Measuring and Evaluating the Impact of Advanced Practice

A toolkit to help you demonstrate impact on service and patient outcomes

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1. Introduction

"Advanced practice is delivered by accomplished registered health and care professionals. It is a level of practice characterised by a high degree of autonomy and designated responsibility for complex decision making. This is underpinned by a post-registration master's level award or equivalent undertaken by an experienced practitioner that encompasses all four pillars of clinical practice, leadership and management, education, and research. Advanced practice embodies the ability to manage care in partnership with individuals, families, and carers. It includes the analysis and synthesis of complex problems, and management of clinical risk and uncertainty across a range of settings, enabling innovative solutions to expedite access to care, optimise people's experiences, and improve outcomes"

- Advanced practice is delivered by professionals with the skills and knowledge to allow them to expand their scope of practice to meet the needs of the people within their care. The NHSE Long Term Workforce Plan (2023) and NHSE Fit for the Future: 10 Year Health Plan for England (2025) recognise the importance of Advanced Practice roles for transforming the way services are delivered, and advanced practice is considered essential to innovative workforce planning in today's NHS.

The NHS is facing an unprecedented range of workforce, financial and performance pressures. The NHS IMPACT (Improving Patient Care Together) improvement approach emphasises the need to '*think and act differently*' and reiterates the importance of maximising and assessing the '*impact of innovation and service improvement*.'

Impact is ill-defined in the literature. The Cambridge dictionary suggests that impact is:

> **"...The effect that something new has on a person or situation..." or "To have an influence on something."**

Another way to think about it is "What difference has been made." If we accept that '*impact*' is a synonym for '*difference*,' the question becomes:

> ***What difference are you and your role as an advanced practitioner making to the service? This can be from an organisational perspective, or a service user's perspective - or both.***

The Multi-professional framework for advanced practice in England (2025) states that advanced practitioners should “evaluate own practice, and participate in multi-disciplinary service and team evaluation, demonstrating the impact of advanced clinical practice on service function and effectiveness, and quality (i.e. outcomes of care, experience and safety.)”

In the current fiscal environment, it is not enough to assume we are making a difference or delivering value for money; we must evidence our impact and demonstrate a clear return on investment - whether through improved patient outcomes, shared learning, or time and financial savings.

There is little published guidance on how to evaluate advanced practice, however there are a range of outcome measures available to demonstrate the impact of advanced practice on service delivery, patient care, and care pathways. Evaluating impact should be considered at local as well as regional, or national level.

Evaluating impact in complex environments such as the NHS can be challenging and often the true impact and value can be underestimated. This toolkit has therefore been designed to support systems, organisations, services, and individuals to demonstrate the positive impact of the advanced practice workforce.

An understanding and sharing of the impact of advanced practice helps to:

- contribute towards the continued transformation of services
- support the development and succession plan for the advanced practice workforce of the future
- provide empirical data to underpin business case formulation

Who is this toolkit for?

- Aspiring advanced practitioners
- Trainee advanced practitioners
- Qualified advanced practitioners
- Service leads
- Advanced practice leads
- Workforce development leads

How to use the toolkit

This toolkit includes a number of resources that provide choice and flexibility when evaluating the impact of your role. Recognising that global metrics may not be relevant to all services, the toolkit encourages practitioners, and service leads to design their own customised metrics and dashboards.

The Centre for Advancing Practice Governance Maturity Matrix - Governance of advanced practice (NHSE, 2022) “aims to support providers to put anticipatory governance arrangements in place and to keep their effectiveness under review. It is also helpful for actively planning to strengthen governance arrangements to optimise how advanced practice roles contribute to workforce development and deployment, service delivery, and improved patient care.”

This toolkit includes case studies and recommended metrics to guide users in their evaluation efforts as well as aligning to the matrix.

2. Getting started

a) Setting objectives and identifying outcomes

Advanced practitioners in the NHS work across a variety of roles and settings. Measuring the impact of advanced practice requires careful planning and time, and the approach will differ based on whether the evaluation focuses on individual, team, or service-level outcomes.

The level of support available within your organisation can also vary, and you may already have Key Performance Indicators (KPIs) that are being monitored regularly.

Define clear objectives

To start, clearly identify the goals you aim to achieve or demonstrate with your advanced practice service model. Establishing clear, realistic objectives is essential for a successful evaluation process. These objectives should follow the SMART criteria - Specific, Measurable, Achievable, Relevant and Time-bound. Determine whether your objectives are aimed at individual practitioners, teams, or the service as a whole.

Ensure your objectives align with the four pillars of advanced practice

- **Clinical practice** - measure improvements in patient care, outcomes, and safety. This can include metrics like patient satisfaction, reduction in complications, or the time from diagnosis to treatment

- **Leadership and management** - assess the impact on team dynamics, workflow efficiency, decision-making, and organisational leadership. This might involve measuring improvements in team collaboration, staff retention, or leadership effectiveness.

- **Education** - evaluate the influence on staff development and training. Metrics can include the number of training sessions delivered, improvement in clinical skills, or the number of people successfully completing educational programs.

- **Research** - assessments can examine the number of research projects, publications, or the extent to which research findings and audit results are applied to practice.

Further suggestions are included in Table 1.

Bench marking

You may wish to plan how you will compare the performance of advanced practice roles to established benchmarks, or similar roles and services in other organisations.

Monitoring progress over time

It is important to monitor progress through regular audit and evaluation. This will help to capture any improvements and trends over time in both clinical and non-clinical areas.

