Research repository.

Below you will find abstracts from research and evidence collected via trainee advanced practitioners during their masters programmes. Please note that these have not been peer-reviewed by the AAPR-UK team. If you wish to contact the author, please use their emails.

02/08/2026

Contents

To what extent can spiritual practices help a patient come to terms with visual loss?

Jonathan Drury

jonathan.drury@cht.nhs.uk

Aim: To explore the role of spiritual practice in helping patients cope with the loss of vision.

Background: In an ageing population, helping patients cope with sight loss is increasingly important. It has been proposed that the biopsychosocial model of health should be expanded to account for the spiritual needs of patients coping with chronic, long-term disease. By incorporating spirituality into the biopsychosocial model, it embraces the holistic and compassionate approach to care and can transform the way healthcare practitioners approach the concepts of health and disease.

Methods: A structured scoping literature review and thematic analysis of the themes surrounding the role of spiritual practices in coming to terms with vision loss and other life-changing diseases.

Findings: Religious and non-religious practices positively and negatively impact adaptive outcomes to vision loss and mental health. Spirituality is associated with physical, mental and vision domains of health-related quality of life with the greatest impact on mental health. Clinician education is not well provided.

Implication for practice: Understanding a patient's spiritual needs and beliefs can facilitate the rehabilitation process after vision loss. However, there is a strong association between spirituality, anxiety, and depression, so introducing mindfulness and positive coping strategies as a concept for strengthening mental wellbeing will support rehabilitation services. Clinicians need appropriate training to deliver this effectively.

A structured literature review exploring eating disorder patient experiences within primary care settings

Lisa Kelly

lisa.kelly@swyt.nhs.uk

Background

Eating disorders (ED's) are complex mental illnesses that are increasing in prevalence, cause a variety of health complications, are associated with increasing healthcare costs and various help seeking barriers exist. Primary care services are frequently the initial point of contact for help seeking and is therefore a prime setting for ensuring patients with ED's have a positive experience.

Aims

To conduct a structured literature review exploring ED patient experiences when presenting to primary care.

Methods

A structured literature review method was adopted to examine the existing literature. Six databases were searched, exclusion and inclusion criteria applied resulting in ten qualitative studies being included. All studies were critically examined using CASP tools and a simplified thematic analysis process was utilised to extract the data and generate themes.

Findings

Five key themes were found with examples of positive and negative patient experiences within each theme. Clinicians' knowledge, barriers to specialist treatment, holistic care, practitioner qualities and patient disclosure were the main themes identified. Men, Eastern cultures and BAME communities were largely underrepresented in the literature, and various confounding variables were uncontrolled which may have impacted on the results.

Conclusion/implications for practice

The findings mirror historical systematic reviews of this genre and some new insights not previously established were found. The findings indicate that clinical guidelines require adjustment to account for patient preferences and to enable the help seeking process which many ED patients find difficult.

Factors influencing the development and prevention of compassion fatigue in healthcare workers

Sarah Jowitt

sarah.jowitt@sky.com

Background – Compassion fatigue (C.F.) is increasingly common in healthcare systems around the world; with organisations dealing with increasing demand and limited resources. Whilst compassion fatigue impacts the wellbeing of healthcare workers, the care they deliver, and the rate in which they leave their roles; it remains a misunderstood term with limited strategies for its prevention or management. It is therefore paramount that healthcare workers, leaders, and policy makers alike, understand its definition and how to prevent, recognise, and deal with this pervasive phenomenon. (Henshall et al 2017).

Aim – This paper reports a mixed methods systematic review, assessing systematically the factors influencing and preventing the development of compassion fatigue in health care workers; whilst offering some practical definitions and outcomes to aid those working in healthcare systems.

Data- A systematic search was made of C.I.N.A.H.L., M.E.D.L.I.N.E. and Cochrane databases.

Methodology – Empirical evidence was critically appraised using the 'Hopkins tool' (Dang and Dearholt 2018-page 282). Thematic analysis with narrative synthesis allowed conclusions to be drawn.

Results – The findings from this research identify compassion fatigue as remaining poorly understood, with limited robust evidence available. The development of C.F. is likely multifactorial; and includes the need for effective training around compassion, compassionate leadership, and identification of personal characteristics that may identify those more disposed to its development.

Recommendations – Further robust research is needed; in particular, qualitative, and experimental studies are lacking. The outcomes of this study can be utilised to direct future work around C.F..A joined-up, health worker, organisational, and governmental approach; to maintain the wellbeing of those in health care roles and the quality of care they deliver should be implemented.

