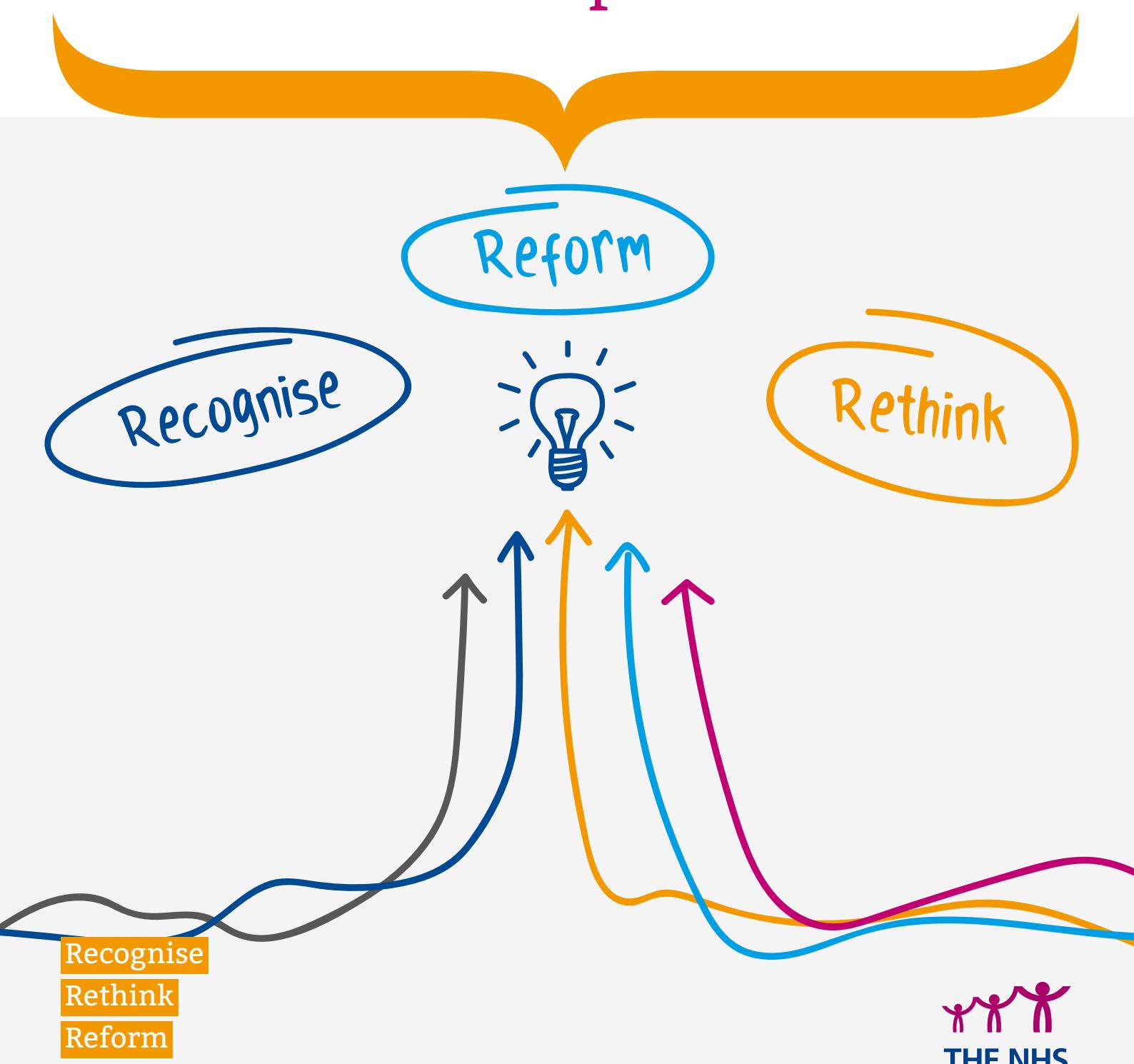


The General Practice Nursing Workforce Development Plan



Contents

Thank you from Health Education England	3
Chair's preface - Dr Peter Lane, FRCGP	4
Executive Summary	6
Summary of Recommendations	9
Section 1: Entry to general practice nursing - pre-registration	12
Raising the profile of general practice nursing in schools and colleges.....	13
Raising the profile of general practice nursing in higher education institutions.....	14
Raising the profile of general practice nursing in the public domain	16
Placement funding	16
Learning environment quality.....	17
Section 2: Establishing the role of the general practice nurse - the early years (post-registration)	19
Availability of careers information for newly-qualified nurses.....	21
Preceptorship.....	23
Mentorship.....	24
First destination employment – supporting GPs to employ more new nurse graduates	27
Induction process	28
Promoting clinical academic careers	29
Section 3: Enhancing the general practice nursing role - maximising the professional development of the workforce.....	30
Embedding the HEE District Nursing and General Practice Nursing Education and Career Framework	32
Transitioning into general practice nursing from other fields of nursing practice	32
Job descriptions	35
Developing the existing workforce	35
The role of GPNs as non-medical prescribers.....	38
Under-utilisation of the Advanced Nurse Practitioner (ANP) role	39
Retention.....	41
Return to practice.....	42
Supervision, support and governance	43
Leadership	44
Encouraging general practice nursing leadership in communities	46
Section 4: Expanding the healthcare support workforce	47
Understanding the healthcare support workforce	48
Raising the profile of the HCA in schools and colleges and the public domain	49
Apprenticeships.....	50
Learning environment quality	53
Opportunities for role development	54
Best practice examples	55
Section 5: A support tool for implementation	56
Conclusion.....	57
Recommendations with organisations	58
Glossary.....	63
Acknowledgements.....	66
Notes and references.....	67

Thank you from Health Education England

On behalf of Health Education England, we would like to extend our thanks to Dr Peter Lane, the task and finish group members and everyone who contributed to this plan. We have been aware of the huge amount of dedicated work, research and consultation that our task and finish group have undertaken. It was made possible thanks to local and national organisations, general practices and healthcare professionals who responded honestly with great enthusiasm and a real desire to bring about change.



For so long we have become used to reports, comments and analysis about workforce pressures in general practice but its only recently that attention has been drawn to the increasing pressures in the general practice nursing workforce.



Now is the time for joined up thinking, positive support and collaboration from stakeholders from national teams to individual practices, to work through the current challenges. In practical terms we are beginning to see the development of local initiatives such as training hubs that enable nurses to develop their skills in specialist areas and progress their careers within general practice.

Please take the time to look at the recommendations that have come out of this review. It has been written in response to our commitment to develop a plan specifically for general practice nursing following the House of Commons Health Committee report into Primary Care published in April 2016. It's our collective responsibility to push forward and it gives us great pleasure to present this general practice nursing workforce development plan.

**Professor Lisa Bayliss-Pratt and
Professor Simon Gregory**

Chair's Preface - Dr Peter Lane, FRCGP

In an environment awash with strategic documents, frameworks, guides, roadmaps and pathways, why do we need a workforce plan for general practice nursing and the healthcare support workforce? Unless we keep general practice nursing at the centre of our workforce reconfigurations we will simply not develop robust enough teams with the necessary skills to bridge the increasing gap between capacity and demand brought on by an ageing workforce, lack of new entrants and increasing workloads.

I am a GP and employ a general practice nursing team so I have first-hand experience of developing initiatives to tackle nursing shortages. By 2020, it is estimated that many more General Practice Nurses (GPNs) are expected to have retired¹. If general practice manages the vast majority of NHS patient contacts², with more than 340 million consultations in a general practice setting every year (2013 figures)³. Can we afford not to take action?

There are nearly 8,000 general practices in England. Most are independent businesses with responsibility for recruiting and developing their own employees. We hope this document will offer clear guidance on how we better increase consistency in recruitment, retention and return to practice for the general practice nursing family.

When Health Education England (HEE) asked me to chair a group of experts to produce a document that addressed general practice nursing workforce issues, I knew there was a chance to help promote and accelerate the change we so urgently need.

This document aims to, recognise, rethink and reform themes, to bring together work within HEE, NHS England and other key organisations. It outlines the problems, identifies solutions and makes recommendations. Following this, HEE recommends the development of a 'how-to' toolkit - something GPs themselves have requested. We recognise there is a need for something that is functional, practical, easy to navigate and offers resources and guidance which is relevant to all stakeholders and groups involved in the implementation and delivery of our recommendations.

Never has there been a more pressing time for action. Our document responds to the call to action of the *Five Year Forward View*⁴ to promote health and wellbeing, care and quality, funding and efficiency. It specifically addresses the *General Practice Forward View*⁵ pledge of:

"A general practice nursing strategy, with an extra minimum £15 million national investment including improving training capacity in general practice, increases in the number of pre-registration placements, measures to improve retention of the existing workforce and support for return to work schemes for practice nurses"

In May 2016 Professor Jane Cummings, Chief Nurse for England, launched the *Leading Change Adding Value*⁶ framework for nursing, midwifery and care staff. We think there is a real opportunity for GPNs to use their leadership to influence and champion improvement.



Our document gives examples of where we are already changing the way we do things and aims to support the development of coherent achievable workforce solutions for *Sustainability and Transformation Plans* (STPs) across the country.

We need to make general practice nursing a top career destination and a shining example of how to respond to the population's health needs in the 21st century.

My thanks go to everyone who has worked so hard in pulling this general practice nursing development plan together. Health Education England, NHS England, the Queen's Nursing Institute (QNI), the Royal College of General Practitioners (RCGP), the Royal College of Nursing (RCN) with the many contributions, discussions and suggestions along the way.

Executive Summary

The highly-skilled general practice nursing workforce of today provides an essential high standard of care to their local populations. They have earned their place as both valued and valuable members of primary care teams. The general practice nursing team as described in the *HEE District Nurse and General Practice Nursing Education and Career Framework*⁷, includes healthcare assistants (HCAs) at levels 1-4, GPNs at levels 5-6, senior GPNs at level 7 and advanced nurse practitioners at level 8. GPNs have become clinical leaders in their own right, managing their own caseloads particularly in the engine room of increasingly complex multi-morbidity management, including extended autonomous roles that are difficult to replace. They offer a large amount of both first contact and continuing care for the population, managing long-term conditions like chronic heart disease, diabetes and asthma; treating acute illness and supporting vulnerable groups like children, the elderly and those with

mental health problems, learning disabilities or dementia. They strive to keep them healthy, safe and wherever possible out of hospital. They are the ambassadors of health promotion and supporting patients in self-management. The healthcare support workforce is being increasingly recognised for their growing contribution in general practice by supporting GPNs and taking on broader clinical roles with the potential for further development.

The last 30 years has seen a huge change in the role of GPNs and HCAs in a general practice setting. We now have a combined GPN, Advanced Nurse Practitioner (ANP) and GP healthcare support workforce of over 30,000⁸ (headcount) working in general practice in England. Today's ageing population and the increasing prevalence of multiple comorbidities, combined with the drive to shift patient care from hospitals to the community, have prompted moves to expand the role of GPNs and HCAs in primary care. While it

makes sense to bring services closer to patients, there have been few coherent strategies for increasing this workforce at scale. As existing experienced GPNs increasingly retire, GPs are struggling to fill the vacancies with nurses of similar experience. Furthermore, growing financial pressures have reduced GPs' capacity to grow their clinical and administrative staff workforce and this has affected their ability to keep pace with the growth in patient demand. The majority of GPNs currently in post joined general practice from other hospital and community posts, embarking on a "second career" often with only ad-hoc in-house orientation and training. This does not compare favourably with the nurse career structure offered by larger organisations. Furthermore, general practice nursing has rarely been marketed as a first destination career. Evidence suggests general practice is seen to be a "risky choice" for a newly-qualified nurse⁹.

This report is a positive call to action with clear and unambiguous recommendations to improve the recruitment, retention and return of general practice nurses. This directly responds to both the current and anticipated workforce challenges and acknowledges the need for timely succession planning and organisational development. With this in place it will be possible to replace at scale the large current cohort of GPNs approaching retirement¹⁰ who will take with them their expert knowledge, experience and skills, especially as the experts in chronic disease management. This in turn will help surgeries flourish not only maintaining but improving the quality, range and sustainability of service provision our patients expect and deserve. It will also serve to reduce unwarranted variation in service provision.

To achieve the goal of *right person, right place, right time* with greater capacity in general practice significant growth of the healthcare support workforce at all levels is required. There are great opportunities now to embrace and develop at pace healthcare support careers to ensure the whole clinical team functions to its maximum.

The *Primary Care Workforce Commission*¹¹ suggested methods to enhance general practice nursing recruitment including better management and the development of leadership skills with clear career progression opportunities. Reliable, up-to-date careers information is needed. Identifying existing and required competencies and how staff can develop their skills to progress within an organisation is an important first step to avoid them seeking career aspirations outside primary care. In the case of general practice nursing, the *HEE District Nurse and General Practice Nursing Education and Career Framework*¹², RCGP General Practice Foundation, General Practice Nurse Competencies¹³, RCGP General Practice Foundation Advanced Nurse Practitioner Competencies¹⁴ and Royal College of General Practitioners Healthcare Assistants (General Practice) Competency Framework¹⁵ provide this, outlining the skills and education required at each level of general practice nursing. It helps staff not only understand what is expected of them at any point along the career pathway, but also encourages the aspiring nurse with development opportunities and informs career progression programmes.