Remember to reassess objectives periodically and adjust them as needed to ensure they remain aligned with the goals of the service and the needs of patients. Similarly, the data you collect may need to evolve alongside advanced practice roles and the ongoing development of the service.

b) Engaging support

Seeking support from key teams can be valuable when planning and conducting impact evaluation. Depending on local service configurations and the scope of the evaluation, these teams can support you to gather, analyse and interpret data effectively. Examples of teams that may be able to support your impact evaluation are described below:

- **Quality Improvement** – QI teams focus on enhancing patient care through systematic improvements. They can support impact evaluation through frameworks such as the Model for Improvement and Plan-Do-Study-Act cycles.
- **Clinical audit** – these teams facilitate structured evaluations of clinical practice against established standards. They can help design audit tools, analyse compliance with best practices, and measure the outcomes of service changes.
- **Business intelligence and data analytics** – BI teams specialise in data extraction, visualisation, and interpretation. They provide access to key performance indicators, patient outcome data, and workforce metrics, which are useful for demonstrating the impact of advanced practice.
- **Research and development** – these teams can advise on research processes including study design, data collection, and analysis.
- **Workforce and organisational development** – these teams focus on staff experience, recruitment, retention, and professional development. They can contribute to assessments of workforce sustainability and role impact.
- **Finance** – engaging with finance teams can help evaluate cost-effectiveness, return on investment, and funding sustainability.

If you do not have access to in-house data and improvement teams, you can tap into local training hubs or regional QI networks for guidance and support.

c) Understanding and collecting data

When evaluating the impact of advanced practice, it is important to gather relevant and meaningful data. This can include quantitative, qualitative or a combination of both types of data. This evaluation guidance can be applied for both individual advanced practitioners and for service-level assessment.

Types of Data to Collect:

- **Quantitative data** – Objective metrics such as waiting times, length of stay, workforce productivity, and patient outcomes.
- **Qualitative data** – Insights from staff surveys, patient feedback, case studies, and stakeholder interviews.

Getting Started:

- **Review existing data** – Identify available sources such as staff surveys, patient experience reports and surveys, or Model Health System metrics.
- **Align with goals and objectives** – Ensure data collection aligns with organisational priorities and specific service improvements.
- **Encourage meaningful data collection** – Collect data that captures real-world impacts and patient outcomes.
- **Use a standardised approach** – Implement consistent methods to track progress over time and compare across services.
- **Data triangulation** - combining quantitative and qualitative data from multiple sources strengthens the validity of your evaluation and provides a more comprehensive understanding of the impact of advanced practice.

d) Using different models – individual and service level

- **Measuring personal impact**

If you are demonstrating your impact as an individual trainee or qualified advanced or consultant practitioner, you may find it helpful to review the examples below. These suggestions can also be used as supportive evidence for formal appraisals and to create personal development plans.

- Patient feedback storytelling - often used to share lessons learned when the subject matter is personal or human-centred, such as patient, carer, or staff stories about lived experiences (Using stories to improve Patient, Carer and Staff experiences and outcomes, NHSE 2015; The Power of Storytelling, Health Foundation 2016.)
- Peer review and feedback
- Quality Improvement Projects
- CPD and certifications
- Research contributions and publications
- Mentorship and leadership responsibilities
- Teaching and supervision opportunities
- Interprofessional collaboration and evidence of leadership
- Professional memberships and involvement
- Secondments or fellowships

Example 1 – Advanced Practice Pharmacists in Primary Care - Personal Impact

Nipa works in a general practice setting, where her role as an advanced practitioner demonstrates the breadth and flexibility that comes with developing competence across the four pillars of practice. Her clinical management includes both acute presentations and long-term conditions, with the scope of her contribution expanding over time as her skills and experience grow. As a result, the impact of her role within the practice continues to increase, supporting patients and the wider team in delivering high-quality care.

- **Measuring organisational impact**

Regardless of your organisation's size, it is important to consider the impact of advanced practice beyond your direct influence and showcase the broader effects of workforce transformation within your team or service.

The Real-world evaluation: Practical Guide (The Health Innovation Network, 2022) project recommends developing a clear, replicable evaluation protocol. It also encourages consideration of baseline comparison data to demonstrate that advanced practice offers measurable improvement. The guide outlines potential outcomes and outputs, prompting users to reflect on what data is already being collected, what additional data may be needed, and which metrics are most likely to resonate with decision-makers.

Example 2 – Example Business Case – Advanced Practice Physiotherapist. This anonymised business case offers a clear model for evaluating how an advanced practice-led operational role can drive efficiency, cost-effectiveness, and improved patient and staff experience in a virtual care pathway. It also includes a summary of key metrics covering cost savings, patient outcomes, wait times, staff satisfaction, and patient experience.

Example 3 - West Kent Unscheduled Care Navigation Hub - Impact Analysis Case Study.

This collaborative, advanced practitioner-led model enables real-time, multidisciplinary decision-making to reduce avoidable Emergency Department attendances. By improving access to senior clinical expertise and strengthening community pathways, the UCNH has enhanced patient outcomes, increased ambulance responsiveness, and supported better system flow. Through the definition of key metrics, the capture of relevant data, and the triangulation of qualitative insights, the team demonstrated reduced conveyance rates, greater use of community-based pathways, improved shared decision-making, and strengthened clinical education, confidence, and interprofessional learning.