Spirituality and Mental Health Practice - A Literature Review

Donna Megeary

donna.megeary@swyt.nhs.uk

Background: Historically mental health services have been influenced by the biomedical model of care, overlooking the spiritual dimension. However, spirituality has increasingly been recognised as a vital component of holistic mental health care, contributing to a patients sense of hope, meaning and purpose for patients.

Aim: The purpose of this literature review was to explore and evaluate if mental health professionals integrate spirituality into patient care within mental health practice.

Methods: A structured literature review was undertaken using a systematic approach, to critically appraise and evaluate whether mental health professionals integrate spirituality into patient care within mental health practice. Three electronic databases were searched with 9 studies identified.

Findings: The review identified 5 key themes influencing mental health professionals' delivery of spirituality in practice: a lack of education and training emerged as a significant barrier with many professionals feeling ill equipped to address patients' spiritual needs; the organisational position on spirituality played a crucial role in the delivery of spiritual care; the absence of a clear interpretation of spirituality contributed to confusion and inconsistent approaches amongst professionals; years of experience influenced confidence in engaging in spiritual care, with experienced staff generally being more at ease in the delivery. Finally, personality types were found to shape individual attitudes and openness towards spirituality.

Implications for practice: The findings identified that whilst mental health professionals are willing to provide spiritual care, only a small minority do due to a critical need for them to acquire targeted input to integrate spirituality into patient care. Tailored training is required to allow mental health professionals to develop competencies in spirituality and understand the role and definition within holistic treatment of patients. Additionally organisational support is essential to the integration of spirituality in everyday practice.

A Formative Evaluation of Early Anterior Cruciate Ligament (ACL) Rehabilitation, from Physiotherapists' Perspectives, to Support the Development of a Clinical Pathway

Julian Mogg

julian.mogg10@hotmail.co.uk

Aim: To evaluate the effectiveness and consistency of early anterior cruciate ligament (ACL) rehabilitation.

Background: ACL injuries are complex musculoskeletal (MSK) conditions that require prolonged rehabilitation. In response to increasing National Health Service (NHS) pressures, the Local Health Board MSK Physiotherapy Service are prioritising the development of clinical pathways to enhance consistency and efficiency of care. While the development of a full ACL clinical pathway was deemed too broad for this work-based project, informal discussions with local physiotherapists, analysis of ACL patient journeys and a brief scoping of the literature revealed significant variability in early ACL rehabilitation. Therefore, this study focused on exploring physiotherapists' perspectives on early ACL rehabilitation to inform the development of a more effective and consistent approach and support the development of an ACL clinical pathway.

Methods: Using the NHS Evaluation Cycle, the project combined stakeholder engagement, a logic model, a fishbone diagram and literature review to understand both conventional and empirical data related to early ACL rehabilitation. A mixed-methods design using a questionnaire and semi-structured interviews (SSIs), ensured depth and breadth of data, aligned with service priorities, and upheld ethical standards.

Results: From 34 questionnaire responses and 3 SSIs, findings showed a consistent focus on physical rehabilitation, but highlighted delayed psychological support regarding early ACL rehabilitation. Practice varied, with some clinicians using formal guidance and others relying on experience. Barriers included time, resources, training gaps, and limited multidisciplinary collaboration.

Conclusion: This evaluation has demonstrated a locally relevant and flexible early ACL rehabilitation guide is needed to standardise local care that includes physical and psychological rehabilitation, alongside outcome measures and shared decision-making tools. Recommendations also include exploring or developing psychological screening tools and support frameworks, digital and in-person patient education, improving multidisciplinary team integration, tiered rehabilitation models, and training for junior staff to reduce variation and enhance care quality.

Advanced clinical practitioner pharmacists and post-discharge medicines reconciliation in older adults

Lauren Clark

Aim:

To explore how pharmacist-led post-discharge medicines reconciliation influences health

outcomes for older adults, and to examine the implications for advanced clinical practitioner-pharmacist roles in service development and integrated care.

Objectives

1. To synthesise key themes on the processes and outcomes of post-discharge medicines reconciliation in older adults.
2. To examine how pharmacist autonomy, leadership and multidisciplinary working shape patient safety and service effectiveness.
3. To identify implications for advanced practice education, workforce development and system-level implementation.