This workforce plan covers four main areas:

- **Entry** into general practice nursing (pre-registration) – how we improve the visibility and raise the profile of general practice nursing as a first career choice, and in particular increase the number of training placements in general practice for pre-registration nursing students.
- **Establishing** the role of the general practice nurse - the early years (post-registration) - how to ensure suitable training and practice support for all new entrants to GP nursing to produce effective GPNs with the appropriate attitudes and skills.
- **Enhancing** the GPN role – how to maximise the professional development of GPNs through accessible, fit-for-purpose training and clearly-defined career progression making GPN careers attractive at all levels



- **Expanding** the healthcare support workforce – how to increase the popularity of the healthcare assistant role, grow numbers at pace while ensuring high-quality, standardised, accessible training that leads to appropriate career pathways.

Many of our recommendations are not difficult to achieve and we recognise that many of our recommendations may already be happening in some areas, for example, raising awareness of general practice nursing. Others will require more time, effort and collaboration working across organisational boundaries, for example, to increase the number of new entrants and mentors. Career progression and development for GPNs must be improved. We also need to offer supported training opportunities for the healthcare support workforce to further develop their clinical skill base. While new roles to general practice e.g. physician associates, clinical pharmacists, GP/medical assistants, care navigators and nursing associates will certainly be able to support general practice in the future, delivery at scale will take time. The HCA role already has clear competencies set out in the *Royal College of General Practitioners (2015) Healthcare Assistants (General Practice) Competency Framework*¹⁶ and the *HEE District Nursing and General Practice Nursing Education and Career Framework*¹⁷.

Much of the responsibility for tackling the problems lies with individual general practices, GP federations and the emerging new care models including multi-specialty community providers as the lead employers. However, Clinical Commissioning Groups (CCGs) and the emerging HEE national training hub network, known in some areas as Community Educational Provider Networks (CEPNs) or Advanced Training Practices (ATPs), will have a crucial part to play. Training hubs are being developed by HEE as part of the *General Practice Forward View*¹⁸ to encourage local expertise and educational support to help general practice respond to the challenges. We would also call on those delivering the new STPs to take account of how they can support these efforts. With their remit to ensure health services meet the needs of local populations, it is important that they acknowledge and support the general practice nursing workforce initiatives we set out in this document.

The making, shaping and supporting of effective local general practice workforces as a top priority and an achievable goal across the country will be critical in addressing the unwarranted variations in care and outcomes we currently see.



Summary of Recommendations

Section 1

Recommendation 1: Raise the profile of general practice nursing careers.

A nationally co-ordinated campaign to increase the understanding of the value given to the general practice nursing role across all healthcare organisations, schools, colleges and the general public.

Recommendation 2: Increase the number of pre-registration nurse clinical placements in general practice.

Recommendation 3: Introduce quality assurance of the learning environment in general practice for pre-registration nurses. The *HEE Quality Framework* and regulatory processes must be adopted across England.

Section 2

Recommendation 4: Increase the uptake of general practice nursing as first destination employment for newly-qualified nurses. Review and develop recruitment schemes and support mechanisms to specifically attract newly-qualified nurses into general practice.

Recommendation 5: All new entrant nurses and support staff to general practice have access to an approved employer-led induction programme. This must be tailored to meet local need, accompanied by a personalised continuing professional development (CPD) plan.

Recommendation 6: All new nurses to general practice must receive a standardised and accredited competency based preceptorship programme to equip them for their general practice nursing role.

Such preceptorship programmes should reflect the HEE Preceptorships Standards and the HEE Preceptorship Outcomes Framework and be mapped to the Royal College of General Practitioners General Practice Foundation, RCN (2012 updated 2015) General Practice Nurse Competencies and the NMC Code.

Recommendation 7: GPN educator roles should be developed to cover all CCG areas. Their role should include promoting mentor training for all GPNs including sign off mentor roles.

Joint higher education and primary care initiatives to further develop mentorship programmes and include registration on local mentor registers. This is critical to growing the capacity of nurse education in a general practice setting.

Section 3

Recommendation 8: All GPNs should have access to accredited training to equip them for each level of their role. Training should be aligned with the RCGP General Practice Foundation, General Practice Nurse Competencies, HEE District Nursing & General Practice Nursing Services Education & Career Framework (2015), supported by the HEE National Education Commissioning Specification and the QNI/QNIS Voluntary Standards for General Practice Nurse Education and Practice.

GP leaders and commissioners should work with HEE to achieve a coalition of support for HEE taking on this role with appropriate resourcing.

Recommendation 9: All GPNs and HCAs should have access to quality assured CPD to support career development and inform revalidation if appropriate. This should be based on practice population health needs and individual annual appraisal, including skills training to conduct consultations other than face to face, using IT platforms.

Recommendation 10: Improve general practice nursing retention by implementing measures to encourage nurses at all levels to remain within practice.

Recommendation 11: Every nurse considering a return to general practice nursing should be offered a general practice specific 'return to practice' programme.

There must be a nationwide standardised general practice nursing 'return to practice' education programme which includes a general practice placement, mentorship and appropriate support to meet the NMC requirements for 'return to practice'.

Recommendation 12: All CCG areas should have identifiable GPN leaders. General practice nursing leadership should be supported by multi-professional leadership development programmes at local, regional and national level.

Recommendation 13: Actively promote the development of general practice nursing clinical academic careers. Stimulate the development of clinical academic careers by promoting and enabling a culture in general practice nursing that embraces research and innovation to inform and champion changing health needs and deliver care excellence.

Section 4

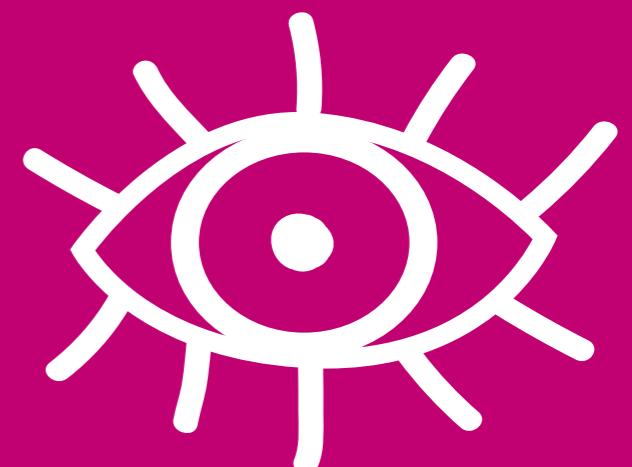
Recommendation 14: Increase the number of HCAs in general practice to include widening participation schemes that encourage use of the HCA apprenticeship route and support the emerging role of the nursing associate.

Recommendation 15: All HCAs in general practice care settings must hold the Care Certificate.

Recommendation 16: All education and training for HCAs in general practice must be aligned to the Royal College of General Practitioners (2015) Healthcare Assistants (General Practice) Competency Framework and the HEE District & General Practice Nursing Services Education & Career Framework (2015).

Section 5

Recommendation 17: The development of a national sustainable and easily accessible 'how-to' toolkit and practical web based resource to support the implementation of general practice workforce initiatives as outlined in this document.



Section 1

Entry to general practice nursing – pre-registration

Recommendation 1: **Raise the profile of general practice nursing careers.**

A nationally co-ordinated campaign to increase the understanding of the value given to the general practice nursing role across all healthcare organisations, schools, colleges and the general public.

Joint Leads: NHS England/
Health Education England

Supported by: Training hubs,
NHS Careers, RCGP, RCN, QNI

Recommendation 2: **Increase the number of pre-registration nurse clinical placements in general practice.**

Joint Leads: Health Education England/training hubs

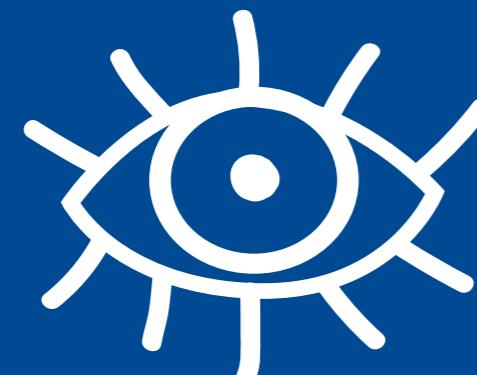
Supported by: HEIs,
CCGs, general practice/GP federations, NHS England

Recommendation 3: **Introduce quality assurance of the learning environment in general practice for pre-registration nurses.**

The HEE Quality Framework and regulatory processes must be adopted across England.

Lead: Health Education England

Supported by: NMC,
training hubs, CCGs, NHS England, general practice/GP federations, CQC



Raising the profile of general practice nursing in schools and colleges

In order to encourage pre-registration nurses to choose general practice nursing as their first career destination on graduation, it is important to ensure that they are aware of and understand the role and the available career opportunities. Anecdotal evidence suggests there is little promotion of general practice in either schools or colleges, a situation that was also identified in *By choice – not by chance*¹⁹ with regard to general practitioner recruitment. There is a lack of visibility of GPNs as role models for young people as they have comparatively little need to access general practice nursing services compared with the older population. It appears that careers advisers in schools and colleges have little understanding or recognition of general practice nursing careers beyond their own experience of their local GP service.

This is compounded by the very limited opportunities for students to gain work experience in a general practice setting. One of the issues is the concern to preserve confidentiality for patients who may be known to the work experience students who often seek placements close to home. HEE and Medical Schools Council have produced a GP work experience toolkit²⁰ to address some of the challenges and myths which would also be relevant to nursing.

There are already a number of initiatives and collaborations aimed at promoting healthcare careers at schools and colleges such as the *Talent for Care, Widening Participation and Inspiring the Future* programmes. Every effort should be made to promote these more widely with specific emphasis on general practice nursing careers and improving access to work experience programmes.

While the traditional routes into pre-registration nursing via undergraduate study remain, much better promotion could be made of the potential offered by the apprenticeship route into general practice nursing from other clinical roles like that of the HCA. There is also the opportunity for direct entry to registered nurse training via apprenticeships becoming available in September 2017²¹.

Relatively uncomplicated measures would help improve the profile of general practice nursing. This may require nothing more than a willingness among general practice partners and staff to better engage in careers marketing at a local level. For example, GPNs could consider buddy arrangements with school nurses to run joint school/general practice wellbeing initiatives on school premises. This would be a good first step in raising the profile of the general practice nursing role and deliver a visibly integrated service to students and parents/carers.

The developing national training hub programme will play a big part in primary care workforce planning. Training hubs will work to increase placements for students in general practice settings and will be perfectly placed to establish strong and ongoing links with schools and colleges.

Best practice case study – raising the profile among school-aged children

Health Futures University Technical College offers educational experiences and opportunities rarely seen in traditional schools and colleges. A unique partnership between Health Futures and 20 health, education and public sector organisations from across the West Midlands enables them to combine national qualification teaching with hands-on project learning with healthcare professionals. Students aged 14-19 years from across the region enjoy enviable academic and career-focused advantages that prepare them for higher education and employment.

“
If I went in to see a practice nurse and she was, like, my age I'd be a bit, well, I don't think they would be taken seriously, do you know what I mean?
”

Pre-registration nursing student, year 3

Raising the profile of general practice nursing in higher education institutions

There is a lack of awareness and knowledge of general practice nursing among some higher education institutions (HEIs) which are responsible for pre and post-registration nursing education. While some areas report good links between HEIs and general practice, there are others where the links are not so strong with anecdotal reports of tutors basing their information to students on their own personal opinions and experiences of primary care as a quality learning environment.

Pre-registration nursing students tend to perceive general practice nursing roles as “slower, or lacking energy, but needing a great deal of experience.”²²

There is also a commonly held myth that newly-qualified nurses must have at least two years' experience before they can apply to work as a GPN.

The skills required for general practice nursing are very different to those for nursing in secondary care. A newly-qualified nurse can however bring up-to-date knowledge, transferable skills and a fresh enthusiasm to the role that benefits the established general practice nursing workforce. The newly-qualified nurse needs to develop the ‘expert generalist’ skills of the GPN as referred to in *Raising the Bar, Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants*.²³

Because of the low number of available placements in general practice for pre-registration students, many numbers of newly qualified nurse graduates leave university with little awareness of how to become a GPN. HEIs and any emerging nurse education providers have a key role in being able to promote and facilitate undergraduate general practice placements and promote general practice as a first career destination.

“
They are the ones who have got to a certain level of training, because they are a much higher band, a much higher pay grade.
”

Pre-registration nursing student, year 3

“
Universities need to find placements [in general practice] ... to know what to expect – give you a chance to see what its really like.
”

Pre-registration nursing student, year 3

Best practice case studies – raising the profile in higher education

‘Micro placements’ for first-year nursing students: In the West Midlands, healthcare organisation and CEPN BADGER are working with Birmingham City University (BCU), Birmingham Cross City CCG and Solihull CCGs to provide nursing students with their first taste of primary care. They have developed learning pathways or ‘micro placements’ for over 50 first-year pre-registration nursing students, offering insights into urgent primary care and out-of-hours services. Each week-long placement exposure, offers a range of learning opportunities including patient call handling, home assessments and clinic based patient assessment, diagnosis and treatment pathways. Students work alongside the full multi-disciplinary team, with a particular focus on the extended role of the HCA. They are encouraged to evaluate their experience including identifying new self-learning points, enjoyable aspects of the exposure and future development suggestions. The success of these pathways was recently realised at the BCU Health Care Awards, with BADGER being awarded Highly Commended in the category of Student Nominated Practice Award.

Encouraging higher education participation at jobs fairs: Health Education England representatives from the Wessex area attended several higher education job fairs to raise the awareness of career opportunities as a GPN in primary care. Final year nursing students are invited to contact the local HEE team in Wessex if they are interested in pursuing a general practice nursing post. All directors of nursing within relevant CCGs are contacted by HEE Wessex who then forwards interested student applicants to GP practices within the Wessex area.