Measuring costs and benefits

To effectively evaluate impact, it is essential to clearly define outcomes and, where possible, quantify them in monetary terms. The benefits may include direct NHS savings (such as reduced equipment costs), efficiency gains (for example, clinician time saved), improvements in patient quality of life, or wider social and environmental advantages (such as reduced travel). At the same time, costs must be fully considered, including those related to implementation, staffing, training, and ongoing support. The NHS Evaluation Toolkit: Economic evaluation guide outlines different types of health economic evaluation models used to assess the value of interventions, each offering a different lens to compare costs and outcomes, such as financial return and clinical effectiveness. The real value of an intervention becomes clear only when it is compared with what would have happened otherwise.

Two suggested approaches to structure your evaluations are discussed below:

- The Four Pillars of Advanced Practice as outlined in the Multi-professional framework for advanced practice in England (2025).

- The Quintuple Aim ensures that evaluation efforts align with broader healthcare priorities to drive sustainable, high-quality healthcare improvements

Aligning to the four pillars of advanced practice

- Aligning data collection with the four pillars of the Multi-professional framework for advanced practice in England (2025) ensures that evaluation efforts are structured and consistent, allowing impact to be assessed across all key areas of advanced practice.

By gathering data across the four pillars of advanced practice - clinical practice, leadership and management, education, and research - organisations can effectively evaluate the contributions of advanced practitioners to patient care, workforce development, service improvement, and evidence-based practice. This focused approach strengthens the validity of findings while supporting informed decision-making, driving service transformation, and fostering the ongoing development of advanced practice roles.

Table 1: Suggested Measurable Outcomes Across the Four Pillars of Advanced Practice

	Objective	Examples of evidence
Clinical Practice	Demonstrates real and measurable quality of care for patients and the service. Enhancing patient care & outcomes.	Values-based examples of improvements of care Feedback from service users and/or carers. Patient satisfaction: Surveys and feedback (e.g., Friends and Family Test, PROMs). 360-degree feedback from colleagues and peers. Staff satisfaction surveys. Data to show improved pathway outcomes and reduced duplication of roles, functions, and activities. Patient outcomes: Reduction in hospital admissions, readmission rates, or mortality. Clinical audits: Compliance with best practice guidelines and protocols. Service efficiency: Reduced waiting times, length of stay and improved patient flow.

	Objective	Examples of evidence
Leadership and Management	Influencing change & service development	360-degree feedback from colleagues and peers Staff engagement & satisfaction: survey results, 360-degree feedback, or appraisal completion rates. Evaluation of own practice. Evidence of new practice and service redesign. Service improvement initiatives: implementation and outcomes of new care models. Workforce development: Recruitment, retention, and upskilling of staff. Fiscal impact may include cost savings, reduced reliance on agency staff, increased revenue from improved efficiency, lower staff turnover, and savings in recruitment and new-starter training expenses. Feedback and involvement from individuals, families, carers, communities, and colleagues in the co-production of service improvements. Policy influence: contributions to strategic plans, national guidelines, or professional standards

	Objective	Examples of evidence
Education	Developing self & others	Examples of learning interaction and supervision. 360-degree feedback from colleagues and peers. Workforce development plans. Evidence of how continuous professional development (CPD) can affect practice/service - putting learning recommendations in place.

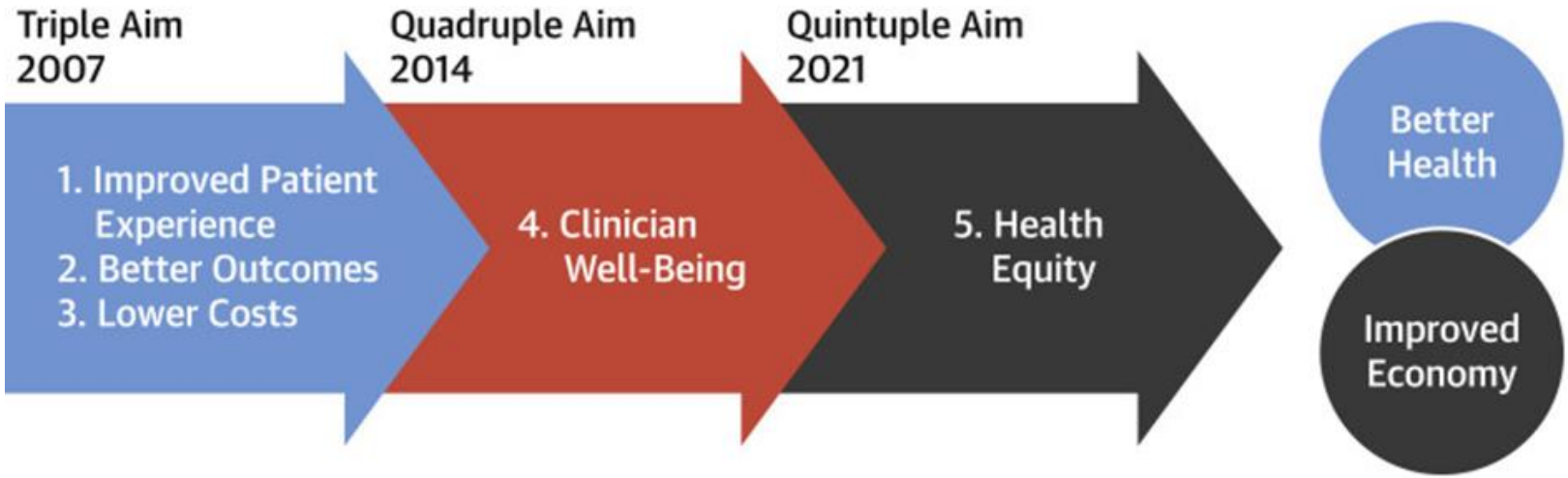
		Teaching & training activities: number of sessions delivered, attendees, and feedback. Competency development: improvement in staff competency assessments. Mentorship & supervision: number of mentees, apprentices, or students supported. Educational innovations: introduction of new training programs or digital learning tools. CPD & qualifications: completion rates of advanced courses, fellowships, or accreditations.