Background:

Transitions of care remain a high-risk period for older adults, with medication discrepancies and medication-related harm contributing to avoidable readmissions and patient dissatisfaction. Despite policy emphasis, the specific contribution of advanced clinical practitioner-pharmacists to post-discharge medicines reconciliation in older adults remains under-represented in the practice literature.

Methods:

A narrative review approach was adopted to synthesise contemporary international literature on pharmacist-led post-discharge medicines reconciliation in older adults (65yrs+).

Findings:

Key themes highlight medicines reconciliation as a complex, patient-centred clinical intervention, its role in reducing discrepancies and adverse drug effects, and its contribution to service integration and workforce development.

Impact for Practice:

The review identifies implications for clinical leadership, education and service design, supporting the development of advanced clinical practitioner-pharmacist roles within integrated care systems.

Diagnostic Accuracy of Artificial Intelligence Enabled Electrocardiogram (AI-ECG) to detect heart failure (HF) and asymptomatic left ventricular dysfunction (ALVD) in community populations.

Bertie Rowell

bertrand.rowell@nhs.net

Background: HF and ALVD are serious health conditions, and prognosis including mortality, is worse than most cancers. Health outcomes are significantly better if HF/ALVD is recognised and treated early in the community. Despite this, 80% of HF is diagnosed following an emergency hospital admission. AI-ECG has shown very promising sensitivity and specificity for detecting HF/ALVD in hospital-based populations. Thus, using AI-ECGs to detect HF/ALVD in community populations could potentially lead to earlier diagnosis, increased clinician recognition and improve patient outcomes. However, no systematic review or meta-analysis have examined AI-ECG diagnostic accuracy in the community population.

Aim: By selecting and analysing AI-ECG studies performed only in community populations this systematic appraisal (SA) aims to increase the current knowledge base by analysing the diagnostic performance of AI-ECG in community populations for the first time.

Methods: The major clinical databases PubMed, Embase, CINAHL, Cochrane library and Scopus were searched using relevant terms. Additionally, citation lists were reviewed, and four major journals were hand searched. A single reviewer conducted the search, reviewed abstracts and full text articles and extracted the data. Quality assessment was conducted using the QUADRAS2 tool. Due to heterogeneity of the included papers a quantitative narrative synthesis was used.

Results: Five studies were included in the analysis. There was significant variation in performance of AI-ECG in the community with sensitivity reported between 100% and 27% and specificity reported between 92% and 69%. Descriptive statistics showed an average sensitivity of 64% and specificity of 84.8%. This is lower than meta-analysis of hospital-based populations with pooled results showing a sensitivity of 0.93 and specificity of 0.95. Even AI-ECGs studies reporting high sensitivity and specificity returned a significant number of false positives due to the low prevalence of HF in the community population. Thus, AI-ECG likely significantly overdiagnoses HF/ALVD if applied to the community population.

Conclusions: AI-ECG was not as accurate in the community as in hospital-based populations. However, AI-ECG still has potential to be used in the community. AI-ECG for this specific population needs to be developed. Future high- quality prospective community-based trials, preferably randomised control trials, would be needed to ascertain if AI-ECG can be used to identify HF/ALVSD in the community.

What are the barriers and facilitators to Nurse-led paracentesis service: a scoping review?

Dawn Griffiths

dawn.griffiths3@wales.nhs.uk

Title: Exploring Barriers and Facilitators to Implementing a Nurse-Led Paracentesis Service in Acute Oncology: A Scoping Review

Aim: To explore the barriers and facilitators to implementing a nurse-led paracentesis service within acute oncology settings.

Objectives:

1. To examine the scope and effectiveness of nurse-led paracentesis services
2. To identify key barriers and facilitators influencing implementation
3. To evaluate the impact of nurse-led services on patient outcomes, service efficiency, and cost-effectiveness
4. To generate recommendations to inform clinical practice and service development

Background: Malignant ascites is a common complication in advanced cancer, associated with significant symptom burden and poor prognosis. Paracentesis is an effective palliative intervention; however, delays in accessing the procedure remain a persistent challenge due to workforce limitations and service inefficiencies. Increasing demand on oncology services, alongside workforce shortages, highlights the need for innovative models of care. Nurse-led services, delivered by Advanced Clinical Practitioners, have emerged as a potential solution to improve access, reduce hospital admissions, and enhance patient-centred care.