Raising the profile of general practice nursing in the public domain

The way general practice operates is not particularly well understood by the general public. Many people do not realise that unlike hospitals and most community health services, general practices are contracted by the NHS as independent businesses to deliver general medical services and are subject to their own terms and conditions of employment. This could lead to a perception of general practice nursing being viewed as a greater risk as a career. Furthermore, there is also a lack of understanding about the range of roles and services the general practice nursing team provides.

Anecdotal evidence shows the poor public awareness of general practice is not helped by the lack of exposure in the mainstream media. Many people with minor illness or injury do not realise they can often be just as effectively treated by a suitably trained GPN or ANP as they can by a GP.

The public's perception of GPNs as being limited to carrying out and advising on simple procedures like routine health checks, contraception and immunisations needs to change as the reality is very different. When the public are aware of the versatility and have the confidence in the knowledge, skills and competence of the GPN, the result is a much more efficient use of finite resources. In common with other nursing groups, they are increasingly doing work that doctors have traditionally undertaken.

Improving this awareness via publicity and marketing will promote the positive aspects of general practice nursing work and demonstrate their valuable role in delivering the increasingly complex care managed in general practice. Patient participation groups can be a great asset to a practice in changing the perception of the general practice nursing role in the local population.

Placement funding

There is no agreed national funding for pre-registration nurse clinical placements in general practice and work is ongoing to address this. There is variation in placement fee funding in some areas but no standard tariff. Many GPs are understandably reluctant to offer placements to pre-registration nurses because of this as there is an impact on service delivery and access. Even in cases where a practice may be willing to host a pre-registration nurse placement, it is unclear how to begin the process or apply for funding. Where funds are available, the amount is often not thought enough to cover the costs of releasing GPNs to mentor the students or to account for the disruption caused by having a student present in consultations.

If numbers of young people coming into the nursing workforce are to increase, action is needed to generate more placements in general practice settings. The outcome of the national review of the tariff system could have a significant impact on how GPs are supported to fund such programmes. Recognition of the impact on small business models of general practice must also be taken into consideration as larger organisations have a greater capacity to deliver mentorship and supervision. Individual general practices may struggle to respond in the same way because they have smaller teams. The maturing of GP federations and the emerging multispecialty community provider (MCP) models could have a significant impact on placement capacity in general practice.

Other than this, there is also the need to consider the unknown potential impact of the removal of the bursary for nurse education commencing 2017 and the introduction of tuition fees. At the moment there are restrictions to HEIs' recruitment of pre-registration nurses that are based on fiscal limitations. Removal of this could either increase the demand for general practice placements or reduce it if insufficient students are recruited. In the future there may be an increase in both demand and capacity for entry to the NMC register through the nurse apprenticeship route.

Learning environment quality

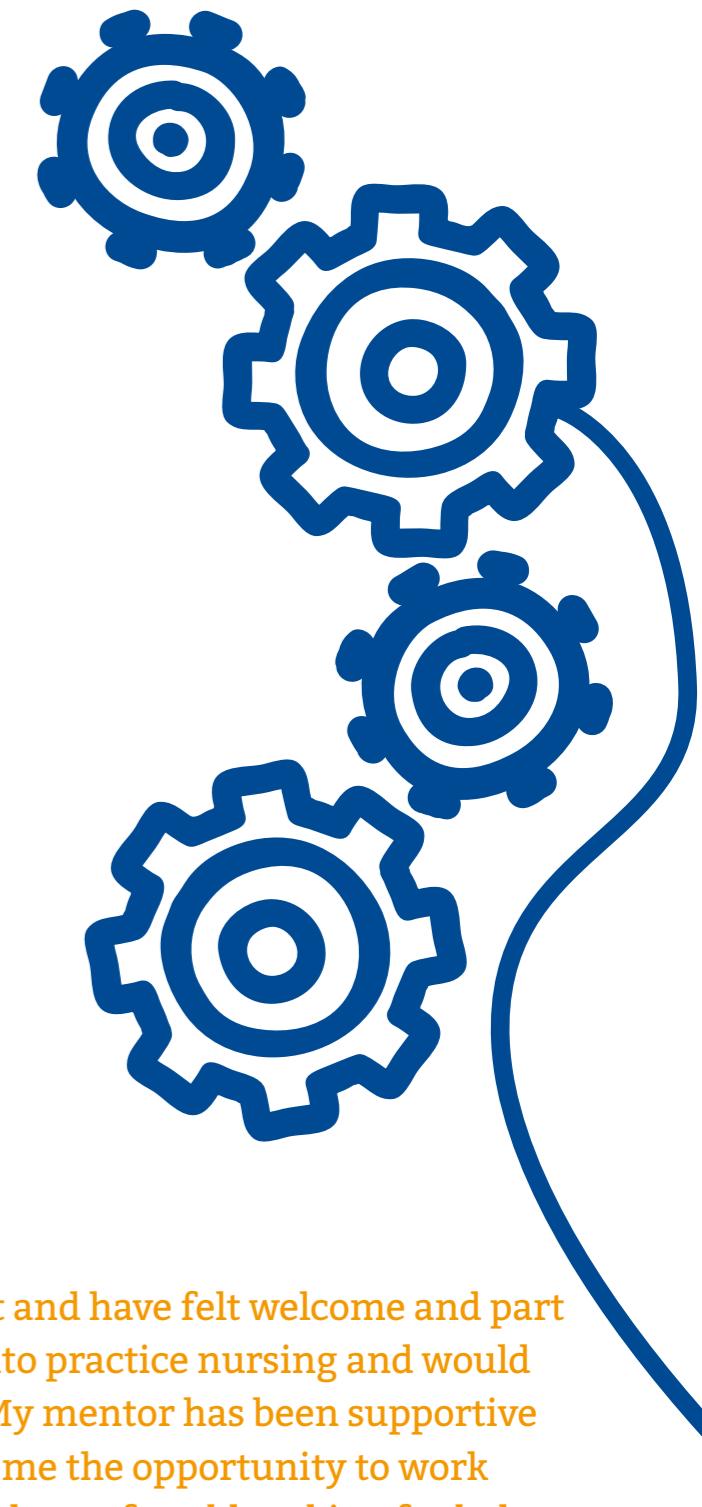
The intense workload of general practice can impact on its potential to provide a high-quality learning environment. However the breadth and scope of care and treatment delivered serves as rich and fertile ground on which to base learning experiences and deliver educational outcomes. While general practice is held in very high regard for the quality of its GP training programmes and medical student placements, there is limited current evidence to demonstrate its great potential and value in pre-registration nurse education. If pre-registration nurses do not have the opportunity to observe and participate in the care delivered by GPNs, they will qualify with little understanding or recognition of the general practice nursing role.

As recent policy identifies, there is a need to transfer more care from hospital to primary and community settings²⁴, and it is anticipated that both newly-qualified and current hospital nurses and support staff will be increasingly required to deliver care in primary and community settings. This shift can only be achieved if both those settings are seen as qualitative learning environments that ensure there are sufficient, knowledgeable GPNs in place to provide teaching, mentorship and expert generalist nursing care.

“

I have thoroughly enjoyed this placement and have felt welcome and part of the team. I have gained good insight into practice nursing and would definitely now consider a career in this. My mentor has been supportive throughout my placement and has given me the opportunity to work independently with patients and I have felt comfortable asking for help when needed. I would recommend this placement to other students and would disagree with anyone who labelled practice nursing as boring

Pre-registration nursing student, year 3



”

In early 2016, Health Education England published a single *HEE Quality Framework*²⁵ and an overarching quality strategy for education and training that sets out the expectations of a multi-professional approach to improving quality within the work-based learning environment. The *HEE Quality Framework* is intended to be used collaboratively across educational providers in all relevant settings i.e. work-based and academic educational placements. It sets out HEE's expectations for quality and represents a single framework to evaluate, manage and improve the quality of education and training for all healthcare learners.

The *HEE Quality Framework*²⁶ is relevant to all healthcare learners, placement providers and employers and focuses on the quality of work-based placements to:

- embed a shared definition, measurement and benchmarks of quality across England to support quality improvement
- enable HEE to systematically review all quality activities with local partners to ensure a proportionate and effective approach
- establish clear quality governance arrangements, consistent quality management and quality improvement processes across HEE
- enable HEE to set the national and local ambition for quality in education and training in order to drive innovation and quality improvement.

The *NMC Standards for Pre-registration Nurse Education*²⁷, identify that 'wherever possible' there should be practice learning opportunities in hospital and community settings in each part of the programme (NMC G6.5.2). The impact of this appears to be that the pre-registration nurse experience can be variable in general practice as there is no definitive requirement for this in the

NMC standards. Following a period of consultation in 2017 it is expected that in 2018 the NMC will publish a new set of pre-registration nurse education standards. This review of pre-registration standards was planned in direct response to the increasing challenges nurses are faced with in the workplace and their need to be prepared with a different set of skills and competencies, focusing on areas like leadership, cross sector care, people management skills and public health promotion.

To promote a high-quality healthy learning environment for pre-registration nursing students and their mentors and practice teachers, they need to feel valued for their contribution to practice learning and well supported by their teams and managers via supervision or informal networking with colleagues also involved in practice teaching and mentorship. Studies^{28,29,30,31} have found that practice teachers lacked a clear professional identity and that this affected the recognition that they were afforded for their role. While many practice teachers and mentors feel appreciated by their pre-registration nurse, the perception is that employers do not value or fully understand their role. In addition, the practice teacher and mentor role is generally supplementary to a full-time work/caseload with no provision for protected time, space or resources.

There is a lack of accurate data on the prevalence of nurse mentors across the country but feedback from the more established training hubs suggest that lack of mentors and in particular sign off mentors is a significant barrier to practices being able to develop as learning environments.

The training hub programme aims to help facilitate education and inter-professional learning in general practice. The hubs are expected to have a key role in establishing quality assurance processes and support for the growing number of general practice nursing educators.

Section 2

Establishing the role of the general practice nurse: the early years (post-registration)

Recommendation 4: Increase the uptake of general practice nursing as first destination employment for newly-qualified nurses.

Review and develop recruitment schemes and support mechanisms to specifically attract newly-qualified nurses into general practice.

Lead: NHS England

Supported by: CCGs, Health Education England, training hubs, general practice/GP federations, HEIs

Recommendation 5: All new entrant nurses and support staff to general practice have access to an approved employer-led induction programme.

This must be tailored to meet local need, accompanied by a personalised continuing professional development (CPD) plan.

Joint Leads: NHS England/CCGs

Supported by: General practice/GP federations, CQC



Recommendation 6: All new nurses to general practice must receive a standardised and accredited competency based preceptorship programme to equip them for their general practice nursing role.

Such preceptorship programmes should reflect the HEE Preceptorships Standards and the HEE Preceptorship Outcomes Framework and be mapped to the Royal College of General Practitioners General Practice Foundation, RCN (2012 updated 2015) General Practice Nurse Competencies³² and the NMC code.

Joint Leads: Health Education England/NMC

Supported by: CCGs, NHS England, HEIs, education providers, general practice/GP federations, RCN/RCGP, training hubs, CQC

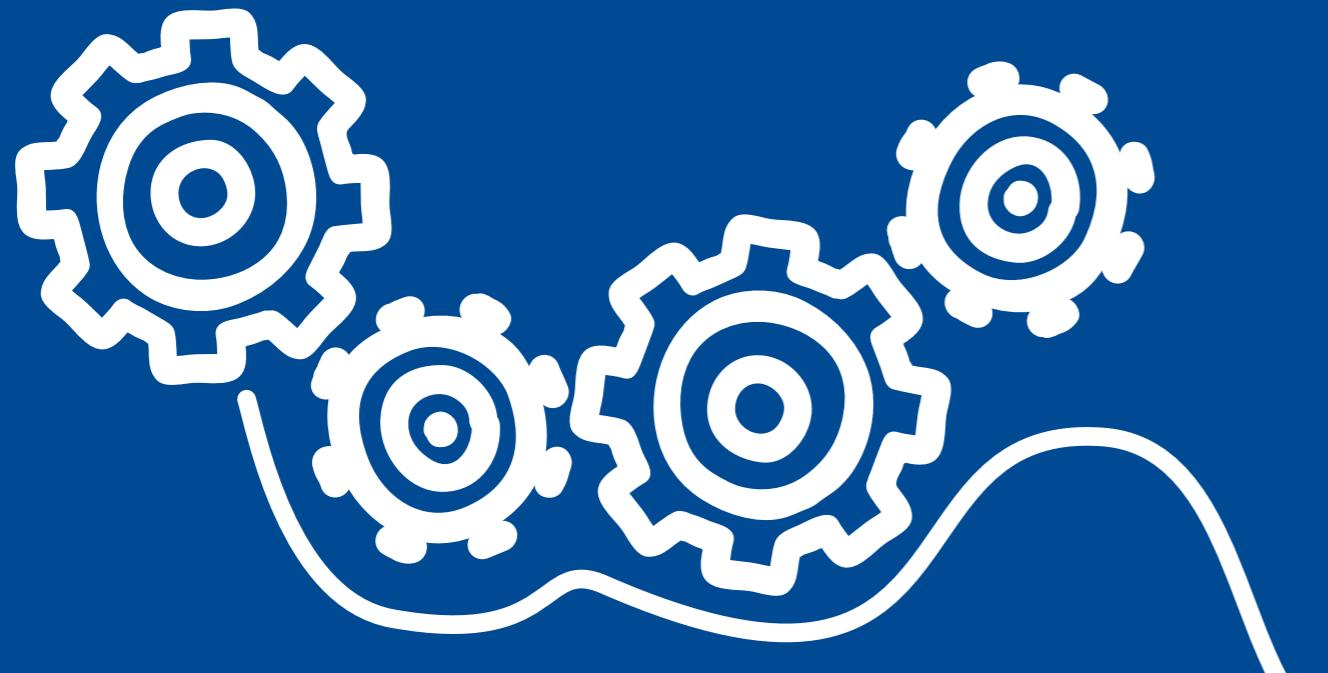
Recommendation 7: GPN educator roles should be developed to cover all CCG areas.

