

# Quality Improvement Review November 2023

## FNP Northern Ireland

# Context

- The license for the Family Nurse Partnership (FNP) programme in Northern Ireland (NI) is held by the Public Health Agency (PHA)
- The Central Team within the PHA are responsible for the delivery, sustainability and continuous quality improvement of the FNP programme locally
- The FNP programme in NI is being delivered in all five Health and Social Care Trusts
- The PHA is required to provide assurance that the FNP licence and contract agreements are strictly adhered to - ensuring a high quality service is delivered to vulnerable young mothers and their families

# Approach to continuous quality improvement

## Quality improvement goals for 2022/23:

- Continue to use ECHO NI to bring together FNP Nurses and Supervisors and provide opportunities for teaching through case presentations and training.
- To gather and analyse data collected at local level on EPDNS and GAD7 Screening Tool and strengthen the Perinatal Care Pathway.
- Continue to progress work on Information system to sustain functionality of existing system and progress work on alternative system to meet our business needs.

## Outcomes of CQI program for the reporting period:

- ECHO methodology has been used to support FNP programme delivery and service improvement, enhance the knowledge and skills of staff and provide an environment for collaborative reflective learning.
- EPDNS and GAD7 Screening tool have been implemented into FNP Visiting Schedule in line with local and regional guidance. Data is being collected at local level at present.
- Work on the Information system continues to keep it functioning. Work is being progressed to look at an alternative system which will meet our business needs in the long term.

## Systems used for identifying areas requiring improvement and how QI priorities are determined:

Each Health and Social Care Trust is responsible for meeting the licensing requirements, demonstrating excellence through the provision of data to the PHA and continually improving the quality of the programme.

Measuring outcomes and improving impact is an essential part of service delivery in FNP NI. It is important that work already completed is communicated effectively to strengthen the service, share FNP theoretical approaches and demonstrate the value of our evidence among strategic partners and the wider system in Northern Ireland.

# How are priorities identified?

- Implementation quality is monitored in a number of ways using routinely collected data, the site annual review process, intelligence gathered from learning events and contact with sites.
- The PHA Health Intelligence team review and analyse data across all sites and prepare reports for our Annual Review on:
  - Client Caseload and Characteristics
  - Programme Activity and Fidelity
  - Short-Term Outcomes
- Any trends are noted and priorities identified.

# Model for Improvement

**The Model for Improvement is based on three fundamental questions:**

- how much the programme achieved
- how well it did
- if anyone is better off

The Family Nurse Partnership programme relates to the following Outcome and action of Government's Outcome Delivery Plan.

## **Outcome 12**

- We give our children and young people the best start in life.

## **Action**

- Increase participation on the Family Nurse Partnership.

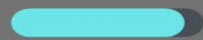
## • **Lead organisation**

- Public Health Agency

# Family Nursing Partnership ECHO Network

## Objectives/Benchmarks Progress

*Is Project ECHO helping you to achieve your Objectives:*



**90%** Enhance skills of the FNP nurses



**85%** Share knowledge and best practice by working collaboratively with FNP s regionally



**85%** To provide a source of peer support to help FNPs in their work



**85%** Identify areas for service improvement regionally



**80%** Identify training gaps for FNPs



**85%** Provide a safe space for collaborative reflective learning

# Progress on Information System

A functioning FNP information system has been developed that currently enables client management and data input. The central team, along with a working group within BSO and DXC, have continued to work on the information system to improve its functionality, usefulness and quality.

In February 2020 Internal Audit reviewed the current FNP database development and noted limited assurance. The report suggested the PHA should consider viable solutions that provides a more efficient and cost effective system to record all relevant FNP information.

Work remains ongoing with our current supplier.



A quality improvement project in progress:

**Long Acting Reversible Contraception (LARC)  
training for Family Nurse Partnership to  
prevent unplanned second pregnancies**

# Background and Context

A key goal of the FNP programme is to improve the life course of vulnerable young mothers by helping them develop a vision for their future, plan future pregnancies and stay in school or employment.