Methods/Methodology: A scoping review methodology, guided by Arksey and O'Malley (2005), was undertaken to map the existing evidence on nurse-led paracentesis services. A systematic search of CINAHL, MEDLINE, EMBASE, and grey literature sources identified 84 studies. Following screening and application of inclusion and exclusion criteria, 10 studies were included in the final review. Data were charted and analysed using thematic analysis to identify key patterns related to implementation, outcomes, and service delivery.

Impact for Practice: The findings demonstrate that nurse-led paracentesis services improve patient outcomes, reduce hospital admissions and length of stay, and offer significant cost savings. Key facilitators included organisational support, structured training, and clear clinical protocols, while barriers centred on resource limitations, training gaps, and interprofessional challenges. The study supports the expansion of advanced nursing roles in oncology and aligns with NHS and Welsh Government strategies promoting workforce transformation and prudent healthcare. Implementation of nurse-led models has the potential to enhance service efficiency, improve patient experience, and contribute to sustainable healthcare delivery.

Gastric protection on discharge post-cardiac surgery: Developing an evidence-based flowchart to standardise practice

Vera Alves

Vera.alves@uhs.nhs.uk

Background: Gastrointestinal complications following cardiac surgery pose significant morbidity and mortality. Those are mainly caused by fundamental antithrombotic therapies used pre-, intra- and postoperatively. Nevertheless, gastric protection medications, mainly with proton pump inhibitors, reduce complications by up to 50%. However, these are associated with several side effects and interactions requiring careful consideration.

Current guidelines lack specificity regarding agent selection, dosage and duration, resulting in variation in clinical practice.

Aims and Objectives: This project, conducted as part of an MSc Advanced Clinical Practice apprenticeship, aimed to address this gap by developing an evidence-based flowchart to guide gastric protection prescribing on discharge including reduce unnecessary or high-dose gastric protection medication, standardise prescribing practices and ensure inclusion of indication and duration in discharge summaries and ultimately, reduce associated costs.

Methods/methodology: A systematic literature review was undertaken using the PICO framework, supported by PRISMA methodology and CASP analysis, to evaluate the impact of PPI co-therapy in patients receiving antithrombotic medications. This evidence, derived from meta-analysis, cohort studies, and a randomised control trial associated with national guidance and NICE recommendations, confirmed the benefits of gastric protection measures specially in high-risk groups (age ≥75 years; previous history of gastrointestinal complications; concomitant use of other antiplatelet agents or oral anticoagulants; chronic use of NSAIDs or corticosteroids; and high-dose aspirin therapy (≥100 mg daily)).

Patients meeting any of these criteria should be given a PPI to be continued on discharge, with lansoprazole 15 mg once daily recommended as the first-line and most cost-effective agent, unless contraindicated due to allergy, sensitivity, or significant drug interactions. In the absence of these high-risk factors, PPI therapy is not indicated.

Impact for practice: The re-audit showed that the compliance with the prescribing flowchart increased from 72% to 81%, alongside a reduction in unnecessary gastric protection prescribing, with inappropriate discharge on such medications decreasing from 30% to 19%, and high-dose prescribing from 30% to 16%. Further analysis of patients on pre-operative gastric protection revealed that 45% had no clear documented indication for ongoing therapy. These findings are consistent with existing evidence suggesting a high prevalence of inappropriate PPI use.

In conclusion, this project demonstrates the effectiveness of a structured, evidence-based approach in improving prescribing practices and reducing unnecessary medication use. While progress has been made, further work is required to enhance documentation, reconciliation and long-term management. This initiative highlights the role of advanced clinical practice in

driving quality improvement, promoting patient safety, reducing polypharmacy and supporting cost-effective care through standardised, evidence-based decision-making.

The Role and Efficacy of Bed Exercises in the Early Post-Operative Period following Total Hip Replacement: A Critical Review and Narrative Synthesis

Mike Haddon

michael.haddon@uhs.nhs.uk

The Role and Efficacy of Bed Exercises in the Early Post-Operative Period following Total Hip Replacement: A Critical Review and Narrative Synthesis

Background: Bed exercises are widely used in patient rehabilitation during the early post-operative period following hip surgery. However, there efficacy and the theoretical concept behind their use is yet to be determined in a literature review study.

Aim: The aim of this review is to appraise the available research to clarify the role that bed exercises play in post-operative rehabilitation following hip surgery.