Their role should include promoting mentor training for all GPNs including sign off mentor roles.

Joint higher education and primary care initiatives to further develop mentorship programmes and include registration on local mentor registers. This is critical to growing the capacity of nurse education in a general practice setting.

Joint Leads: Health Education England/NHS England

Supported by: Training hubs, HEIs, CCGs, general practice/GP federations



Availability of careers information for newly-qualified nurses

Because the role of the general practice nurse has evolved organically over many years, there has been limited careers information available with poor access and availability of information for those who want to find out more.

Immediate succession planning is required as the current generation of GPNs start retiring and leaving the profession (33.4% of GPNs will retire by 2020³³). When they retire they will take their expert knowledge in long-term conditions and clinical management with them. Without effective workforce planning, many surgeries are likely to flounder if patients can no longer access the expert care they have come to expect from general practice they may move back to hospitals.

The Primary Care Workforce Commission³⁴ suggested methods to enhance general practice nursing recruitment including better management and leadership skills, and clear career progression pathways. Identifying existing and required competencies and how staff can develop their skills to progress their career within an organisation is an important first step to attracting potential recruits to consider seeking a career in general practice nursing. The *HEE District and General Practice Nursing Service Education and Career Framework*³⁵ provides this, firstly by introducing a stepped career illustration, followed by a description of the key role, responsibilities, core values, skills, competencies, and level descriptors along with the skills and education and training required at each level of general practice nursing. Its aim is to help potential and current staff understand what is expected of them, to inform career progression programmes and to also attract and retain staff in the future by clarifying job roles as part of the training process.

Evidence suggests that little use is made of websites like healthcareers.nhs.uk or nhsemployers.org that store a vast amount of data on general practice careers. Also the marketing materials that support general practice nursing careers promotion available on the NHS Employers website are rarely used. Among these are films and animations about GPNs which are often perfect tools to reach a variety of audiences across the demographic. Attention should be given to the ease of access and effectiveness of signposting to web based general practice nursing information.

“

It's the most wonderful career, demanding and challenging but you can progress and make a superb GPN. Go on give it a try.... I did and I am so glad!

Recently qualified general practice nurse

”



“

I'm really surprised about how far you can go with practice nursing. As a newly-qualified nurse I have been offered so much training to expand my base of knowledge that many other colleagues haven't been offered outside of general practice nursing

”

Recently qualified general practice nurse

Preceptorship

Preceptorship is a structured period of transition for newly-qualified nurses to develop the confidence to work as autonomous health professionals. This definition is well recognised by the nursing community and secondary care employers but often poorly understood by general practice employers. The NMC strongly recommends that all nurse graduates are offered preceptorship when they start employment. A quality programme can ensure the best possible start to a nurse's career through the support of a trained 'preceptor'. Such schemes are widespread in secondary care and community nursing but rare in general practice as the independent nature of general practice precludes them from the requirement to offer preceptorship that is expected in the wider NHS.

In a survey of more than 3,400 GPNs by the QNI³⁶, just a fifth of respondents reported receiving a preceptorship programme. As well as a lack of availability of general practice nursing preceptorship programmes, there is also no standardisation for those that do exist. An increase in consistent general practice nursing preceptorships availability is likely to ease the recruitment crisis by creating supported opportunities for newly-qualified staff and those working in other nursing specialties to enter general practice nursing with confidence.

Best practice case study - Preceptorship

Building a strong general practice workforce: Development of a sustainable primary care workforce has been a priority of South Eastern Hampshire and Fareham & Gosport CCGs for the past two years. Through engagement with university career fairs and proactive communication with practice manager forums, five newly qualified nurses have been employed into posts in primary care. To support this career pathway, a primary care preceptorship framework has been developed. Working with Health Education England this framework is designed to lead into attendance on a university Foundations of Practice Nursing course that covers the extra skills practice nursing requires.

Preceptorships for nurses new to general practice: The School of Nursing and Midwifery at the University of Sheffield worked with local general practices to establish a flexible induction and preceptorship programme for nurses new to general practice. The course teaches the essential general practice nursing skills and involves group learning sessions as well as individual support visits in the workplace from an experienced practice educator. The programme also encourages nurses to take up CPD training to further develop their careers.

Mentorship

The term mentorship has a wide variety of interpretations depending on context. This can range from informal supervision to formal qualifications. The NMC and RCN define mentorship as 'facilitate learning and supervise and assess students in a practice setting'.^{37, 38}

A general practice is usually required to have a trained up-to-date nurse mentor in order to take pre-registration nurses on placement.

“

I have found students bring energy and enthusiasm which helps to motivate and inspire the whole team. Mentorship in general practice means that we can share and learn together to provide the highest standards of nursing care and it is great to watch students grow in confidence and achieve their competencies

General practice nurse mentor

”

There is a lack of accurate up-to-date data available on the number of qualified general practice nursing mentors, as unlike elsewhere in the NHS, mentor registers are not a requirement in general practice. The QNI identified that only 25.8% of GPNs reported themselves as being an NMC qualified mentor which correlates with evidence that suggests GPN mentors and clinical educators are not commonplace and there is little expectation that GPNs will want to undergo mentorship training. There are several reasons that explain the lack of mentoring in general practice nursing. Many general practices are not involved in pre-registration nurse training and education so do not have a requirement to release their nurses for mentorship training. GPs may also feel that mentorship training takes their nurses away from their clinical workloads. Without the cooperation of GPs as employers to give staff the time to develop their skills, mentorship in general practice will continue to be insufficient.

The NMC requires mentors to complete additional supervised experience to their general mentorship training in order to become a sign-off mentor. Sign-off mentors are required to supervise pre-registration nurses in their final pre-qualification placements in order to assess and approve them as 'fit to practise', i.e. fulfil the role of a nurse registrant safely and effectively.⁴⁰

In order for mentors to attain this status, knowledge, skills and competence, they need to demonstrate experience of having mentored pre-registration nurses which is challenging when set against the current short supply of general practice nursing placements. The NMC is currently reviewing its standards for mentorship as recommended in the *Shape of Caring*⁴¹ report: 'NMC should review its current mentorship model and standards, informed by the outcome of the RCN review and final evaluation of the Collaborative Learning in Practice model, and amend the standards relating to the requirement for one to one mentor support.'

There is also little opportunity for those who have undergone training to maintain and build on their knowledge and skills. Inadequate levels of CPD mean existing mentoring qualifications gained by nurses in secondary care do not stay current if they switch to a job in primary care. GPs employ nurses directly and have influence over time and access granted for their professional development. CCGs provide funding and training but these funds are often not thought sufficient to account for the disruption caused to practices by the release of staff to attend training per se. Circumstantial evidence points to nurse education being viewed as of secondary importance to medical education. This perception needs to be reversed so general practices become learning organisations for all staff. Putting GPN mentorship status on the same level as that of a GP trainer would help and there should be consideration to career extension programmes for suitable and experienced nurses close to retirement to become mentors. Without an established pool of qualified mentors it will be difficult to achieve the much-needed increase in general practice placements for pre-registration nurses.

“ I always felt prioritised during my placement. My mentor would continually ask about my experiences; she would make suggestions about other things I could experience and I always felt she was eager to assist me in meeting my objectives ”

Pre-registration nursing student

”



“
The students were a fabulous asset to the surgery, highly praised by medical colleagues, patients and clinical staff. The students were eager to experience clinical decision-making, diagnostic reasoning and health assessments which are all essential skills for aspiring nurses. It was mutually beneficial teaching and learning with students who, as new graduates, now consider a career in primary care.
”

GPN mentor

Best practice case studies – mentorship

Person-centred mentorship programmes: Universities across England are linking with the private, voluntary and independent (PVI) sector in order to increase the number of student placements. This work depends on having trained mentors in these areas and an innovative approach. For example, the University of West London's PVI lead is using a new 'person centred' approach with general practice nurses to increase placements in the independent sector. The lead works closely with GPNs helping them build on teaching qualifications they have taken many years ago but not maintained. Through this close working, the GPNs are enabled to meet mentorship standards.

Supporting trainee general practice nurses with mentor support: As part of the development of the City and Hackney salaried trainee general practice nurse programme, City and Hackney GP Confederation utilises the mentor resource to fund a locality-wide 'clinical practice facilitator' role. The organisation employs an experienced practice nurse as an 'advanced primary care practitioner' to provide mentoring, support and clinical leadership to both trainee general practice nurses and their mentors. The advanced primary care practitioner facilitator also undertakes clinical supervision sessions and rotates practice visits to assess competencies, share best practice and monitor progress. Bi-monthly group supervision sessions aim to help trainees increase competence and confidence in the primary care setting. They also include an element of training, case review and general updates on nursing developments.

First destination employment – supporting GPs to employ more new nurse graduates

Pre-registration nurse education contains little GPN specific learning. As a result, nursing graduates are often unaware of the different culture that exists in primary care to that in a hospital. Nearly 80% of respondents in the QNI survey⁴² had not observed a general practice nurse as part of a pre-registration placement. Given that 90% of all clinical contact takes place in primary care, this finding adds strength to the need for a transformation of the way that GPNs are recruited from the newly-registered nurse population. As previously stated in this report, there is a widely-held myth that potential GPNs should have at least two years' post-qualifying experience before they consider a general practice nursing career. Even if that opinion was accurate, a nurse with years of experience in another area of nursing may still not be able to undertake many of the tasks and procedures required of GPNs without further training. Furthermore they may not be guaranteed comparative pay to their previous post. The majority of general practice nursing job advertisements require the general practice nursing applicant to have prior experience relevant to a general practice setting and this presents a hurdle in the way of recruiting new nurses into general practice. In effect it creates a 'catch 22' situation where nurses without the relevant experience struggle to find employment in primary care and GPs are unable to fill positions for experienced GPNs.

“
On NHS jobs, they don't ask for newly qualified nurses, the job descriptions all say for experienced nurses.
”

Pre-registration nursing student,
year 3

Best practice case study - First destination employment – supporting GPs to employ more

New nurse graduates: Post-registration training for general practice nursing trainees run by Buckinghamshire New University has seen more than 90% of trainees gaining employment in general practice. What initially started as a year-long foundation programme of traditional face-to-face learning became a six-month blended course that included the teaching of clinical skills required to be a GPN as well as knowledge in the management of long-term conditions. Course evaluations have been positive in terms of student experience, employability and educational outcomes.

Post-registration education: Health Education England aim to standardise post-registration education for new GPNs by using the HEE nationally-developed general practice nursing education commissioning service specification to develop a 'Fundamentals of General Practice Nursing Programme'. Six universities have been commissioned to deliver the same programme against a standardised blueprint which sets out the minimum criteria for delivering a commissioned programme for nurses new to general practice. The universities have come together to collaborate in sharing best practice to deliver the same programme across the West Midlands therefore bringing about standardisation of post-registration education for new nurses entering general practice.

Induction process

Significant variations in inductions exist between different practices. Some GPNs are offered structured courses that develop and steer them into the role gradually while others are given as little as a week's induction before being expected to work alone. Ipsos Mori⁴³ cited new nurses as feeling isolated and insecure working without direct supervision after a very short time. This may not only serve to make GPNs feel under-valued, but it could compromise the quality of patient care, safety and experience. Another aspect is the relationship they have with GPs as colleague and employer. While general practice nursing clinical skills training is important, there is also a need for wider learning programmes to help them make this shift, for instance, in assertiveness or lone working skills with minimal supervision. There needs to be a cultural shift among general practice employers and greater recognition in general practice nursing induction programmes to support nurses transitioning into GPN roles which often challenge them with new ways of working.

Requirements around general practice inductions set out by the Care Quality Commission (CQC) focus on all staff with no mention of specific general practice nursing inductions. In the early days of the role, GPNs carried out just a handful of functions and general induction schemes may well have been enough. In today's general practice, with the increasing complexity of the general practice nursing workload, this is no longer the case.

“
It's scary to manage your own workload and be responsible without having anyone.
Aspiring general practice nurse **”**

Best practice case study – Induction

Practice Nurse (work-based) Induction and Preceptorship Programme at the University of Sheffield: The year-long programme has been running since May 2010 and has now seen approximately 120 nurses go through the programme. It currently has 37 nurses on the programme with a short waiting list of nurses waiting to commence. There is a blend of support for the new practice nurses including essential skills training (i.e. cervical screening training, vaccination and immunisation training, wound care, ear care, hypertension, CKD, CHD etc.); peer support study days; alternative practice days to support identified learning needs where the new nurses observe practice in other areas, for example, working with the tissue viability nurses, an online community with resources, discussion and support. There is also the opportunity for nurses to visit practice clinics with an experienced practice educator every six to eight weeks.

The programme works well for new practice nurses, their practice mentor and practice management. The training in one place saves time in trying to find courses region-wide. The course was initially run as a pilot for South Yorkshire but now has nurses on the programme from Yorkshire and the Humber. It has not been actively advertised for over four years as word-of-mouth maintains healthy numbers on the programme.



