



*Being there for you
and your family*

JOB DESCRIPTION

JOB TITLE: Advanced Clinical Practitioner (ACP) – Community Specialist Palliative and End of Life Care

RESPONSIBLE TO: Medical Director

LOCATION: LOROS Hospice

Job purpose

This role is aligned to the four pillars of Advanced Clinical Practice: **Clinical Practice, Leadership and Management, Education, and Research.**

The post holder will practise autonomously at an advanced level, providing expert assessment, clinical decision-making, diagnosis, prescribing and management for people with complex and unstable palliative and end of life care needs within the LOROS Community Specialist Palliative Care Service.

The post forms part of an integrated community service comprising **three Palliative Medicine Consultants, three Advanced Clinical Practitioners, approximately 25 Clinical Nurse Specialists (CNSs) and a Rapid Response Team**, working collaboratively across three areas consisting of neighbourhoods.

The service will provide a coordinated, responsive and proactive specialist palliative care offer across the three neighbourhood areas, working in partnership with primary care, community health services, acute hospitals, care homes, social care, voluntary sector organisations and other local services.

The ACP will work alongside the Palliative Medicine Consultants and wider community specialist palliative care workforce to provide senior clinical leadership, advanced clinical assessment and decision-making. The post holder will contribute to the delivery of a responsive same-day service and will support the Rapid Response Team in the assessment and management of people experiencing clinical deterioration or urgent palliative care needs.

The role will enhance the clinical capability and responsiveness of the community specialist palliative care service, enabling people with complex needs to receive appropriate specialist care closer to home, reducing avoidable hospital admissions and supporting timely discharge from acute services.

The post holder will contribute to proactive identification and management of people approaching the end of life, anticipatory care planning, symptom management and coordination of care, supporting people to achieve their preferred place of care wherever this is clinically appropriate.

The ACP will provide visible clinical leadership across their allocated neighbourhood area while contributing to a resilient service across all three neighbourhoods. They will work collaboratively with the other ACPs, Consultants, CNSs and Rapid Response Team to ensure consistent standards, effective clinical escalation and continuity of specialist palliative care.

The post holder will facilitate and support excellence in clinical practice across the Community Specialist Palliative Care Service, contribute to the education and development of colleagues, and support audit, research, evaluation and evidence-based service improvement.

The post holder will demonstrate LOROS Values & Behaviours and responsible use and expenditure of LOROS resources.

Main duties and responsibilities

1. Clinical practice

1.1 Advanced clinical practice

1. Practise autonomously as an Advanced Clinical Practitioner, undertaking expert assessment, clinical examination, differential diagnosis, clinical decision-making, prescribing, care planning and management for people with complex and unstable palliative and end of life care needs.
2. Provide advanced clinical assessment and decision-making across community settings, including patients' homes, care homes, community clinics and other appropriate locations.
3. Work collaboratively with the three Palliative Medicine Consultants and other ACPs to provide senior clinical expertise across the three neighbourhood areas.
4. Provide senior clinical support to the approximately 25 CNSs within the Community Specialist Palliative Care Service, enabling timely escalation and access to advanced clinical decision-making.
5. Work closely with the Rapid Response Team to support urgent assessment and management of people with deteriorating or complex palliative care needs.
6. Contribute to a responsive same-day specialist palliative care service, providing timely assessment, advice and intervention for people with urgent or changing clinical needs.
7. Assess and manage people with complex symptoms and rapidly changing clinical conditions, using advanced clinical reasoning to determine appropriate management, escalation, referral or admission.
8. Request relevant investigations and diagnostic tests where appropriate and within the agreed Scope of Practice.
9. Interpret assessment findings and investigation results to inform diagnosis, treatment and specialist palliative care management.
10. Prescribe medicines safely and effectively within professional competence, legal frameworks and agreed LOROS policies.