Methods: PubMed, PEDro, Medline, Cinahl and EMCare databases were searched alongside Google Scholar and hand searching the reference lists of included studies. Studies were included if they were primary research studies with participants undergoing primary hip surgery including total hip replacement, hemi-arthroplasty and dynamic hip screw. 7 studies were included that met the inclusion criteria. Trial quality was mixed with low participant numbers and blinding. Included studies were heterogeneous in nature therefore a narrative synthesis was conducted to summarise the data.

Impact for Practice: Three themes were identified based on study topic: Bed exercises versus no bed exercises, venous thromboembolism (VTE) management and bed exercises versus standing exercises. Strong evidence was found proving bed exercises increase venous blood-flow velocity, which reduces the incidence of VTE complications. Bed exercises also improve range of movement and functional independence compared with control groups. Overall, strong evidence was found to show that bed exercises provide benefit to patients in the early post-operative period and should be included in rehabilitation protocols.

What are the barriers and enablers to credentialing as a Royal Pharmaceutical Society Core Advanced Pharmacist? Exploring the views of Pharmacists in Scotland

Gareth McConnell

gareth.mcconnell@nhs.scot

Background: Pharmacist roles are expanding within NHS Scotland in response to increasing service pressures and workforce transformation agendas. The Royal Pharmaceutical Society (RPS) Core Advanced Pharmacist Curriculum provides a national framework for evidencing advanced practice through portfolio-based credentialing. Despite national and organisational endorsement, uptake of Core Advanced credentialing in Scotland remains comparatively low, and there is limited Scotland-specific evidence exploring pharmacists' experiences of working towards credentialing.

Aim: The aim of this qualitative study was to identify the barriers and enablers to Royal Pharmaceutical Society Core Advanced Pharmacist credentialing within Scotland.

Methods: A qualitative study design employed semi-structured interviews with pharmacists working across community, primary care, secondary care and other specialist sectors in Scotland. Eligible participants were qualified pharmacist independent prescribers in patient-facing roles. Purposive sampling was used to ensure variation in sector and credentialing status. Interviews were conducted via Microsoft Teams, transcribed verbatim and analysed using reflexive thematic analysis in accordance with Braun and Clarke's six-phase approach. Data collection continued until thematic saturation was achieved.

Results: Seventeen pharmacists participated. Five overarching themes were identified: professional identity, support networks, time, motivation, and portfolio and evidence collation, encompassing eighteen barrier and thirteen enabler sub-themes. Enablers included quality assurance, peer and mentor support, protected development time, and the accessibility of the e-portfolio. Barriers included unclear definitions of advanced practice, limited access to supervision (particularly in community pharmacy), service pressures reducing development time, financial cost of credentialing, inconsistent leadership engagement, and challenges generating evidence across all curriculum domains, most notably the research pillar. Participants expressed mixed views on the value of credentialing when already practising at an advanced level, particularly where credentialing was not embedded within job specifications or linked to career progression.

Conclusion: Pharmacists in Scotland identify clear benefits to Core Advanced credentialing. However, substantial systemic and organisational barriers persist. Addressing time pressures, strengthening local support networks, improving access to supervision, and embedding credentialing within workforce structures may enhance uptake. These findings provide evidence to inform targeted national and local strategies to support pharmacists working towards advanced practice credentialing in Scotland.

Evaluation of Local Experience of Imposter Syndrome in Advanced and Consultant Practice.

Samantha Jayne Blatchford

samantha.blatchford@wales.nhs.uk

Aim: To explore how AP & CP therapeutic radiographers experience IS, specifically exploring the perceived determinants and contributing factors, particularly during career transitions. It also examined the impact of IS on individuals and organisations, investigating strategies used to manage or mitigate IS and generates recommendations for future practice, support and management of professionals in these roles.

Background: Research suggests high prevalence of IS among healthcare professionals, associated with self-doubt and anxiety along with negative impacts on professional identity, performance, wellbeing, careers, and on service development. There is a dearth of information on IS within AP & CP therapeutic radiographers, with most evidence drawn from other healthcare professions. The study was conducted as a local NHS service evaluation and scoping study to explore the suitability of the methodology prior to potential wider UK research.