Promoting clinical academic careers

Most GPNs who want to progress and develop their skills in leadership or research roles face hurdles. This is a relatively new area of development for GPNs and few opportunities for this important role development currently exist. Study leave is at the discretion of individual practice employers. While nurse revalidation requires evidence of continued professional development which can include leadership development and research it is not given a high profile or priority in busy general practices. The HEE *District Nurse and General Practice Nurse Career and Education Framework*⁴⁴ sets out to address this issue but is not widely promoted.

In order to have a more flexible general practice workforce that is able to respond to the changing patterns of health delivery, GPNs should be able

to take advantage of opportunities to develop clinical academic skills. Like GPs, they are at the forefront of primary care, seeing patients and experiencing first-hand matters of daily practice. At present there is little scope for GPNs to carry out nursing research, contribute to existing research with other organisations or to take the initiative on leading research themselves to add to the evidence base for general practice nursing. Another consideration is for a greater general practice nursing contribution to current research being carried out in a general practice setting which may result in better-informed data as well as encouraging team working and adding value to the general practice nursing role. Furthermore, the wider engagement of GPNs in research with robust data collection could have a major impact on both the identification and reduction of unwarranted variation in the delivery of care. There remains little visible evidence of GPNs holding active clinical academic careers.

Section 3

Enhancing the general practice nursing role - maximising the professional development of the workforce

Recommendation 8: All GPNs should have access to accredited training to equip them for each level of their role.

Training should be aligned with the RCGP General Practice Foundation, General Practice Nurse Competencies⁴⁵, HEE District Nursing & General Practice Nursing Services Education & Career Framework (2015) supported by the HEE National Education Commissioning Specification and the QNI/QNIS Voluntary Standards for General Practice Nurse Education and Practice. GP leaders and commissioners should work with HEE to achieve a coalition of support for HEE taking on this role with appropriate resourcing.

Joint Leads: Health Education England/NHS England/CCGs

Supported by: RCGP, QNI, general practice/GP federations, HEIs, training hubs, CEPNs, CQC

Recommendation 9: All GPNs and HCAs should have access to quality assured CPD to support career development and inform revalidation if appropriate.

This should be based on practice population health needs and individual annual appraisal, including skills training to conduct other than face to face consultations using IT platforms.

Joint Leads: NHS England/CCGs

Supported by: RCGP, general practice/GP federations, training hubs, Health Education England, HEIs

Recommendation 10: Improve general practice nursing retention by implementing measures to encourage nurses at all levels to remain within practice.

Joint Leads: NHS England/CCGs/general practice/GP federations

Supported by: Health Education England

Recommendation 11: Every nurse considering a return to general practice nursing should be offered a general practice specific 'return to practice' programme.

There must be a nationwide standardised general practice nursing 'return to practice' education programme which includes a general practice placement, mentorship and appropriate support, to meet the NMC requirements for 'return to practice'.

Lead: Health Education England

Supported by: NHS England, CCGs, HEIs

Recommendation 12: All CCG areas should have identifiable GPN leaders.

General practice nursing leadership should be supported by multi-professional leadership development programmes at local, regional and national level.

Joint Leads: NHS England/RCGP/CCGs/general practice

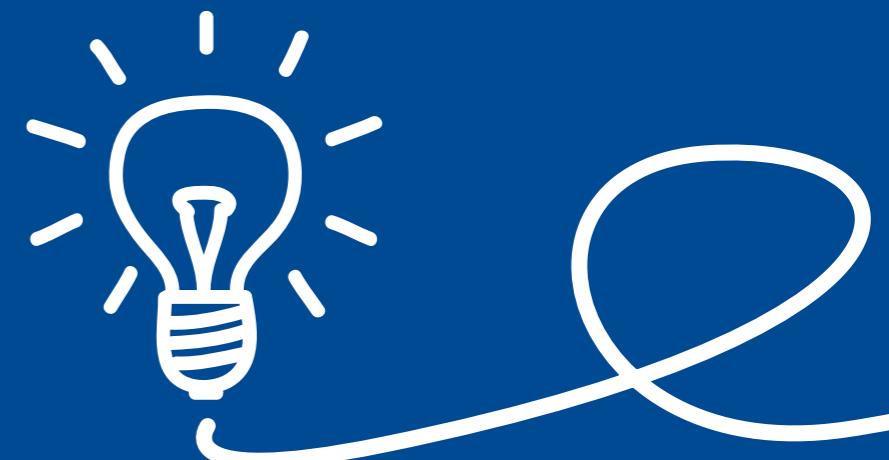
Supported by: Health Education England, HEIs, Leadership Academy

Recommendation 13: Actively promote the development of general practice nursing clinical academic careers.

Stimulate the development of clinical academic careers by promoting and enabling a culture in general practice nursing that embraces research and innovation to inform and champion changing health needs and deliver care excellence.

Joint Leads: Health Education England/NHS England/CCGs

Supported by: CCGs, NHS England, RCGP, general practice/GP federations, QNI, HEIs, training hubs, Academic Health Science Networks



Embedding the HEE District Nursing and General Practice Nursing Education and Career Framework

The government continues to see a strong system of primary care as the foundation of the NHS, with primary care practitioners responsible for both commissioning and providing an increasing range of services. Consequently, general practice nursing needs to be viewed as a career with a strong future which is part of a multi-disciplinary team including community nurses, pharmacists, allied health professionals, care assistants, social workers, mental health workers, volunteers and others that are able to provide improved care quality⁴⁶. (RCGP, 2012, DH, 2014). To enable this, general practice nursing needs greater visibility and definition to better understand its fit in evolving multi-disciplinary teams.

General practice nursing roles need to be consistent in order to inform the commissioning of training. The *HEE General Practice Nursing Service: Education and Career Framework* must be at the core of proactive primary care workforce planning at all levels, from surgeries and training hubs to CCGs and STPs. This framework is aimed at enabling a nationally consistent approach to education and training. This must inform the commissioning process to ensure that the minimum professional and educational requirements for each role contained within it are met.



Transitioning into general practice nursing from other fields of nursing practice

Despite the widespread intention to increasingly shift services from a secondary to a primary care setting, a combination of factors often deter registered nurses in hospital posts moving to work in general practice. Comparatively few nurses are aware of general practice nursing as a viable career option and have very limited understanding of what the role involves. General practice nursing posts are rarely advertised on the NHS Jobs website, which is generally the preferred website for nurses looking to change their career direction in the health service.

“

I made the change from acute nursing to practice nursing a year ago and it was the best decision I have made during my career. I had no insight into what the role involved as there were no placements in GP surgeries during my nurse training.

GPN transitioned from another field

”



“

I am starting to feel a real sense of achievement in my role and more confident in adapting my care and advice to the individual's needs.

GPN transitioned from another field

”

Nurses considering transitioning into general practice will be far more confident if there is clearly identified support and accessible education and training programmes tailored to their individual learning needs, and which recognise their transferable skills. General practice nursing preceptorship programmes suitable for transitioning nurses are scarce. Where they do exist, it is often difficult to find suitably-trained preceptors/facilitators to supervise their learning.

General practice does not always recognise transferable skills learnt in secondary or community services, for example, the management of diabetes, heart failure or respiratory conditions. There is no clear and distinct entry route for nurses with post qualification experience into general practice so they usually have to find a job then learn the skills. If, for example, there were developmental opportunities where there was guaranteed employment with built in preceptorship while learning the appropriate skills, hospital-based nurses may be better convinced in making the decision to transition into primary care⁴⁷.

Some nurses who have moved into general practice have reported struggling to adapt to the environment, unaware of the different culture of general practice as a small business. They often do not expect to be conducting one-to-one consultations behind closed doors in relative isolation⁴⁸. Every effort should be made during recruitment and selection to ensure that candidates have an insight into this and an opportunity to shadow and observe GPNs at work before accepting posts. Workload pressures limit the ability of GPs and practice managers to offer in-house training and shadowing opportunities. There is no standardised training programme apart from the current GPN Specialist Practitioner Qualification which makes it difficult for nurses and employers to access the appropriate core training to enable GPNs to function confidently and competently.

Nurses new to general practice need significant skills development in a number of areas, not all of them clinical. For example, they may have to negotiate their own contract and may not be confident doing this having been employed on standard Agenda for Change (AfC) contracts in NHS roles⁴⁹. General practice is an independent sector where AfC is optional. Human resources systems vary from practice to practice. General practice nursing contracts are usually formed around the needs of specific surgeries with GPNs having to negotiate and agree their own terms and conditions.

Best practice case study – moving from secondary care into general practice nursing

Plymouth University

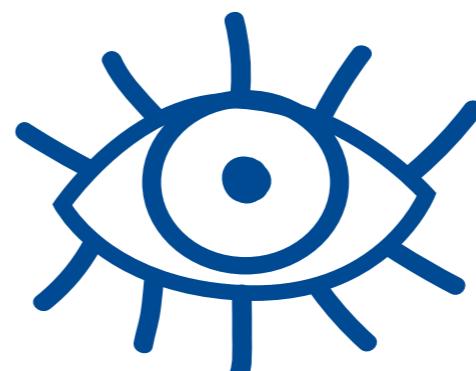
Plymouth University has been running Foundation for General Practice Nursing courses since 2003 with two cohorts a year with a total of 384 students. Many other foundation courses have been modelled on this very practical but academically robust course. The course has recently been adapted to reflect the multi-disciplinary need of primary care and HCA courses have been developed based on RCGP competencies.

“
It is such a fulfilling and varied job; you never know what you are going to be dealing with from one day to the next.
”

GPN transitioned from another field

Job descriptions

Non-standardised roles, job descriptions and terms and conditions thwart efforts to attract and keep nurses in general practice. Because GPs are not required to adopt national guidance like Agenda for Change that allocates posts to set pay bands for staff in other parts of the NHS, job titles and descriptions and pay vary. There is significant ambiguity and a lack of standardisation of a number of roles within the general practice nursing workforce, especially noticeable in small practices where roles have evolved over time. Job titles for example, minor illness nurse, specialist nurse and advanced nurse practitioner lack clear definition and understanding. Without a standardised job description, the new general practice nurse may not know what is expected of them. Job advertisements can be vague and rarely contain details on pay. Often general practice nursing job adverts are not placed where job applicants generally look, which is the NHS jobs website. Some useful work has already been undertaken in this area, for example, specimen job descriptions produced by the National Association of Primary Care (NAPC)⁵⁰ and in new care models, Multi Speciality Community Providers (MCPs) who have become umbrella employers.



Developing the existing workforce

Most GPs will be aware that without their general practice nursing teams they would struggle to cope with the volume of work in today's general practice. Evidence suggests that there is variation in the degree to which general practice nursing employers release and fund training and development of GPNs⁵¹. A further disincentive to the development of practice staff is the increasing risk that they will be lost to other GP employers.

The *General Practice Forward View*⁵² pledged significant investment for expanding the GP workforce by 5,000, as well as recruiting 3,000 mental health workers, 1,500 clinical pharmacists and 1,000 physician associates. This included a minimum of £15m investment to support 'practice nurse development'. GPs need support to reconfigure their workforce to ensure they are able to meet the needs of their practice populations.

A training needs analysis (TNA) enables more appropriate commissioning of the right education and training. This is an important tool in identifying the required skills to better manage long-term conditions, improve preventative interventions and for nurses to develop as prescribers or advanced nurse practitioners. The role of the GPN continues to evolve with poor access to standardised and regulated training. Unlike general practitioner training, there is no recognised or sustainable educational infrastructure for general practice nurses. Without this it will be extremely difficult to increase the necessary GPN training facilitators, educators and mentors.

Continuing professional development (CPD) is one of the requirements for nurses to demonstrate that their skills are current and that they have the required competencies. This contributes to their evidence submission for revalidation with the NMC every three years. If GPNs are to keep pace with the transformation in primary care, CPD programmes must be fit-for-purpose and reflect local educational needs. There is a need to incorporate training not previously regarded as relevant to the general practice nursing role.



As healthcare moves towards empowering communities to take control of their own care, GPNs are perfectly placed to be promoting this message to patients. They can do this by playing a crucial role in closing the three gaps identified in the *Five Year Forward View* and by ensuring the activities they undertake are of high value. The overall objective is to develop high-quality, financially sustainable services that deliver the Triple Aim objectives of better outcomes, better experiences and better use of resources.

The ten commitments within the *Leading Change Adding Value*⁵³ framework will help GPNs focus on narrowing the three gaps, addressing unwarranted variation and demonstrate the Triple Aim outcomes; Commitment 8 specifically refers to having the right education, training and development to enhance skills, knowledge and understanding; a key objective of this General Practice Nursing Workforce Development plan.

Commitments 4 & 5 are particularly pertinent to GPNs as their work is all about person-centred care and should be about working in partnership with carers, families and others who are important to the individual. They see people throughout the life course from infancy, childhood, adolescence and adulthood, to middle and older age. Training in preventative health,

supported care, motivational interviewing, mental health paediatrics and advanced communication skills should become the norm. Prevention is a large part of the GPN role and the first three commitments in *Leading Change Adding Value*⁵⁴ describe the role that GPNs should play in promoting a culture where improving the population's health is a core component of the practice of all nursing. They should be leading input in prevention and working with individuals, families and communities to equip them to make informed choices and manage their own health. Defining and clarifying general practice nursing roles based on the *HEE General Practice Nursing Education and Career Framework*⁵⁵ will help establish effective and comprehensive CPD programmes across the country.