11. Recognise and manage clinical risk, including situations requiring urgent escalation to medical, emergency or other specialist services.
12. Make ethical, evidence-based decisions confidently and competently when faced with clinical complexity and uncertainty.
13. Support people with complex palliative care needs to remain in their preferred place of care wherever this is clinically appropriate and safe.
14. Contribute to reducing avoidable emergency department attendances and hospital admissions through timely specialist assessment, treatment, anticipatory planning and coordination of care.
15. Support timely and safe discharge from acute hospitals and other inpatient settings by providing specialist community palliative care input and ensuring appropriate follow-up and escalation arrangements.
16. Contribute to proactive identification of people who may benefit from specialist palliative care, working with neighbourhood teams and other professionals to facilitate earlier intervention where appropriate.
17. Support advance care planning, including appropriate documentation of goals of care, treatment escalation planning, ReSPECT and preferred place of care.
18. Communicate effectively with patients, carers and professionals regarding complex and sensitive clinical information, ensuring that agreed plans are clearly documented and accessible to relevant professionals.
19. Ensure that care is coordinated across organisational boundaries and that patients and carers experience a coherent and responsive service.
20. Conduct appropriate follow-up, delegating and referring to other health and social care professionals and agencies when required.
21. Make appropriate use of patient-reported outcome measures and other measures of clinical effectiveness to demonstrate patient outcomes and service impact.
22. Collect and contribute to service data to support evaluation, quality improvement and evidence of effectiveness.
23. Work within appropriate legal frameworks, professional standards and LOROS policies.
24. Maintain professional boundaries and comply with relevant NMC or HCPC requirements and standards for advanced clinical practice.

2. Neighbourhood and integrated working

1. Contribute to the development of an integrated, neighbourhood-based model of specialist palliative care across three large geographical neighbourhood areas.
2. Develop effective working relationships with GPs, community nursing teams, community services, care homes, acute hospitals, social care, voluntary organisations and other local partners.

3. Provide visible specialist palliative care leadership within the allocated neighbourhood while maintaining a whole-service perspective and contributing to cross-neighbourhood working.
4. Work with neighbourhood partners to improve recognition of people approaching the end of life and facilitate timely access to appropriate specialist palliative care.
5. Support collaborative clinical decision-making across organisational boundaries, ensuring that care is provided by the right professional, at the right time and in the right place.
6. Contribute to multidisciplinary discussions and case reviews involving people with complex needs.
7. Support effective communication and transfer of information between community, hospice and acute services.
8. Identify barriers to coordinated care and work collaboratively with partner organisations to resolve these.
9. Promote the role of specialist palliative care within neighbourhood teams and support development of palliative care capability across the wider system.
10. Contribute to service development and redesign to ensure that the community model remains responsive to population need and changing patterns of care.

3. Rapid response and same-day care

1. Work collaboratively with the Rapid Response Team to provide timely specialist assessment and management of people with urgent or deteriorating palliative care needs.
2. Provide advanced clinical decision-making to support the Rapid Response Team when cases are complex or require senior clinical input.
3. Support rapid assessment and management of symptoms including pain, breathlessness, agitation, nausea, vomiting and other complex end of life symptoms.
4. Contribute to decisions regarding treatment escalation, admission, discharge, hospice admission or continued management in the community.
5. Support the development of clear escalation pathways between the Rapid Response Team, CNSs, ACPs, Consultants, GPs, community services and acute hospitals.
6. Contribute to reviewing urgent referrals and determining the most appropriate response from the Community Specialist Palliative Care Service.
7. Promote a culture of responsive, clinically appropriate intervention while ensuring that rapid response is integrated with proactive and planned specialist palliative care.

4. Clinical leadership and management

1. Provide visible clinical leadership across the Community Specialist Palliative Care Service, neighbourhood teams and partner organisations.