Methodology: This research adopted a qualitative, interpretivist approach grounded in a relativist ontology, recognising that experiences of IS are socially constructed and context dependent. Hermeneutic phenomenology underpinned the methodology, allowing exploration and interpretation of the lived experiences of local AP & CP therapeutic radiographers. An emic perspective was adopted to prioritise participants' insider views and meanings within their professional context. Purposive homogeneous sampling was used to recruit therapeutic radiographers in AP & CP roles within a single radiotherapy department. Data collection was via semi-structured focus groups, allowing participants to share and reflect on collective experiences. Data analysis was inductive reflexive thematic analysis based on the framework of Braun and Clarke (2006), identifying key themes which emerged. Reflexivity and independent observer review were incorporated to enhance credibility, transparency, and trustworthiness of findings.

Impact for practice: IS was context-dependent, influenced by individual, interpersonal, and systemic factors. Four themes were identified from the data: legitimacy and belonging, transitions and expectations, systems and structures and finally, support and solutions. Most participants identified with feelings of IS. Support strategies identified included feedback, mentorship, peer support, clear development pathways, and reflective practice, to help participants build confidence and resilience.

Clear role definitions, career pathways, and interprofessional education can reduce feelings of IS among AP and CP therapeutic radiographers. Individualised transition plans, mentorship, peer support, shared workspaces, and structured feedback enhance confidence, collaboration, and performance. Organisational guidance on funding, workforce strategies, and strategic development further supports role efficacy, wellbeing, and retention, ultimately improving service delivery and patient care.

A service evaluation of the change process, for a nurse-led Attention Deficit Hyperactivity Disorder (ADHD) medication clinic, delivered in a specialist school

Gillian Middleditch

Gill.Middleditch@nhs.net

Introduction: As a trainee Advanced Clinical Practitioner (ACP) (nurse background), a service evaluation has been undertaken on the offer of Attention Deficit Hyperactivity Disorder (ADHD) medication review clinics in a specialist school, as opposed to a health clinic, due to children and families not always accessing health clinic appointments.

Methods: A service evaluation was undertaken as this offer had not existed before. Upon review of the literature, there was limited research for nurse-led ADHD health clinics in the specialist school setting. The specialist school clinic data analysis used a mixed-methods approach of a questionnaire and interviews with teaching staff and parents. Both thematic and narrative analysis for the qualitative data was used. Statistical data analysis was completed for the quantitative data.

Findings: Four themes were derived, the first being, clinic setting - accessibility and availability, the second, trainee ACP led clinic and non-medical prescribing (NMP) - integrating a holistic and person-centred approach, the third the medical model towards the social model, for effective communication and collaboration and lastly training.

Conclusion: The outcome from the service evaluation shows a positive experience of children, parents and teachers attending the trainee ACP-led ADHD health clinics in the specialist school. With ways in which to further develop this service offer.

Overall contribution to knowledge: This service evaluation has led to further planning of future service delivery, with a view to propose the nursing team undertake future training on Non-Medical Prescribing (NMP), and lead on ADHD medication review appointments in specialist schools.

Improving CCOT follow-up to achieve 100% review of critical care discharges in line with GPICS standards

Sally Barthorpe

sally.barthorpe@nhs.net

To achieve compliance with the Faculty of Intensive Care Medicine (2026) standards by ensuring that all patients discharged from critical care receive a review by the critical care outreach team (CCOT), representing an improvement on current practice, where reviews are limited to level 3 patients and level 2 patients with a critical care stay exceeding three days.

Evaluating the Impact of a Multidisciplinary Team (MDT) Referral Screening Process on Routine Mental Health Referral Management in a Community Mental Health Single Point of Access Service.

Daniel Patrickson

daniel.patrickson@nhs.net

Aim: To evaluate whether the implementation of a structured MDT referral screening process improves the timeliness, appropriateness, and efficiency of routine referral management within a community mental health Single Point of Access (SPA) service.

Objectives:

1. To assess the impact of MDT referral screening on routine waiting list and waiting times.
2. To determine the proportion of referrals accepted, redirected, signposted, or managed through advice and guidance following MDT review.
3. To evaluate the appropriateness of referral outcomes through re-referral rates and safety indicators.
4. To explore staff experiences of implementing and participating in the MDT referral screening process.
5. To identify facilitators and barriers to sustaining the MDT model in routine practice.

Background: Mental health services across the NHS continue to experience increasing demand, prolonged waiting times, and workforce pressures. Routine referrals are particularly vulnerable to delays when services prioritise urgent and high-risk presentations. Within the SPA, routine referral screening was traditionally conducted by an individual practitioner alongside urgent clinical responsibilities, creating potential bottlenecks and delays in access to care. Service data demonstrated that demand for routine triage exceeded available capacity and that many patients ultimately received signposting or were referred elsewhere following assessment, suggesting opportunities for earlier clinical decision-making. The introduction of an MDT referral screening process aims to provide shared clinical decision-making, improve referral appropriateness, offer earlier advice and guidance, and reduce unnecessary progression to waiting lists while maintaining patient safety.