There is widespread variation in the quality and access to appropriate CPD for GPNs. In *Understanding Pressures in General Practice*, a report by The Kings Fund⁵⁶, nurses interviewed claimed they were unaware of important updates to national programmes such as immunisations, cervical screening and prescribing. It is imperative that GPs value and support the professional development of their GPNs in order to ensure a competent and confident nursing workforce. This includes better recognition of the professional time required for education.

Best practice case study – targeted training for the general practice nursing workforce:

Lewisham CEPN in South East London worked with primary and community care partners to develop evidence-based training and education to support the workforce to deliver an improved service for patients. Along with the CCG, it analysed data on diabetes, respiratory and paediatric admissions, as well as figures on A&E attendances. The research aimed to help the general practice workforce to better understand the support requirements of these patients. A training needs analysis was undertaken of clinical and non-clinical staff which was triangulated with the Joint Strategic Needs Assessment. The analysis enabled the CEPN to ensure that there is training for general practice nurses in acute paediatric presentations in primary care, as well as appointing a Darzi Fellow to develop a framework for the training of the diabetes workforce. The training, which also included motivational interviewing and cognitive behavioural therapy, was given to receptionists, healthcare assistants and GPNs, based on the premise that by improving primary care outcomes, secondary care contact can be reduced.

New technologies to help workplace learning: Nursing SCRIPT is a web-based eLearning resource designed to improve the knowledge of nurses relating to the use of medicines. Based on an established and successful programme for junior doctors commissioned by Health Education England in the West Midlands, Nursing SCRIPT shares the same online platform and has been commissioned by the West Midlands Academic Health Science Network.. Once registered, nurses can access 18 modules covering a range of therapeutic areas. Each module provides an interactive blend of background pharmacological knowledge and patient-centred learning using case-based scenarios that nurses might encounter in practice. Each module takes between 30-40 minutes to complete, and upon module completion nurses will be presented with a CPD certificate.

*Leading Change Adding Value*⁵⁷ commitment 10 will apply to every nursing, midwifery and care staff setting now and in the future. GPNs need to think about how they champion the use of technology in order to improve practice, address unwarranted variations and enhance outcomes for their practice populations.



The role of GPNs as non-medical prescribers

Since 1992 there has been a gradual expansion of non-medical or nurse prescribing (NMP) so that in the UK the 'independent prescribing' qualification allows almost all medicines to be prescribed within the nurse's clinical competence. In the UK, NMP was initiated in order to improve the efficiency of services primarily in the community.

Prescribing complements many aspects of the nursing role in general practice particularly where GPNs have developed expertise in the management of long-term conditions and minor illness and therefore increases capacity by saving GP time. Prescribing enables nurses to prevent delays previously experienced by patients in accessing medicines so that services are delivered in a more timely and 'seamless' way.

Nurses who prescribe are able to approach and manage their patients in a more holistic way and are able to complete episodes of care. This may increase job satisfaction and autonomous working.

“

Becoming a GP nurse prescriber has been a great step in developing my role in chronic disease management. I now feel an expert in my own right and get a great deal of satisfaction in being able to offer a complete care package to many patients

Senior GP nurse prescriber

”

In order to maximise the use of NMP and in particular to replace the many retiring GPNs who currently prescribe, it will be necessary to encourage NMP routinely as professional development for GPNs and ensure timely access to appropriate training.

Backfill for the nurses and ensuring good designated medical practitioner (DMP) time and support can be a challenge in a busy general practice setting. The standards for the NMP course are regulated by the NMC⁵⁸.

It is therefore important to recognise the role of GPN prescribing and the need for GPs to ensure NMPs are supported both during their training and in the early stages of prescribing in order to enable them to develop their knowledge, skills and confidence so that the benefits to patients are realised.

This could be effectively facilitated by the development of local nurse educators who could support the education and training of both GPN and DMP. This could become a role for training hubs.



Under-utilisation of the Advanced Nurse Practitioner (ANP) role

ANPs have a master's level qualification and are also nurse prescribers. They have acquired expert knowledge, complex decision-making skills and clinical competencies for expanded practice. They work alongside GPs in an autonomous patient facing role often managing undifferentiated conditions and can play an important role in managing a variety of long-term health problems.

In 2012, Independent Nurse undertook an ANP Forum Survey⁵⁹. The results demonstrate the dynamism of nursing and gives the views of experienced professionals delivering advanced high-quality nursing care who are keen to continue developing their knowledge and skills, and are prepared to take on further responsibility. However, the survey also emphasises the frustrations and barriers those nurses continue to face if they are not allowed to practise to the full scope of their competence.

There is plenty of evidence^{60,61,62} to support the value of advanced nurse practitioner roles. With the right education, support and experience, advanced nurse practitioners can successfully provide a much needed addition to the general practice workforce.

The Primary Care Workforce Commission⁶³ found that advanced nurse practitioners and independent nurse prescribers are not using some of their expert skills for a variety of reasons including the rising cost of indemnity insurance for nurses taking on advanced responsibilities. Failure to use their expert skills and qualifications may result in a sense of frustration and a loss of confidence. This may prompt them to leave their general practice post, resulting in the costly attrition of a highly-qualified member of staff and increase the work pressure for the remaining team.

“

Being an ANP in general practice is a really great job which allows me to utilise a blend of medical and nursing skills. Having had a good formalised training, I have been able to build on it over many years to practise at the level I do now, assessing and diagnosing undifferentiated conditions and managing complex patients. I work in a team where I am valued for my expertise and supported to make use of my educational and leadership skills. I thrive on the variety of being a generalist, while also being able to specialise in diabetes. I could easily retire, but have no plan to do so while I am enjoying it and working at the top end of my licence

Experienced Advanced Nurse Practitioner

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Best practice examples

Granta Medical Practices serve 35,000 patients in South Cambridgeshire and have had ANPs working as an integral part of the clinical team for many years.

ANPs work in genuine partnership with the GPs, sharing a pooled list of 'on the day' patients and delivering seamless care. In addition, the ANPs have their own special interests, run their own clinics and manage entire services on behalf of the practice. They work as equals, while recognising that there are times when they need to seek each other's advice – very much a two-way process.

"ANPs are invaluable in meeting service needs. More than that, they broaden our approach as a practice to caring and bring a fresh and invigorating perspective to how they meet patient needs. Put simply, we could not deliver the level of care they provide without our ANPs." Dr James Morrow, Managing Partner, Granta Medical Practices.

Cuckoo Lane Surgery in West London is an excellent example of how a supportive workplace that nurtures the talents of its nurses can lead to a high-quality and efficient primary care service.

The practice is run by two nurse directors and has 26 staff, including six nurse practitioners, four practice nurses and one healthcare assistant. There are four hours of sessional GP time a day. The practice offers the full range of primary care services for its 4,600 patients and was rated 'outstanding' by the CQC in 2015. It demonstrates an alternative staffing model that can be used to deliver exceptional care by advanced nurse practitioners.

Retention

Retention of GPNs as well as other healthcare professionals in primary care is an increasing problem for general practice. This is because of a variety of factors that include more rigorous monitoring processes, increasing pressures to achieve targets and a culture of non-stop working. This has greatly compromised colleague interaction and support, affected team morale and increased professional isolation. It should be no surprise that GPNs report increased stress and worry which mirrors that of their GPs colleagues⁶⁴. A feeling of being undervalued combined with lower job satisfaction risks staff retention. The increased expectations and responsibilities are leading to dissatisfaction with some nurses leaving altogether, requesting fewer hours or retiring. Linking to this, the QNI survey found 19.3% of GPNs are considering retirement to avoid revalidation⁶⁵ though encouragingly, 80.7% of respondents said they would be able to meet revalidation requirements.

Greater emphasis could be given to portfolio careers combining education, research and management roles with clinical work. Flexible working e.g. parents with young families or caring responsibilities, may be an attractive option for some nurses. Because most general practice nursing roles are part-time, some have sought additional roles in other settings such as out-of-hours service. General practices and federations may be able to attract a wider workforce if they are able to offer flexible contracts and consider ways to attract nurses looking for full-time careers. There is the possibility of creating attractive, innovative posts that incorporate clinical and non-clinical roles as listed above.

Training hubs may have a role in facilitating the training of the general practice nursing workforce at a local level. They should be in a strong position to trial new solutions or roll out existing measures that have proved effective in improving retention of the workforce.



Return to practice

All nurses who have had a break for three or more years are required to undertake a 'return to practice' (RtP) programme in order to update skills and knowledge to meet NMC registration requirements.

Current RtP programmes are almost exclusively secondary care focused. Practices are already under pressure to host a range of placements so may have limited capacity to take RtP placements as well.

The low numbers of mentors, especially sign-off mentors, who confirm that the nurse meets the clinical requirements to return to practice, is another limiting factor. There are anecdotal cases of nurses with lapsed registration returning to general practice as healthcare assistants but having to leave in order to do their RtP training in a hospital because no suitable arrangements can be made. This is a wasted resource that compounds the recruitment crisis in general practice nursing.

RtP schemes should give an appropriate level of financial support to general practices that offer RtP placements. Consideration could be given to incentivising returners who usually have to self-fund and may be offered poor terms and conditions because they are not yet fully registered.

Training hubs could have potential to develop work in this area. Awareness-raising of RtP could include marketing at relevant events, incentives or 'golden hellos' and publicity through community forums, blogs and social media likely to be used by nurses on career breaks, for example, Facebook or Mumsnet. Identifying general practice nursing champions to support RtP and providing greater access for shadowing and placements in general practice would also help.

The *HEE Return to Practice* national programme has been developed and aims to provide a sustainable approach to building capacity and capability in general practice nursing. This should be promoted and made widely accessible.

Best practice case study – Return to Practice

'Return to practice' for nurses: these programmes are oriented for nursing in a secondary care environment. Those completing existing programmes are required to do further training in order to work in primary care. A new programme designed by the University of Sheffield draws on their primary care oriented pre-registration programmes and network of primary care partners. The flexible programme employs a blend of online learning and face-to-face sessions to support nurses to re-register with the NMC within direct experience of primary care. Initial recruitment, including values based interviews, will be undertaken jointly with primary providers with support of the emerging primary care educational hub organisations. Suitable applicants completing RTP will then be encouraged to access the follow up preceptorship support to continue in primary care.



Supervision, support and governance

Supervision is any type of overseeing of other members of the nursing team. This includes formal mentorship of pre-registration nursing students and informal supervising of colleagues in the workplace. People under supervision could be pre-registration students, HCAs or nurses returning to practice. Post registered nurses who need additional skills, for instance, in cervical screening, will also need supervision. Supervision may be carried out by a wide range of people, including mentors, sign-off mentors, formal educators (with PGCEs) or GPs. Nurses undergoing formal training in prescribing or in advanced practice nurse roles will need identified mentors (usually GPs or experienced ANPs) to validate their clinical competence required for such qualifications.

Support for learning and professional development involves more than clinical supervision. It utilises learner-centred reflective practice as a key tool to drive learning needs and promote best practice. This culture is not always embedded within general practice. Because there is very little external

Best practice – supervision, support and governance

Mentorship for primary care nurses: There are good learning opportunities within primary care but a shortage of practice nurse mentors. Mentorship is an essential element of nursing practice and mentorship training for qualified nurses and is regulated by the NMC. However, most existing mentorship training programmes are oriented to a secondary care environment. A group led by the University of Sheffield has developed an NMC-approved mentorship programme for nurses in primary care. The 12-week programme employs a blend of online learning and face-to-face sessions to support nurses to meet NMC mentorship standards and to gain direct experience of mentorship in primary care.

General practice nurse links in the North East: In County Durham and Darlington two full-time GPNs are employed as practice nurse links. Their remit is to provide high-quality, clinical nursing support to general practices. They organise regular nurse meetings to ensure that information is exchanged and good practice is shared. They coordinate training events and work with HEE and education providers including universities and clinical specialists. They promote training and development for GPNs at all levels and have developed general practice nursing pathways with local HEIs that enable transition from secondary to primary care for qualified nurses. The practice nurse links also work with CCGs and directors of nursing on developing local primary care workforce strategies that look at recruitment, development and retention, as well as offer support to registered nurses through the NMC revalidation process.

scrutiny of practices they need to maintain an ethos which facilitates learning from mistakes and successes, and access to senior clinicians to ensure that GPNs work safely and within their competence. It is something which the CQC looks for in their inspections to ensure that a practice is safe and effective.

Some areas have active general practice nursing networks with facilitators providing external insight. However, there are also reports of GPNs having little access to a professional to whom they can go to for advice and support, with problems only highlighted when something goes wrong. CCGs should fulfil their role of improving quality in primary care by identifying supervision and clinical governance opportunities for the general practice nursing workforce. Without adequate supervision there is a risk that GPNs and HCAs may become 'unconsciously incompetent' which compromises patient care and risks the reputation of practices. An appropriately skilled and supported general practice nursing workforce, however, is invaluable in establishing and maintaining the appropriate pathways and procedures, including health and safety issues to support CQC compliance.

Leadership

Leadership in general practice nursing occurs with considerable variation at national, regional and local level. The traditional model of general practice favours leadership by GPs who are often seen as the decision-makers at practice level. GPs have long been engaged with other recognised roles like medical director or safeguarding leads on local medical committees. They are also included on CCG boards and within education, giving them both visibility and status. GPNs are often visible by their absence with key primary care leadership posts often being held by nurses from other specialties who have had more opportunities to develop management and leadership skills alongside their clinical roles. Despite the huge potential for general practice nursing leadership, organisations such as the NHS Leadership Academy have not overtly targeted their programmes at primary care.