2. Work collaboratively with the three Consultants and two other ACPs to provide consistent senior clinical leadership and appropriate cross-cover across the three neighbourhoods.
3. Support the CNS workforce through accessible senior clinical advice, case discussion, supervision and escalation.
4. Provide clinical leadership that promotes safe, coordinated and person-centred care.
5. Act as a clinical role model, demonstrating high standards of professional behaviour, communication and decision-making.
6. Participate in clinical supervision and provide clinical supervision to colleagues within the Community Specialist Palliative Care Service as appropriate to experience and competence.
7. Contribute to peer review and reflective practice for own practice and that of others.
8. Identify gaps, risks and opportunities within community specialist palliative care provision and work with service leads and colleagues to develop and implement improvements.
9. Contribute to the development and implementation of local guidelines, protocols, pathways and standards.
10. Support implementation of national policy and evidence relevant to specialist palliative and end of life care.
11. Contribute to clinical governance, including incident reporting and investigation, complaints, risk management, clinical audit and learning from adverse events.
12. Promote effective use of LOROS resources and contribute to the development of cost-effective models of specialist palliative care.
13. Promote the role and contribution of Advanced Clinical Practice within specialist palliative care and support the development of advanced clinical career pathways.
14. Contribute to workforce planning and service development as the neighbourhood model evolves.
15. Support the development of a culture in which the whole community team works collaboratively across professional and organisational boundaries.
16. Maintain professional registration and undertake continuing professional development appropriate to the role.
17. Maintain personal standards of conduct and behaviour consistent with LOROS Values & Behaviours and relevant professional guidance.

5. Education and development

1. Contribute to the development and delivery of specialist palliative care education for LOROS staff, community teams, primary care colleagues, care home staff and other professionals.
2. Identify opportunities to develop palliative care knowledge and capability within neighbourhood teams.

3. Act as a mentor, preceptor and clinical resource for students and clinicians developing within advanced clinical practice and specialist palliative care.
4. Support the development of the CNS workforce through teaching, case discussion, clinical supervision and shared learning.
5. Act as a credible expert in advanced clinical practice and specialist palliative care.
6. Contribute to education that develops high-level assessment, clinical reasoning, differential diagnosis, information assimilation and evidence-based care planning.
7. Promote the workplace as a learning environment in which colleagues learn from each other and from external good practice.
8. Contribute to multidisciplinary learning from complex cases, incidents, clinical reviews and service outcomes.
9. Maintain and develop own advanced clinical practice competencies in line with service requirements and personal development planning.

6. Research, audit and service improvement

1. Evaluate clinical practice through audit and quality improvement activity and develop strategies to address identified shortfalls.
2. Demonstrate knowledge of current research relevant to specialist palliative care and advanced clinical practice.
3. Support the implementation of evidence-based practice across the Community Specialist Palliative Care Service.
4. Contribute to the development and evaluation of the three-neighbourhood model using appropriate clinical, patient experience and service outcome measures.
5. Support evaluation of the impact of the service on outcomes including access to specialist palliative care, preferred place of care, hospital admission, rapid response, patient experience and quality of care.
6. Promote innovation and evidence-based, clinically effective and cost-effective approaches to community specialist palliative care.
7. Participate in research relevant to palliative care, advanced clinical practice and service development.
8. Apply critical appraisal and evaluation skills to clinical practice and service development.
9. Share learning from audit, research and quality improvement with colleagues and partner organisations.
10. Contribute to dissemination and publication of relevant findings where appropriate.

7. General

The contents of this job description are not exhaustive and may be amended in accordance with the needs of the service following discussion with the post holder, whose agreement will not be unreasonably withheld.

The post holder is expected to work flexibly across the three neighbourhood areas and other LOROS community settings as required to meet the needs of the service.

The post holder is expected to contribute to a culture of collaborative working in which Consultants, ACPs, CNSs and the Rapid Response Team operate as an integrated specialist palliative care workforce, with shared responsibility for delivering safe, responsive and high-quality care.

The post holder will be expected to demonstrate commitment to equality, diversity and inclusion and to uphold the rights, dignity and individual preferences of patients, carers and colleagues.

Signatures

Postholder

Signed: _____

Date: _____

Line Manager

Signed: _____

Date: _____