Methodology: A mixed-methods service evaluation was undertaken using a pre and post implementation design.

Service data will be continuously collected following MDT implementation.

Outcome measures will include:

- Number of routine referrals received.
- Waiting list size and average waiting times.
- Referral outcomes (accepted, redirected, signposted, advice and guidance).
- Rereferral rates.

- Safeguarding incidents, complaints, and serious incidents.

Descriptive statistics will be used to compare outcomes before and after implementation.

Impact for Practice: The study could provide evidence for a sustainable and clinically safe approach to managing routine mental health referrals. Findings may support earlier access to appropriate services, reduce unnecessary waiting times, improve use of clinical resources, and enhance shared decision-making within referral pathways. If effective, the MDT model could be replicated across other community mental health services to improve patient flow while maintaining quality and safety of care.

Exploring the lived experience of advanced practitioners who break bad news in clinical practice – a research proposal.

Bethan Pugh

bethan.pugh@wales.nhs.uk

Aim and objectives: The aims of the study are to explore the lived experience of advanced practitioners who break bad news within their role and to investigate coping mechanisms and training needs. The specific research question being: How do advanced practitioners make meaning from their experiences of breaking bad news.

Background: Definition of 'bad news' from the literature. The relevance of the issue from an advanced practice perspective. The review of the literature clearly shows the emotional burden that breaking bad news can have on healthcare professionals. What is apparent is that there is a dearth of research exploring experiences of breaking bad news in the professional group of advanced practitioners. Whilst the parallel literature is helpful to try to understand this issue, the role of an advanced practitioner is different and holds unique challenges not fully understood by the literature. Research in this area could help to better comprehend the specific issues in the field of advanced practice to support provision of tailored guidance for good practice. In addition, investigation into coping mechanisms and resilience strategies would further facilitate learning and training development including training on how to best support APs psychologically.

Methods: Interpretative phenomenological analysis will be used as the overarching method. This methodology allows exploration of what particular experiences – in this case 'breaking bad news' mean to the individual participants. Data will be collected through semi-structured interviews. Purposive, homogenous sample to allow the research question to be meaningful to the participants. The study will include advanced practitioners working in secondary care. To be included, advanced practitioners must have completed an advanced practice qualification and be working in an advanced practice role.

A service evaluation of post-operative antibiotic prescribing for minor amputations in diabetic patients.

Julia Dinning

Julia.dinning@bthft.nhs.uk

Aim: To carry out a service evaluation on current postoperative antibiotic prescribing for minor amputations in diabetic patients.

Objectives: To assess prescribing patterns and outcomes of patients who have had only a short course of antibiotics or no antibiotics at all postoperatively.

Background: Diabetic foot ulcers have a high risk of amputation. Great effort is put into limb salvage by a multidisciplinary team, despite this, some diabetic patients will go on to have an amputation. Often, minor amputations are performed to try to save the leg. Unfortunately, some of these minor amputations have delayed healing, mostly caused by infection. Currently, there are no local or national guidelines on postoperative antibiotic cover for patients who have undergone a minor amputation. International guidelines recommend up to 21 days of postoperative antibiotics.

Data was split into two groups: one in which no antibiotics were prescribed and one with fewer than 21-days were prescribed. Following this, data will be collected on whether the patient required further antibiotics to be prescribed within the 21-day postoperative period.

Results/Findings: Over the 7-month period, 77 patients were identified as having a minor amputation. Only 59 could be included due to patients not being diabetic, having more than 21 days of antibiotics, having gone for further surgery within the 21-day post op period or having negative bone margins. Out of these 59 patients, Group one, had 46 (77.9%) were prescribed antibiotics. In Group Two, 13 (22%) patients did not receive antibiotics, with 6 (46%) patients needing to be prescribed antibiotics within the 21-day period.

Impact for Practice: The sample size was too small to be statistically significant; however, 46% of patients who did not receive any postoperative antibiotics needed to be prescribed a course within the 21-day postoperative period. Unfortunately, due to some problems found during the data collection, the sample was not reliable enough to make a solid conclusion.