The subsequent general practice nursing leadership vacuum diminishes the potential to take more strategic leadership roles at all levels. Without general practice nursing leadership the voice of GPNs may not be considered when decisions are made about service delivery. The importance of general practice nurse leadership is being recognised in some organisations and support has been put in place to develop the leadership potential of individuals. Identifying and developing GPNs as leaders is essential to ensure primary care has a sustainable future. Leadership development is not embedded in many postgraduate general practice nursing training courses. Furthermore, the current culture of general practices as small employing organisations means that they may struggle to support such leadership development.

There needs to be a cultural change in general practice where leadership is within the capacity and capability of all and a model of shared governance and leadership becomes the norm.

General practice nursing is not always given high priority at local level because not enough GPNs are invited or able to get involved in local decision making bodies. Establishing general practice nursing leadership networks would help secure general practice nursing on local and regional workforce agendas. As well as improving recognition and visibility, such networks may present an environment where GPNs could participate in clinical research and build portfolio careers akin to those of GPs. Developing academic skills would create potential for progression into higher level roles. Talent management and effective succession planning is also needed to identify and nurture the nurse leaders of the future to increase the general practice nursing contribution to key areas of transformation and development at all levels. It should be incumbent on GPN employers to release and support their nurses to engage in leadership development as part of their professional role.

Nurses in general practice need to take the lead role in identifying and addressing unwarranted variation and have the confidence to implement changes that may be small or large scale. Work to address unwarranted variation should be based on evidence to ensure achievement of the Triple Aim outcomes⁶⁶ as appropriate and should be measured by benchmarking a starting point.



Best practice case study – Leadership

London Southbank University's primary care leadership module: The programme was developed in collaboration with Tower Hamlets CCG in East London. It brings together health and social care professionals to identify methods to improve integrated working. The module covers a range of social, emotional and physical issues that affect service-users and carers. Leadership skills are developed within the course. Action learning sets are utilised throughout to enable health and social care professionals to improve their skills, based on real-life scenarios.

Primary Care Triumvirate Leadership Programme

To address the issue of 'unlocking the potential' of nursing leadership in general practice teams, across the West Midlands, HEE has introduced a model of shared leadership for its teams of GP practices. The Primary Care Triumvirate Leadership Programme consists of a group of GP, GPN and practice manager (PM) from a single GP practice working together on a leadership programme on an area of service improvement to benefit their patients. The programme has been formally evaluated and has now been commissioned/adopted by the NHS Leadership Academy as a model that is preferred for primary care teams in the west midlands.

South Cheshire General Practice Nurse Membership Council

The formation of the South Cheshire CCG General Practice Nursing Membership Council has enabled general practice nurses to influence healthcare delivery on a local and national level.

Locally, the council put forward a proposal to commission funding for access to an online portfolio to assist with revalidation for each GPN and has successfully implemented student nurse mentorship in primary care. At a national level, it put forward representatives to directly contribute to the GPN Career Framework, the NHSE Nursing Strategy and the NHSE Primary Care and Community Nursing Group.

The council has essentially given GPNs a platform on which they have been able to share best practice, launch campaigns such as 'Hello my name is' and act as a pivotal channel of communication between the GPNs, the GPs and the CCG.

The effect of having a general practice nursing council has been to remove the label of 'isolation' from practice nursing, enabling GPNs to collectively drive forward the NHS Nursing Strategy in South Cheshire and Vale Royal.

Encouraging general practice nursing leadership in communities

GPNs have broad experience and engagement with patients with chronic and often complex multi-morbidities and support them, where possible, to self-manage their conditions in a community setting. As such they are a strong and respected asset to their local communities. By using their health expertise and education and leadership skills they are ideally placed to support and contribute to an integrated local asset based community development (ABCD⁶⁷) approach and have a positive influence on health inequalities.



Best practice case study

GPNs in Manchester have been working with the New NHS Alliance to develop their leadership capability and reduce health inequalities to make effective changes for their local communities and patients using asset based community development.

Section 4

Expanding the healthcare support workforce

Recommendation 14: Increase the number of HCAs in general practice to include widening participation schemes that encourage use of the HCA apprenticeship route and support the emerging role of the nursing associate.

Joint leads: Health Education England/training hubs

Supported by: NHS England, CCGs, HEIs, general practice/GP federations

Recommendation 15: All HCAs in general practice care settings must hold the Care Certificate.

Joint leads: Health Education England/training hubs

Supported by: NHS England, CCGs, HEIs, RCGP, general practice/GP federations

Recommendation 16: All education and training for HCAs in general practice must be aligned to the Royal College of General Practitioners (2015) Healthcare Assistants (General Practice) Competency Framework and the HEE District & General Practice Nursing Services Education & Career Framework (2015).

Joint leads: Health Education England/training hubs

Supported by: CCGs, NHS England, RCGP, general practice/GP federations, HEIs, training hubs

Understanding the healthcare support workforce

The healthcare support workforce was originally developed to support registered nurses in the delivery of care and in many clinical areas they are now established members of the multi-skilled nursing workforce across primary, community, secondary and tertiary care. Their job titles vary and range from nursing assistants/auxiliaries, HCAs and clinical apprentices. In general practice they are usually known as HCAs and comprise the major part of the broader category of the healthcare support workforce comprising levels 1-4 of the *HEE General Practice Nursing Education and Career Framework*⁶⁸.

Generally, HCAs undertake nursing tasks delegated to them and are supervised by registered professionals including GPs as well as nurses. They must demonstrate competence supported with the required level of knowledge before being delegated tasks and have a duty to inform the delegating professional if they do not have the competence to perform a task. Their competence level is *HEE District Nursing and General Practice Nursing Education and Career Framework*⁶⁹ levels 2-4 and their work should be guided by protocols that they must act within at all times.

*RCN principles of accountability and delegation*⁷⁰ and should be adhered to to ensure safe practice for HCA. At no point should HCAs be required to make autonomous clinical judgements and plan or alter care delivery based on those judgements.

In order to preserve the high-quality delivery of services in a GP setting with current and future workforce pressures, an increasing focus is being given to broadening the skill mix of clinical staff, and in particular to the growth of the healthcare support workforce to release GPNs' time and in some situations GP time.

The assistant practitioner's (AP) role on the *HEE District Nursing and General Practice Nursing*

Education and Career Framework is a level 4⁷¹ and involves a level of knowledge and skill beyond that of the traditional HCA role.

Unlike the HCA, the AP role may transcend professional boundaries; make judgements requiring a comparison of options, plan straightforward tasks and work according to standard operating procedures and protocols. The AP may also undertake the ongoing supervision of routine work of others in the nursing workforce.

APs are educated to level 5 and while the role has grown in recognition across England in a variety of multiprofessional settings i.e. nursing, clinical laboratories, smoking cessation, rehabilitation etc, there is still a lack of consensus of the clinical areas in which they are able to practise. This has led to huge variations in their role delivery.

Their introduction has often been prompted by funding availability rather than proactive workforce planning⁷². There are concerns around the lack of professional regulation and constraints brought about by their education level which limits the option to progress to pre-registration programmes.

In 2015, the *Shape of Caring Report*⁷³, commissioned by HEE to review nurse education and training, recommended that in order for graduate registered nurses to be able to fulfil their scope of practice a new role needed to be in place to support them. HEE has undertaken widespread consultation on the potential new role which further demonstrated a need for a nationally consistent role to breach the gap. This has become known as the nursing associate (NA) role which has a national standardised curriculum at level 5.

As this role develops there will be a need to ensure appropriate national quality assurance and governance measures are in place.

In 2016, test sites across England were identified by HEE to enrol the first two cohorts of a thousand learners to undertake a two-year work-based programme. A number of the test sites have identified trainees who will work in general practice.

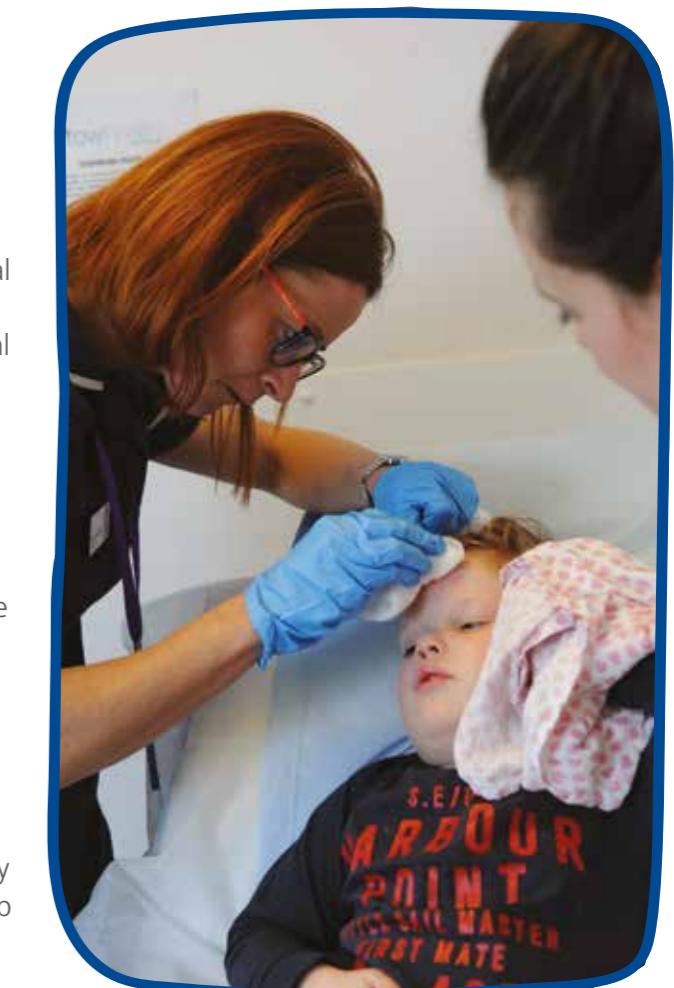
Key inclusions within the scope of practice that differ from that of APs are that the NA is educated and assessed in recognising those patients whose conditions are deteriorating or deviating from a prescribed plan of care. The role will have the underpinning knowledge to support the delivery of nursing care across lifespan and in different care settings. Additionally the NA will have more enhanced knowledge of public health promotion and self-care than other support worker roles and be able to work without direct supervision.

Raising the profile of the HCA in schools and colleges and the public domain

In order to encourage people to consider a career as a HCA in general practice, they first of all need to be understood the role and the career opportunities that are available. Many of the issues for this group are shared with those attempting to raise the profile of the general practice nursing workforce (See Entry section). There is a wealth of young talent in our schools and colleges and this population must be made better aware of the opportunities of healthcare careers through national and local campaigns, better careers advice and more opportunities for work experience in a general practice setting.

In order to attract healthcare assistants to general practice, measures need to be found to address the potential isolation that the general practice environment presents to staff. As experienced by many nurses moving into general practice, there are also challenges for nursing support workers who may have previously worked within larger teams in social care or hospitals. There can be wide variation in both the scope and nature of their duties which are largely dictated by the particular needs of an individual practice. This variation can be quite unnerving for potential recruits and could be greatly improved by greater standardisation of roles and job descriptions.

As part of the drive to improve patient care, nursing support workers should be seen as a critical, strategic resource. *The Cavendish Review*⁷⁴ suggests that many healthcare assistants feel undervalued and overlooked. In order to successfully recruit and then retain staff, there is a clear need to ensure a positive environment in which they can work. This would need to include not only clear employment terms and conditions, but also access to the right type of education and training to equip them for their role. As with GPNs, there is a strong need to attract more young people into nursing support work in general practice as their first career option and improve public understanding of these roles. Targeting patient groups could be one way of doing this as many support staff prefer to work close to where they live.



Anecdotal evidence suggests there is little public awareness of the difference between nursing support workers and registered nurses. Raising awareness of these roles will help educate the public and stimulate more interest in considering an attractive range of career options for young people and adults as healthcare professionals. In terms of expanding the capacity and capability of the general practice nursing workforce, if recruitment initiatives focus on GPNs only, many GPNs will not be working at an appropriate skill level. They will continue to deliver clinical activity that could be done more cost-effectively by other members of the team. This would release GPNs to support practices with more complicated work that in turn may help free up GPs for more complex clinical management and supervision. It would also help save valuable resources.

By publicising the healthcare assistant role/s, making access to training easier and promoting apprenticeships, there is potential to achieve the much-needed expansion in numbers to support rising patient demand.

Circumstantial evidence demonstrates a relative lack of awareness in general practice about the need to urgently review their current workforce configurations and engage in early succession planning.

The HEE District Nursing and General Practice Nursing Education and Career Framework⁷⁵ sets out a clear education and career pathway for healthcare assistants in general practice.

In 2014, HEE published *Widening Participation, it Matters! Our strategy and initial action plan*⁷⁶. Its aim was to improve access to education, employment and development opportunities for under-represented individuals (and groups) to help them realise their personal potential and, in doing so, reduce cultural, social and economic disadvantage.

Widening participation provides an approach to workforce management and development where the value and contribution of a diverse workforce is actively managed and respected. It promotes a culture of equality, inclusion and opportunity, a central tenet of the NHS Constitution⁷⁷. As HCAs are often working in the local communities in which they live, further widening of their participation in the delivery of health reaps other unintended benefits like social cohesion⁷⁸.

While there are no nationally-agreed educational entry requirements needed to become a HCA in general practice, employers generally expect good literacy and numeracy and may ask for GCSEs (or equivalent) in English and Maths. They may also ask for previous healthcare experience, a secondary school leaving qualification i.e. Business and Technology Education Council (BTEC) or a healthcare qualification like a National Vocational Qualification (NVQ)/Qualifications and Credit Framework (QCF).