	Objective	**Examples of evidence**
Research	Engage in research activity, adhering to good research practice guidance, so that evidence-based strategies are developed and applied to enhance quality, safety, productivity, and value for money.	Evaluation and audit of own clinical practice, selecting and applying valid, reliable methods - then acting on the findings. Evidence of data used to inform improvements and innovation. Dissemination of best practice research findings and quality improvement projects. Publications & presentations: number of research papers, conference posters, or guest lectures. Grant funding secured: amount and impact of funding obtained for research. Evidence translation: implementation of research findings into practice. Clinical trials participation: number of patients recruited into studies. Quality Improvement Projects: measurable improvements linked to research interventions

The Quintuple Aim

Focusing data collection within the framework of the Quintuple Aim (Nundy, Cooper & Mate, 2022) ensures that evaluation efforts are aligned with broader healthcare priorities, highlighting **patient experience**, **population health**, **cost efficiency**, **workforce wellbeing**, and **health equity**. By using the Quintuple Aim to guide data collection, organisations can gain a comprehensive understanding of the contributions of advanced practice-led services, ensuring that evaluations support sustainable, high-quality improvements in healthcare delivery.

The Evolution of the Quintuple Aim: Health Equity, Health Outcomes, and the Economy (Itchhaporia, 2021)



Advanced Practice Contribution to the Quintuple Aim

Domain	Advanced Practice Contribution	Evaluation Method
Patient Experience	Enhanced communication and care coordination.	Patient satisfaction surveys, focus groups, patient stories.
Population Health	Reduced chronic disease burden through early interventions.	Health outcome dashboards, demographic analysis.
Cost Efficiency	Lowered hospital admissions due to proactive care.	Financial audits, cost-effectiveness evaluation of advanced practice, e.g. number of Medical Consultant hours released
Provider Wellbeing	Reduced burnout via role diversification and support.	Staff wellbeing surveys, retention, and turnover rates.
Health Equity	Improved access for rural or underserved populations.	Equity audits, service utilisation trends.

Additional examples of effective data-collection approaches are provided in the toolkit **appendix**.

There you will find examples and guidance for driver diagrams, logic models, the model for improvement and statistical process control. These frameworks are designed to help embed relevant measures from the very start, to systematically identify, track and report on both output and outcome metrics throughout your evaluation of a new role, service, or model of care.

3. Overcoming barriers - evaluating impact in complex environments

Advanced practice often involves working in complex and dynamic environments with ever shifting external influences. If we are to truly appreciate the value and impact of our work, we must first attempt to understand the complex environments that we work within.

What is a complex environment?

Real-world evaluation in complex systems, which are by their very nature unpredictable consisting of multiple components including relationships and interactions between people and things, is an art form as much as a science. The complexity of health and care settings is the result of many factors, including:

- Complex funding streams often make it difficult to demonstrate fiscal impact at service level. Benefits may be better appreciated across a system making it difficult to 'follow the money' and establish the true financial gain.
- Individual organisations often work in isolation, each facing challenges and opportunities which are unique to them, differing from those of surrounding organisations.
- When accessing health and care services there are many professionals and organisations who may contribute to the care of that individual. When evaluating the impact of any one part of that care it can be difficult to accredit the contribution to individuals and services.
- How people perceive the value of their impact can vary from person to person depending on whether you are delivering, receiving, or supporting care, ensuring that you capture what is important to those people can be challenging.
- Health and care settings are ever changing, and unpredictable, unplanned outcomes are easily missed and thus the true impact overlooked.

It may be useful to adopt a 'systems thinking' approach, such as the Cynefin Framework (Snowdon & Boone, 2007; Figure 1), which has been used by healthcare leaders to understand the settings in which they are attempting to undertake change.

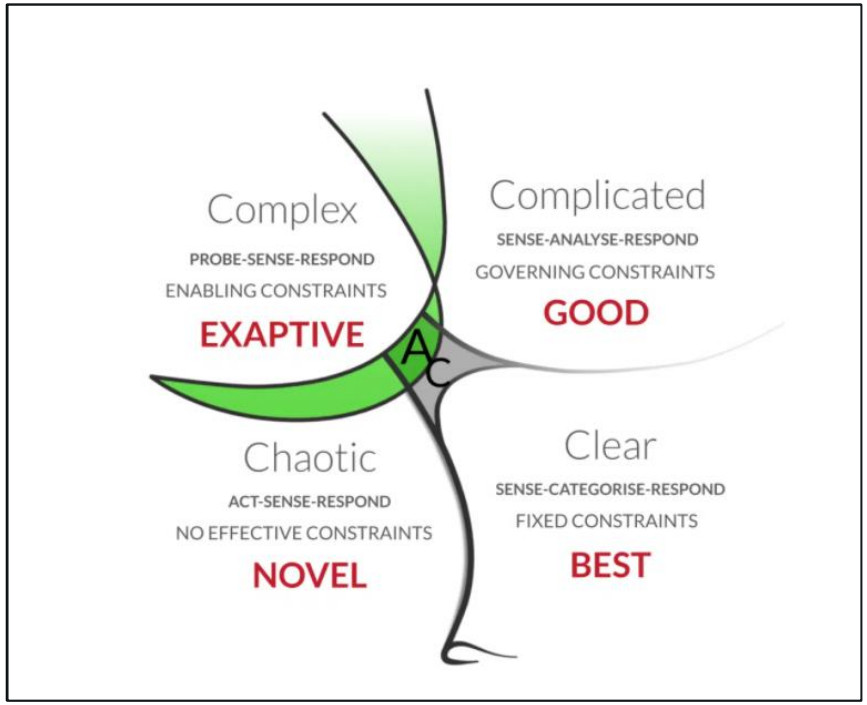


Figure 1. The Cynefin Framework

It describes a series of systems:

- **Clear systems**: stable environments with clear cause and effect relationships and little change. Solutions are often clear and do not require much expertise.
- **Complicated systems**: consist of multiple components and the right answers which can be more difficult to see.
- **Complex systems**: unknown and unpredictable making them difficult to be understood without proper observation and sense making.
- **Chaotic systems**: cause and effect are unclear with no relationship between components at systems level.

How to evaluate impact in complex environments

Some tips for success:

- Start early with continual appraisal and evaluation
- Use a Theory of Change to help to share understanding between stakeholders and inform planning and capture emerging understandings. The NHS Change Model Guide (NHSE, 2018) is an evidence-based framework of core themes and enablers for planning, delivering, and sustaining improvement, making it ideal for impact evaluation by embedding structured goal setting, measurement and learning at every stage of change.
- Aim for ‘good enough’ and not perfection, - there is no such thing as perfect in a complex and changing environment.
- Stay flexible, be prepared to change and adapt your plans according to what you find, being prepared to adopt different ways of doing things.
- Communicate widely and often, working with your stakeholders, engaging them in the evaluation from the start.

4. Sharing your impact

Effectively sharing the findings of your impact evaluation is essential to drive change, influence policy, and demonstrate the value of advanced practice. A well-planned dissemination strategy ensures key stakeholders engage with the findings to inform decision-making and improve practice.

- **Tailor your communication to your audience:** Patients and the public respond well to case studies highlighting patient experience, while senior leadership teams prefer high-level summaries with metrics on service outcomes and cost efficiencies.
- **Internal channels:** Share findings within your team and organisation to embed learning and improve services - through governance meetings, quality improvement forums, leadership briefings, newsletters, or intranet platforms.
- **Professional networks and conferences:** Present at local, regional, or national events showcase impact, shares knowledge, and raises awareness of advanced practice, while networking can engage colleagues, stakeholders and senior leaders and inspire future and current trainees.
- **Academic and professional publications:** Submit findings to peer-reviewed journals, professional magazines, online platforms like NHS Futures, or organisational reports to inform national policy.
- **Public and patient engagement:** Sharing results with patients and the public builds transparency and trust, via patient forums or accessible reports, helping people understand the role of advanced practice.
- **Policy and commissioning collaboration:** Engaging commissioners and policymakers ensures findings influence service development and funding decisions, supporting future investment in advanced practice.

By sharing impact evaluations across multiple channels and tailoring content for different audiences, advanced practitioners can maximise reach, influence, and ultimately improve patient care and service outcomes.

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6. Appendix

Further examples of tools and techniques for collecting data effectively

Tools like driver diagrams, logic models, the Model Health System, and the Statistical Process Control tool can help incorporate relevant measures from the start, ensuring a structured approach to evaluating impact. They serve as tools to guide and structure the process of identifying and tracking output and outcome measures

- Driver Diagrams
- Logic Models
- The Model Health System
- Statistical Process Control Tool

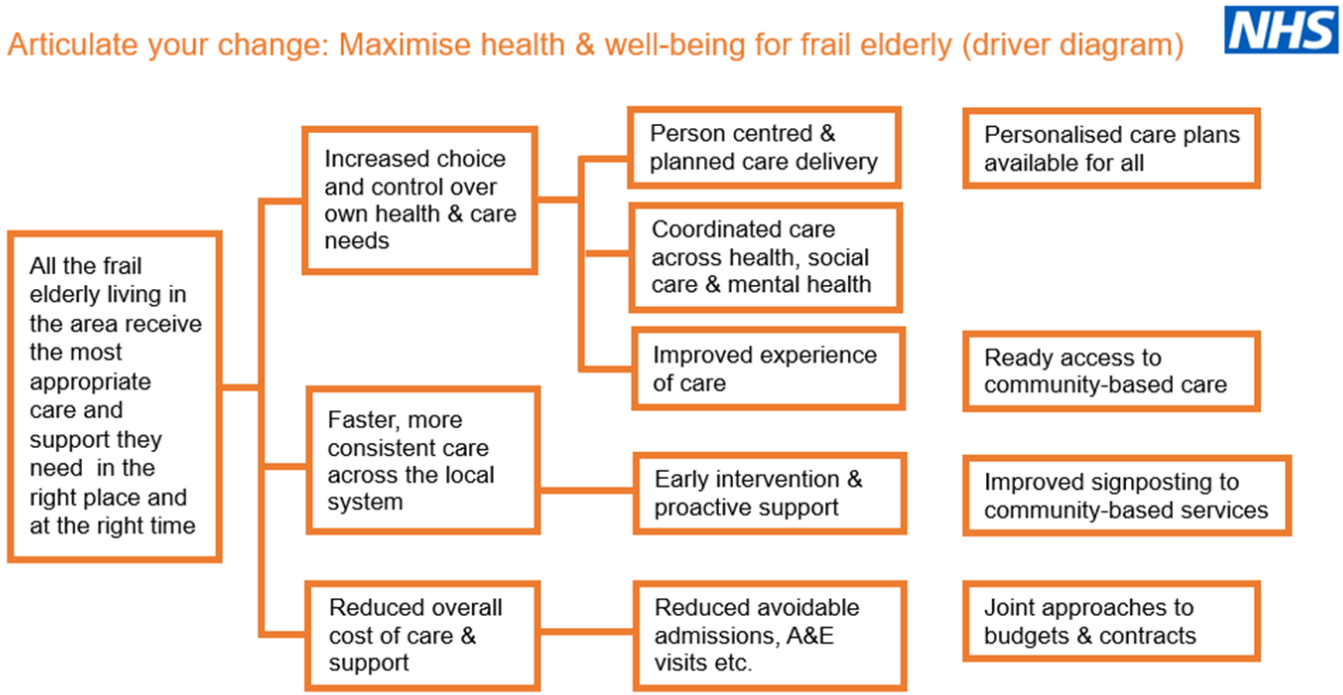
NHS IMPACT (Improving Patient Care Together) is the unified NHS improvement approach designed to foster continuous improvement and high performance. A key aspect of NHS IMPACT is integrating improvement into management systems and processes. This includes defining a clear structured framework to plan, implement, monitor, and continuously improve processes and operations.