Teenage mothers have an elevated risk of repeated pregnancy within two years of their first pregnancy. Therefore preventing unplanned second pregnancies is an important element in the health, wellbeing and safeguarding of teenage mothers.

The use of long acting reversible contraception (LARC) is a strong protective factor against repeat pregnancy. Maravilla et al (2017).

*Factors influencing repeated teenage pregnancy: a review and meta-analysis.* American Journal of Obstetrics and Gynaecology.

# Aims of the Project

The aims below align with the strategic objectives identified in the Sexual Health Action Plan:

- Provide training to all FNP nurses on emergency contraception, other contraception methods and STIs.
- Identify and train at least one FNP nurse from each Trust area to be competent in sub-dermal implant insertion, removal and management of complications.

# Methods

- A regional Faculty of Sexual and Reproductive Healthcare (FRSH) training day will be arranged for all FNP nurses
- A smaller cohort of FNP nurses will complete sub-dermal implant training and receive a Letter of Competence Sub-dermal Contraceptive Implants Techniques Insertion and Removal (LoC SDI-IR)
- The FNP nurses meet the [entry requirements](#) for this programme as they are NMC registered with established skills in consultations, intramuscular injections, resuscitation, safeguarding and anaphylaxis management.

# Prior to commencing the training Family Nurses will need to:

- Have read the current FSRH guidance on sub-dermal implants and be conversant with its content
- Be able to confirm, at the time of application for FSRH qualification, that they have read the 6 principles of care as outlined in the [“Guidance for those undertaking or recertifying FSRH qualifications whose personal beliefs conflict with the provision of abortion or any method of contraception”](#) and agree to abide by them in practice.
- Complete eSRH Module 14 on the e-Learning for Healthcare platform
- Complete FSRH Contraceptive Counselling Free Online Course
- Pass an Online Theory Assessment (OTA). The OTA is an hour-long open book assessment designed to assess the candidate's knowledge, understanding and clinical decision-making abilities in contraceptive and non-specialist sexual and reproductive healthcare.
- Post certification support is an important part of professional development. Nurses should arrange for six monthly sessions with specialist sexual and reproductive health clinic.

# Costs

Training type		Cost per person	Number of trainees	Total
Regional training day		£150	30	£4,500
Letter of Competence Subdermal Contraceptive Implants Techniques Insertion and Removal Training	Online Theory	£80	4	£320
	Assessment			
	Clinical Training	£350	4	£1,400
	Registration fee for non-FRSH members (valid or five years)	£450	4	£1,800
<b>Total</b>		-	-	£8,020

# Evaluation

Process measures	Outcome measures
Number of FNP nurses trained to insert and remove sub dermal implants	Percentage of FNP patient cohort who have been offered a LARC
Numbers of LARCS inserted by each FNP nurse	Percentage of FNP patient cohort who have a LARC
Number of LARCS offered and declined, including reason for decline	Number of rapid repeat pregnancies (within two years) within FNP patient cohort
Time taken from decision to opt for implant to insertion	% of women accessing abortion care in Northern Ireland who had a pregnancy in the two years
	Number of implants removed early and reason for removal

## Core model element variance:

There are no core model element variances to the FNP programme in Northern Ireland



# Quality Improvement goals for 2023/24

## Planned priorities and objectives for next year:

1. Further explore the options for development of the information system and make data improvements to reflect the revised Annual Report template. This will include a scoping exercise looking at costs of migration to a new system.
2. Use ECHO NI to progress Quality Improvement Training using a virtual platform to bring together FNP teams for collaborative learning to enhance practice and service delivery.
3. Further exploration of the characteristics of clients declining the program and an understanding of their reasons for doing so.
4. Further clarification of client eligibility criteria in situations of limited capacity and exploration of the potential to offer the program more widely to women over 20 years leaving the care system