. dr. Ann Van Hecke, UGent/UZ Gent, Belgium

Presenters: dr. Pieter Heeren, KU Leuven/UZ Leuven, Belgium

Marie Cerulus, KU Leuven/UZ Leuven, Belgium

Ine Decadt, AZ Groeninge, Belgium

Patient expert and Elsie Decoene, UZ Gent, Belgium

**Background:** In many countries, healthcare systems are under pressure as evidenced by prolonging waiting times and decreased healthcare access. A key explanation for these challenges are societal evolutions, such as ageing of populations and increasing prevalence of chronic conditions. As a result, patients not only need more care, but also need care that is more comprehensive. The debate on future-proof healthcare systems has long been suggesting that nurses can take on more advanced roles and set-up nurse-led consultations/clinics (NLC).

**Learning objectives:** (1) To describe the effectiveness of NLC on patient and organisational outcomes; (2) To describe and compare NLC in five international best-practice regions anno 2023; (3) To provide insights in perspectives of stakeholders involved in the development and implementation of NLC in an oncology department, and (4) To provide insights in the patient's experience when care is provided in NLC

### **Contributions**

Contribution 1: Impact of NLC on patient and organisational outcomes: overview of the evidence **Presenter:** dr. Pieter Heeren

We will present the impact of NLC on patient and organisational outcomes using an umbrella review. Sixty systematic reviews of randomised controlled trials were included. These described the effectiveness of NLC on patient (i.e. quality of life, physical status, psychosocial health, health behaviour, medication (adherence), mortality, clinical outcomes, patient satisfaction) and organisational (i.e. health care resources and costs) outcomes. Forty-four systematic reviews focused on disease-specific populations: cardiovascular disease (n=12), oncology (n=8), endocrinology (n=7), respiratory disease (n=5), mental health (n=4), chronic kidney disease (n=2), rheumatoid arthritis (n=1), HIV (n=1), and fatigue (n=1). Sixteen reviews included populations with any chronic disease. Twenty-five reviews evaluated interventions in the community care setting, while seven reviews focused on hospitals. Our findings align with previous systematic reviews reporting that NLC have the ability to achieve outcomes that are similar to those of physician-led or usual care. Data summary suggests that NLC are more effective than physician-led or usual care regarding quality of life, health behaviour, mortality, patient satisfaction, medication (adherence), and costs.

Contribution 2: What can we learn from NLC-implementation in international best-practice regions? **Presenter:** Marie Cerulus

We will present how NLC are organised in five international best-practice regions (the Netherlands, France, Ireland, Finland, Canada). Data was collected through extensive desk research and 27 semi-structured interviews with key informants. We summarized objective characteristics of NLC, related to their availability in different healthcare settings, the profile

of nurses performing NLC and their level of autonomy. We report contextual factors that have been perceived as facilitators or barriers in implementation of NLC in these regions.

NLC have been implemented in all different care settings. In all best-practice regions, NLC are performed by nurses at two different levels: by registered or specialised nurses who have a Bachelor of Nursing and some additional training/expertise, and by nurse practitioners / advanced practice nurses who have a Master degree. The level of autonomy and the extension of authorities differ significantly between the regions, with a high level of autonomy in Ontario and the Netherlands and large expansions of legal rights and responsibilities in Ontario, the Netherlands and Ireland. In Ireland and France, the practical organisation of task delegation from physicians to nurses is regulated in collaboration protocols which are site-specific. Key informants expressed the need for clear role delineation. All favoured the fact that working experience is required to start APN-training at master-level and that a portfolio is helpful to monitor whether the competency level of the nurses is maintained. A recurrent theme were strategies needed to overcome resistance from the general public, the medical profession and the nursing profession itself.

**Contribution 3: What are the perspectives of stakeholders involved in the development and implementation of NLC in an oncology department? Presenter:** Ine Decadt

Internationally, a rise in NLC in oncology is noticed. In Belgium, research on NLC is scarce. In this presentation, the perspectives of stakeholders involved in the development of an oncology NLC for patients with gynaecological and head-and-neck cancer in a regional hospital in Flanders will be presented. The NLC is initiated by the Clinical Nurse Specialist (CNS). Nurse led visits alternated with medical visits in a complementary model. Interviews with 10 stakeholders (oncologist, head nurse, nurse manager, nurses, specialised nurses, CNS) were held.

Drivers for the NLC were diverse. CNS, physicians and nursing managers were positive regarding the NLC. The physician seemed to be an important initiator. Nurses however questioned the need for a NLC and felt a dilution in their own role. Concerns raised about role clarity with other specialized oncology nurses in the team. The head nurse seemed to be a gate keeper with regard to the protection of the team. Nursing managers stressed to avoid mainly task substitution of physicians. The implementation of NLC had a positive impact on patient satisfaction and optimized patient flows and continuity of care. CNS were often considered as the bridging person between physicians and nurses. Increased immersing of CNS in direct patient care led to detecting more unmet needs in patient care provided by the interprofessional team.

**Contribution 4: What can we learn from patient experts when care is provided in NLC?**

**Presenter:** Patient expert and Elsie Decoene

**Description :** The story of a patient expert with cancer will be presented by means of an interview with Elsie Decoene. The patient will address his experience with care provided in NLC.

**Discussion on implications and future perspectives,** chaired by Prof. dr. Ann Van Hecke  
Interactive discussions with the audience will be held (1) to facilitate the translation of the evidence-based knowledge on NLC into recommendations applicable for their personal working context, (2) to discuss on future implementation of NLC in other domains/settings, and (3) to reflect on barriers and facilitators in future implementation of NLC in health care in Belgium.