Capturing output and outcome measures helps define what you aim to change, the actions taken to achieve that change and the results of those actions. In the context of advanced practice, this process aligns the impact of advanced practitioners with the organisation's vision, supports quality improvement, tracks performance, and ensures consistent, high-quality patient care.

- **Driver Diagrams**

A driver diagram is a tool for thinking about your changes and your measures. It focuses on identifying the underlying drivers or factors that contribute to desired outcomes. By breaking down goals into actionable components, driver diagrams help pinpoint the specific metrics that can measure progress on those drivers.

Articulate your change: A driver diagram approach has been adopted to articulate the aim, logical drivers, and outcome measures on one page. By breaking your aim into key factors and directly attaching process and outcome measures to each, a driver diagram ensures you are collecting the right data, seeing how specific changes affect results, and staying focused on what truly matters for impact.



- **Logic Models**

A logic model is a visual plan that shows how a programme works and what it expects to deliver. It connects the resources used, activities undertaken and the results expected. It can help practitioners and healthcare leaders systematically plan, implement, and evaluate their efforts. For more detail, here is helpful guide to logic models Logic models and complex programmes - a brief guide (The Strategy Unit, 2018).

Logic Model in Advanced Practice

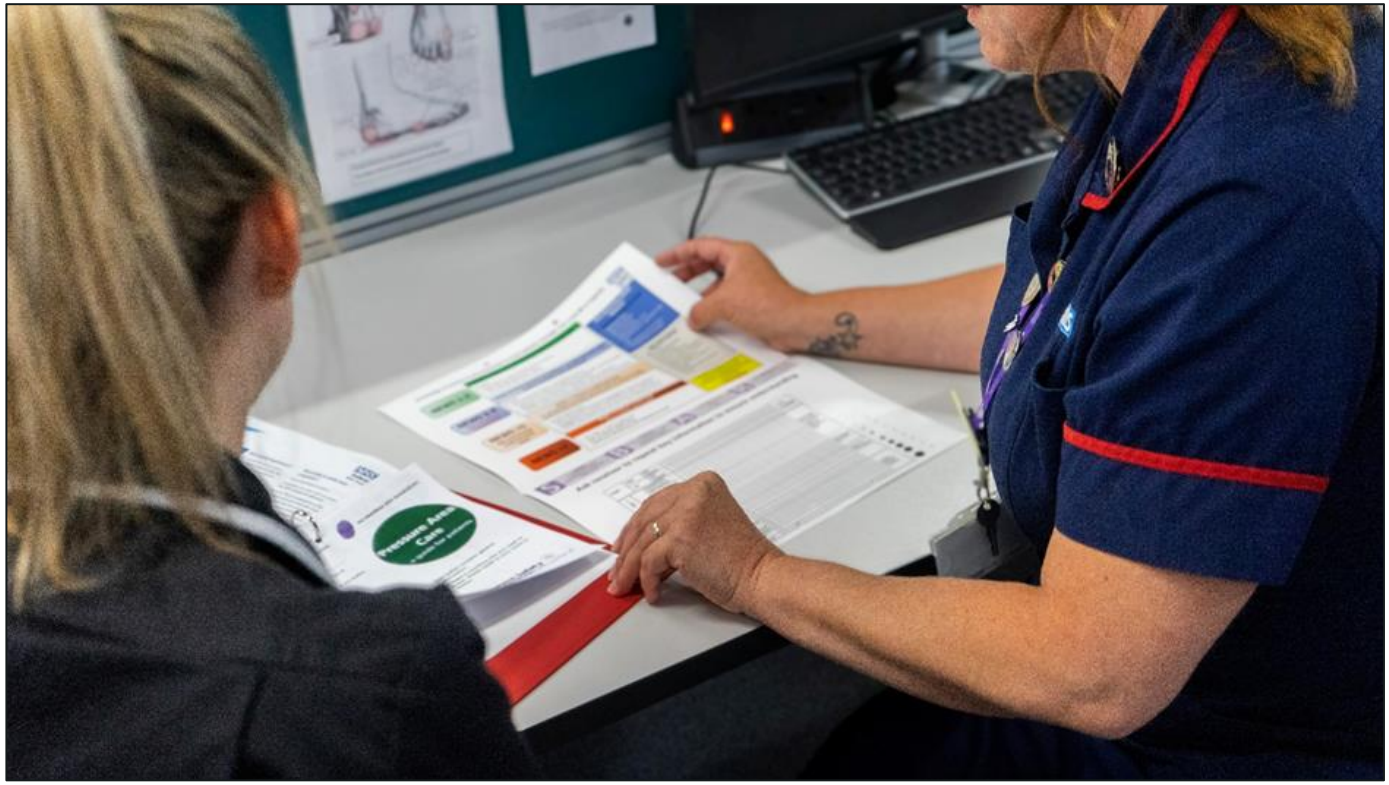
Component	Example
Inputs	Advanced practitioners, funding, technology, training programmes.
Activities	Activity across the 4 pillars of advanced practice
Outputs	Number of patients treated, educational sessions delivered to staff & patients, Quality Improvement Projects
Short Term Outcomes	Improved patient access, reduced wait times, enhanced clinical skills, improved patient-reported health, patient & staff experience
Long Term Outcomes	Better patient health outcomes, reduced hospital readmissions, cost savings, staff retention.
Impact	Improved quality of care, improved population health, sustainable services, increased efficiency of services.

