As CNSs, how can we advocate to ensure our expert nursing services are available for all patients? ACPN Workshop 2025

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Each year, the annual meeting of the Association of Coloproctology of Great Britain and Ireland (ACPGBI) provides an opportunity for members of the coloproctology community to meet one another, listen to inspiring clinicians and researchers and share their learning and experience with others within their national clinical network.

On 1st July 2025, I facilitated the Association of Coloproctology Nursing (ACPN) interactive workshop which focussed on the tools and evidence that specialist nurses can use to advocate and demonstrate the value of expert nursing services and ensure they are available to all patients.

The broad aims of the workshop were:

- Explore the tools available to enable Specialist Nurses to demonstrate their expert skills and patient services.
- Learn from examples from current practice to explore collaborative projects including the Association of Stoma Care Nurses UK (ASCN UK) Getting It Right First Time (GIRFT) stoma pathway.
- Identify common challenges for specialist nurses (inflammatory bowel disease (IBD), benign colorectal, pelvic floor dysfunction, colorectal cancer and stoma care).
- Discuss how we could continue to work together to mitigate the challenges we have identified.

Why is the need to clearly identify the value of specialist nursing particularly important now?

The NHS is being asked to make significant financial savings and, in the past, it has been a common theme that specialist nursing roles are reviewed in an effort to save funds. Professor Alison Leary has written extensively on the subject as the work of specialist nursing has been under scrutiny for many years in the UK due to a perception that it is not cost-effective. A common issue is the lack of consistency of job titles, which means managers are often unaware of the services nurses deliver (Leary 2017).

We discussed the common challenges that nurses within the workshop faced and managers and ward staff not understanding the role was most common. During the discussion it became apparent that nurses do not feel comfortable or knowledgeable when it comes to articulating the outcomes of expert nursing services and lacked confidence or experience in writing job plans, annual reports and service summaries (these are not taught during clinical education programmes).

We discussed ‘politics’ with a little ‘p’ i.e. the importance of understanding the current agenda for the Secretary of State for Health. Since becoming Secretary of State for Health and Social Care in July 2024, Wes Streeting has committed to three 'strategic shifts' for the NHS: from 'hospital to community', from 'analogue to digital', and from 'treatment to prevention'. We explored these in more detailed and felt as nurse specialists we were well placed in supporting the Hospital to Community Shift and the Treatment to Prevention shift. In our annual reports we need to clearly identify how our specific services support these key initiatives. For example, how we support moving care delivery from expensive hospital settings to more cost-effective community-based services, reducing pressure on acute services while maintaining quality of care. We can also demonstrate that our patient education is empowering patients to be proactive in managing their own care.

The "3 shifts" strategy represents a fundamental restructuring of NHS service delivery designed to achieve cost savings while maintaining quality. However, the challenge lies in implementing these shifts without additional funding, requiring careful workforce planning and the demonstration of specialist nursing value - directly connecting to the work of experts like Professor Alison Leary and resources like the Apollo Nursing Resource (www.apollonursingreasource.com) that help quantify and communicate the contribution of specialist healthcare professionals during this period of significant financial constraint and structural reform.

The conversation then moved to how can we advocate to ensure expert specialist nursing services are available to patients. We agreed that as many of our managers, many of whom are not nurses, have no idea of the specialist nursing role, no one is better placed than specialist nurses to advocate for patients and their service needs. You listen to patient’s needs, design services to meet their needs and advocate on their behalf every day and therefore you need tools that enable you to demonstrate the cost-effective nature of your role and services.

Tools and Resources for Specialist Nurses

What tools are available to support us in demonstrating the value of specialist nursing services? There are numerous tools and guidance documents to support role definitions, scope of practice and job descriptions (RCN 2025, NMC 2025). These advocacy tools, to ensure your expert nursing services to patients were reviewed during the workshop and are available now via this QR code (Coloplast Professional 2025).

We discussed two advocacy tools in more detail. The first was the Apollo Nursing Resource (www.apollonursingresource.com), a website coproduced by Professor Alison Leary and myself back in 2014. Apollo Nursing Resource is an online resource designed to help the specialist nursing community communicate their work to others for the benefit of patients. It provides practical tools for specialist nurses to document and communicate their professional activities and demonstrate their value in concrete, structured ways. The website begins by exploring the passive language we commonly use as nurses and suggests language which clearly articulates are expert practice. Job planning, something routinely undertaken by our medical colleagues is generally not taught to nurses, which results in nursing job plans identifying where we are i.e. ward round or outpatient clinic but not the complexity of the care we are delivering. The job planning app is simple and quick to use and once geographical locations have been picked, allows you to pick from a drop-down menu of the nursing interventions you undertake. The annual report writing templates and examples were also discussed alongside the Service Summary documents.

The second project we discussed in more detail was "Advancing Stoma Care Services" (Rolls et al. 2024). The goal of this project is to create evidence-based best practice pathways with Stoma Care Nurse Specialists at the centre. The project group is advocating at national level to change commissioning policy to standardise the stoma care received by all ostomates,

regardless of geographic location. This project has now become part of the NHSE GIRFT programme of work and is an example of the power of specialist nurses and experts by experience, working together to influence change. The project team have worked closely with specialist nurses in IBD and colorectal cancer and learnt from their experience with national pathways and standards of care. Both specialties benefit from national data collection, evidence-based pathways, and professional development frameworks that stoma care currently lacks. Further details and papers relating to the project can be found within the resources document.

Takeaway messages

The ACPN session at this event represented a valuable opportunity for networking and collaborating between colleagues from stoma care, surgical practitioners, cancer specialists and those working in benign pelvic floor dysfunction roles. Many delegates articulated the value of sharing their experiences and discussing their common challenges. A common theme was the time and skills to demonstrate value using established tools and a general lack of understanding with regard to the complexity of the services they delivered. An interesting discussion arose about the fragmentation of nursing groups working within the lower gastrointestinal (GI) space – separate groups holding separate conferences and project work, whilst the underlying commonalities of the service challenges are either misunderstood or duplicated.

Conclusion

There was a sense of wanting to follow up on progress of groups/teams using the Apollo Tools to demonstrate their service outcomes and their scope of practice and a suggestion that a meeting inviting the leads of all nursing speciality groups would be a positive and collaborative step forward. Might it be possible to set up such a meeting with all GI/Colorectal Nursing Group stakeholders to work together to amplify the voice of specialist nurses and clearly articulate the safety critical expert role of specialist nurses. Maybe through the ACPN we can make this a reality?

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