How a Logic Model Supports Evaluation in Advanced Practice: Using Logic Models in Evaluation - The Strategy Unit (2016)

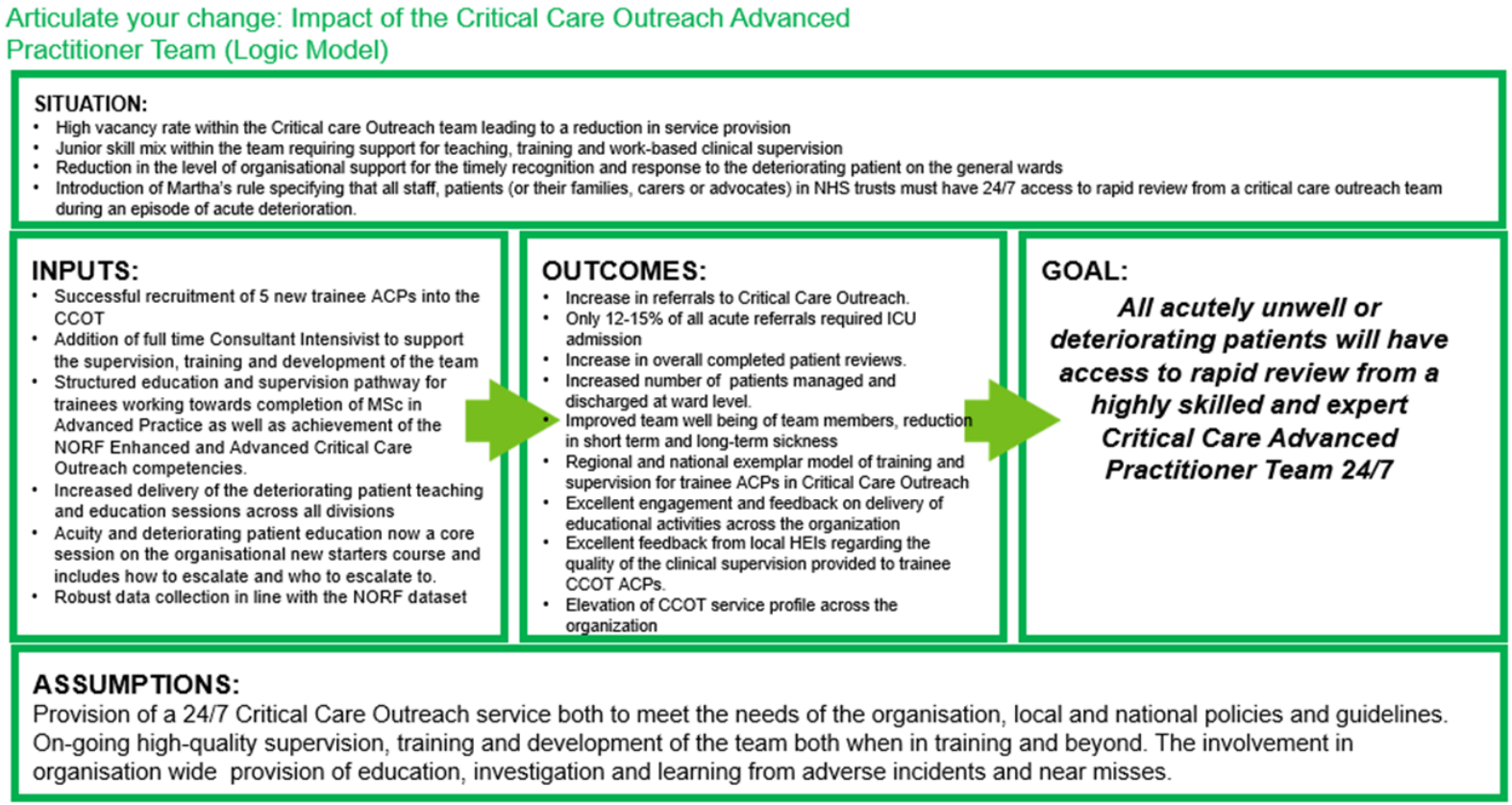
- Communicates the story behind the initiative.
- Builds shared understanding and enhances communication.
- Identifies gaps and inconsistencies in the approach.
- Clarifies key metrics and data needed for evaluation.

- Provides a structured and standardised framework for assessment.
- Focuses on essential outcomes and activities for impact.
- Captures key lessons to strengthen the evidence base.
- Determines which program elements contribute to success.

In the example below, the logic model structure has been applied beyond just theoretical cause-and-effect and to show the impact of a team of Advanced Practitioners.



Example 4 - Impact of the Critical Care Outreach Advanced Practitioner Team. A logic model has been applied to illustrate the changes and impact of advanced practice within the Critical Care Outreach Team. It shows that the team has strengthened patient care and safety while also enhancing staff development, workforce sustainability, and organisational reputation. By systematically linking inputs and activities to measurable outcomes, the model provides robust evidence of the return on investment in time, training, and resources, demonstrating clear value both locally and nationally.



Example 5 – Using the logic model to evaluate the development of a new Sexual Care after Radiotherapy clinic. This model was used to show the impact of a radiographer-led sexual support service for radiotherapy patients. There was direct impact for patients through improved quality of care and improved long-term outcomes, and for staff through increased competence. This service has also led to increased development of service provision nationally.

Example 6 – Using the logic model to evaluate the development of a new Patient Initiated Follow Up service (PIFU). The logic model approach has been applied to evaluate the impact of a new service for early stage/low risk patients with endometrial cancer. Eligible patients are empowered to self-manage their health after attending a PIFU education appointment, leading to less hospital appointment anxiety and improved quality of life.

- **The Model Health System** (NHSE, 2023)

The Model Health System is a tool that uses data to help NHS health systems and trusts measure and improve their quality and productivity. It helps identify areas where care can be enhanced, allowing NHS teams to continually improve patient care. The Model Health System includes the Model Hospital, which offers benchmarking specifically for hospitals. It is accessible to everyone in the NHS, from board members to frontline staff. It allows users to explore and compare data on productivity, quality, and responsiveness, making it easy to spot areas for improvement. You can analyse your data in detail and compare it with peers to see what high quality care looks like and identify where improvements can be made.

Examples of How the Model Health System Can be Used to Identify the Impact of Advanced Practice

Method	How It Identifies the Impact of Advanced Practice	Example Use in Advanced Practice Led Services
Data Collection and Analysis	Captures key metrics on patient outcomes, service efficiency, and clinical effectiveness.	Comparing pre- and post-role implementation data.
Outcome Measurement	Tracks KPIs such as patient satisfaction, readmission rates, and treatment success.	Assessing in which ways advanced practice roles lead to improved patient care.
Benchmarking	Compares advanced practice performance with national or local benchmarks – highlight best practice for shared learning.	Identifying how advanced practice roles improve efficiency compared to peers. Identify improvements following advanced practice implementation.
Patient Feedback	Incorporates patient-reported experiences and satisfaction ratings.	Measuring patient perceptions of care delivered by advanced practice roles and AP-led services.
Trend Analysis Over Time	Tracks longitudinal data to assess sustained improvements.	Demonstrating long-term benefits of advanced practice workforce transformation.
Impact Case Studies	Uses data-driven narratives to highlight successful advanced practice interventions.	Creating reports showing measurable improvements in care.
Collaboration & Shared Learning	Facilitates comparisons and shared insights across NHS trusts.	Learning from other teams about successful advanced practice strategies.
Visual Reporting	Presents data in charts, graphs, and dashboards to illustrate impact.	Providing clear, visual evidence of advanced practice contributions.

*Contact your Trust Model Ambassador for further support.

- **Statistical Process Control (SPC) Tool** (NHSE, 2025).

SPC is a method that tracks data over time to help identify patterns and variations. By analysing this data, SPC helps determine whether changes lead to real improvements, guiding informed decision-making. SPC is particularly useful when implementing change, as it helps assess whether adjustments are making a positive impact.

It can be a valuable tool for assessing the impact of advanced practice by providing a structured, data-driven approach to tracking changes over time. Here is how it can be applied:

Applying Statistical Process Control to evaluate the impact of advanced practice

SPC Application	How It Evaluates the Impact of Advanced Practice	Example in Advanced Practice
Tracking Patient Outcomes	Monitors key metrics like length of stay and readmission rates.	Evaluating whether advance practice interventions reduce hospital readmissions.
Measuring Service Efficiency	Identifies trends in wait times, patient flow, and treatment times.	Assessing if advance practice interventions improve patient access and reduce waiting times.
Monitoring Clinical Effectiveness	Evaluates variations in prescribing, diagnostics, or procedural success rates.	Evaluating whether advanced practice involvement reduces unnecessary tests or influences prescribing practices.
Assessing Workforce Impact	Tracks staff workload, skill mix efficiency, and job satisfaction over time.	Measuring if advance practice roles enhance workforce retention or reduce burden on other staff/services.
Detecting Process Changes	Highlights significant shifts, distinguishing real improvements from normal variation.	Identifying if an advanced practice led initiative leads to a sustained drop in emergency admissions.
Providing Evidence for Decision-Making	Supports business cases for expanding advanced practice roles by demonstrating measurable benefits.	Using SPC data to justify funding for additional advanced practice positions.

Why SPC is useful for evaluation

Data-driven insights: Delivers real-time, evidence-based analysis instead of relying on anecdotal information.

- **Early trend detection**: Identifies positive or negative changes quickly, enabling timely interventions.
- **Clear visual representation**: SPC charts provide an easy way to illustrate impact for stakeholders.
- **Continuous Improvement:** Enables teams to refine their practice based on evidence and sustain improvements over time.

A user-friendly “How to Guide for SPC” instruction clip can be found here: How to use our statistical process control tool (NHS Improvement, 2019)

Making data count (NHSE, 2019) is a further practical guide designed to support people working in the NHS to make the best use of their data to inform judgements and decisions for action.