Despite the availability of HCA clinical apprenticeships as a career entry point, general practice has been slow to utilise this option and apprenticeships are used to a much greater degree in their administration teams. This reluctance is perhaps due to their preference to advertise for experienced clinical staff and lack of confidence in how to support an apprentice in a clinical role.

Apprenticeships

Apprenticeships are work-based training programmes available to anyone over the age of 16. They enable learners to demonstrate their competence while gaining a recognised qualification, achieved through a mix of on-the-job training and study, while at the same time earning a wage. An apprenticeship standard, which is the term used for modern apprenticeship programmes, can be at any academic level ranging from level 2 (GCSE) to level 7 (Masters level).

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It's the best decision I've ever made. I enjoy learning by doing the job and the work is so varied. I started by developing my administrative skills as a receptionist but was given the opportunity to train as a phlebotomist and take blood. I enjoyed this so much I completed an Advanced Apprenticeship in Clinical Support whilst training as a healthcare assistant.

Receptionist transitioned into HCA role

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The apprenticeship has provided me with a great chance to get my foot in the door of a clinical setting, whilst allowing me to learn on the job with the support of an individual mentor.

HCA apprentice

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It is important to note that employment is a fundamental part of an apprenticeship and an apprentice must be employed in a job role with a productive purpose. In addition, the minimum duration for an apprenticeship is 12 months and the apprentice must spend at least 20% of their time in off-the-job training.

In spring 2017, the way the government funds apprenticeships in England is changing with the introduction of the apprenticeship levy. Some employers will be required to contribute to this levy and there will be changes to the funding for apprenticeship training for all employers.

Larger employers in any sector with a wage bill of over £3 million a year will need to pay the apprenticeship levy. For the purposes of the levy, an 'employer' is someone who is a secondary contributor, with liability to pay Class 1 Secondary National Insurance contributions (NICs) for their employees. The levy will be charged at a rate of 0.5% of the annual pay bill and is payable to HM Revenue and Customs (HMRC).

General practices will generally not be required to pay the levy under the above criteria. When the new funding system begins in May 2017, they may choose the training they would like their apprentices to receive. There are approved

training providers and assessment organisations who can help. Information is available through the Department of Education and Skills Funding Agency.

Employers will be asked for a contribution to the cost of this training and government will pay the remainder up to the maximum amount of government funding available for that apprenticeship. They will be asked to pay this directly to the training provider and be able to spread it over the lifetime of the apprenticeship. As both employers and the government fund the training, it will be called 'co-investment'.

Every individual apprenticeship standard will be allocated to a funding band. The upper limit of the funding band will cap the maximum price that government will 'co-invest'. It is expected that government will pay 90% towards the cost of training and assessment and employers will pay the remaining 10%. There are a number of apprenticeship standards that are appropriate for use in general practice. There is also a range of non-clinical standards suitable for clerical staff and practice managers, as well as clinical standards which include HCA level 2, 3, 4 and 5. In 2017 two new standards will be available for the nursing associate (NA) role at education level 5 and the graduate registered nurses at education level 6.

“At this stage in my life I feel it would have been difficult to go back to college. I feel blessed for this opportunity to earn and learn. Most doors to learn on the job as an apprentice are closed to someone my age. I am really enjoying learning and working with a mentor.”

HCA apprentice



Learning environment quality

The learning environment quality requirements previously mentioned in the 'Entry' section of this document apply in equal measure to both GPNs and HCAs.

However, while the NMC sets the education standard for nurses, in terms of support staff the standards are not so well-defined. *The HEE District Nurse and General Practice Nursing Education and Career Framework*⁸⁰ articulates the knowledge, skills and competence required at what is traditionally seen as the band 1-4 workforce in general practice. This framework needs to be used as a basis when considering the education and training requirements of the continuing professional development of the entire general practice nursing team with no exceptions.

When education and training requirements are considered for a member of the nursing support workforce it is important that learning needs are identified along with the member of staff at an annual appraisal or other suitable opportunity. These should respond to practice population health

needs. Such opportunities also need to be in line with the meeting of the *RCGP General Practice Foundation & RCN Healthcare Assistants (General Practice) Competency Framework*⁸¹.

While some education and training is available from external providers, the GPN and healthcare assistants should have a clear understanding on how to provide appropriate in-house training.

Importantly, the learner also needs to feel supported by the practice and have access to the right level of guidance and supervision.

The Care Certificate for HCAs was an outcome of the Cavendish Review⁸². It was introduced in 2015 and provides a clearly identifiable and standard set of competencies that is intended for use as part of a standardised induction programme for HCAs in their first twelve weeks of employment. It is also for current staff who have not undertaken that type of training.

The Care Certificate workbook and associated materials have been developed by HEE as a resource⁸³.

Opportunities for role development

The *HEE District Nurse and General Practice Nursing Education and Career Framework*⁸⁴ demonstrates the opportunities that are available to the whole of the general practice nursing team in terms of individual career progression. This also takes account of their contribution to service development and most importantly, the positive impact this can have on the delivery of patient health outcomes.

Whilst HCA in other sectors of the NHS are often given wider opportunity to progress their careers for example, through undertaking secondments for pre-registration studies, this option has been poorly developed in a general practice setting. This is usually because of resourcing issues and has limited the capacity of practices to offer this as a route to develop their workforce.

Growing your own staff, in this case the HCA/AP/NA progressing to become registered nurses, is seen as an effective workforce solution. However, the changes in the funding mechanisms brought about by the Spending Review and Autumn Statement 2015⁸⁵ and the subsequent policy *NHS Bursary Reform*⁸⁶ where from 1 August 2017 new nursing, midwifery and allied health students will no longer receive a bursary but instead have access to the same student loans system as other undergraduates, is likely to affect general practice.

This is because this group of staff may be unwilling and/or unable to take on undergraduate debt to further their career. Many healthcare assistants do not fit the undergraduate stereotype as mostly school-leavers. They have often come into health work as mature adults with family responsibilities and existing financial commitments.

As the NA role gains traction in general practice, it will allow those who wish to, with their employer's support, access pre-registration nursing courses. This in turn could serve to increase the general practice nursing workforce.

As primary care has shifted the focus of care provision beyond ill-health into prevention, self-care and the management of long-term conditions etc, more responsibility has been handed to GPNs by GPs⁸⁷. However, as patient expectation and clinical demand has grown and become more complex, a rethink of how best to maximise the capacity of the general practice nursing workforce is required. To ensure registered nurses are functioning at the top of their scope of practice, some clinical observations and routine treatment room tasks could be delegated to a greater extent to other staff in the nursing team.

HCA need to be suitably-equipped with the knowledge, skills and competency to complement those of the GPN and meet the needs of the practice population.

It is hoped that the NA role will become an established part of the rich skill mix in general practice offering valuable contributions to the delivery of local healthcare. It is believed that expansion of the health care and support workforce and more advanced support roles such as the NA offers a genuine opportunity to ease the recruitment problems in the general practice nursing workforce now and in the future. It will also bring a more varied skill mix to the general practice nursing team that is suited to meeting local health needs.

Best practice examples

In order to promote the expansion of the HCA workforce, HEE Yorkshire & Humber has over the past two years run a successful scheme enabling practices to increase their clinical healthcare support workforce through the use of apprenticeships. Previously there had not been a dedicated training package available that was tailored to primary care. The scheme has focused on a standardised regional programme to ensure all HCAs have the knowledge and skills required to undertake the role they are delegated. The apprenticeship training is designed as an educational development route to support HCAs and will be delivered in partnership with further education providers. To date they have supported 140 new apprentices and the ambition is to reach every practice within the region.

Healthcare Assistant Apprenticeships –

HEE Yorkshire & Humber has developed a standardised regional programme to ensure all HCAs have the knowledge and skills required to undertake the role they are delegated through an apprenticeship route delivered in partnership with further education providers. This programme is supplemented by primary care-specific modules delivered locally by regional training organisations. One hundred practices received financial support in 2015/16 with the intention to support a further 160 in 2016/17. The scheme is locally co-ordinated by the advanced training practice hubs to ensure consistent regional access.

The Healthcare Assistant, Band 1-4 Competency, Skills and Qualification Framework - Brighton and Hove Clinical Commissioning Group produced this framework so all HCAs have the right skills and competencies to match an educational pathway, ensuring the same high standards throughout primary care. This framework is transferable when working in other sectors however it may require alignment of skills for different specialisms.

Joint Strategy for HCAs in General Practice –

Battersea Healthcare CIC and Wandsworth CEPN worked with Wandsworth CCG to develop a strategy for the promotion and support of HCAs. This included the funding of HCA and GPN leads

to facilitate discussion forums and support people using the care certificate workbooks. The GPN lead also visits practices to sign them off. Both sit on the education committee of the CEPN to ensure funding is spent appropriately and to give a view on courses offered.

The HCA lead also provides a list of the tasks/roles HCAs can now undertake in order to educate practice nurses, practice managers and GPs. The CCG has built a database of practice staff that is broken down by job role in order to ensure they can speak to practice staff directly with any training issues. Inspiring Futures - HEE is working with Inspiring Futures to increase the number of Health Ambassadors. There are now 1,323 NHS volunteers signed up - a 141% increase on 2015, with an 86% increase in interactions between young people and volunteers⁸⁸.

ThinkFuture - NHS Employers have published three toolkits and a suite of other resources, including blogs and case studies to help HR teams, line managers and communications teams recruit more young people into the NHS⁸⁹.

Bridging Programme - The first graduates of the Skills for Health Bridging Programme have now started pre-registration nursing programmes. Ten universities now accept the Bridging Programme as part of their entry requirements and several others are in discussion about setting up progression agreements.

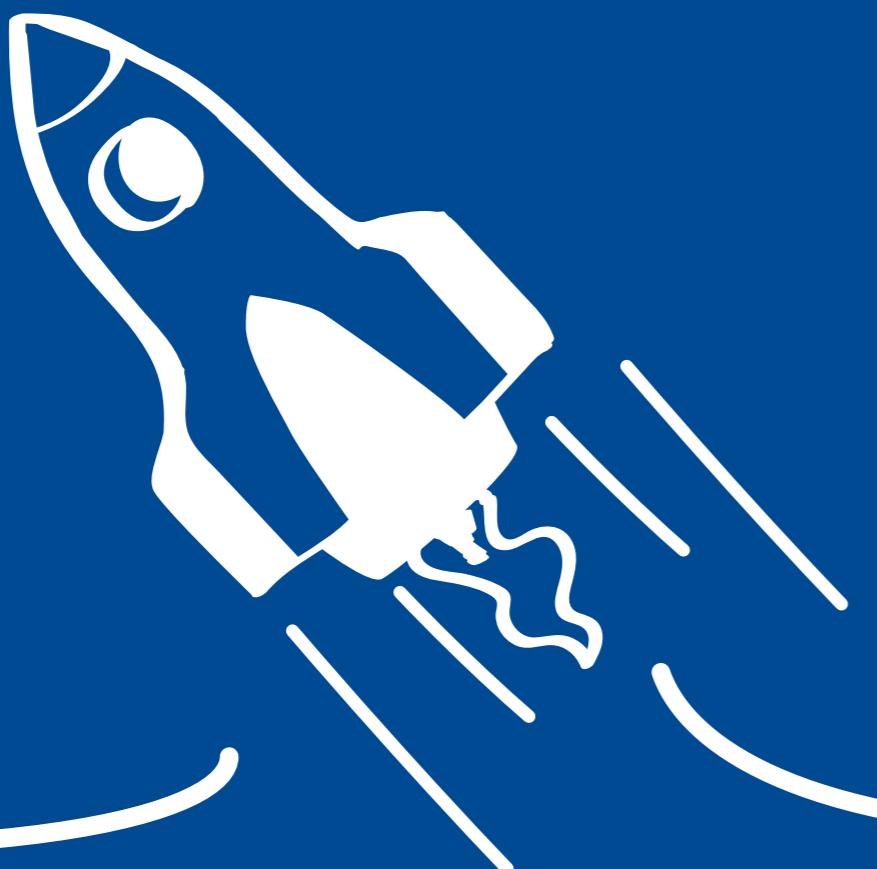
The aim of the Skills for Health Bridging Programme is to establish an entitlement for healthcare assistants to have their learning achievements recognised as valid for entry to pre-registration nursing and other higher education health-related vocational programmes in England. The Bridging Programme develops the study skills that motivated and capable healthcare and social care support workers need in order to prepare, progress and succeed in all health-related vocational programmes, including foundation degrees and diplomas. Combined with relevant vocational qualifications at level 3 (and any recognition of prior learning) and Maths/English qualifications, the Bridging Programme is for strategic use by healthcare employers interested in 'growing their own' professional staff.

Section 5

Recommendation 17: The development of a national sustainable and easily accessible 'how-to' toolkit and practical web based resource to support the implementation of general practice workforce initiatives as outlined in this document.

Joint Leads: National Association of Primary Care/Royal College of General Practitioners/NHS England

Supported by: Health Education England, training hubs, CCGs



In the initial scoping for this plan it became clear that its success would rely on positive delivery strategies. With this in mind, it was felt to be important to offer a support mechanism to facilitate its implementation.

HEE recommends the development of a 'how-to' toolkit - something GPs themselves have requested. This would need to be functional, practical, easy to navigate and offer resources and guidance relevant to all stakeholders and groups involved in the implementation and delivery of these recommendations. This will also support the roll-out and development of the HEE national training hub programme.

This exciting initiative should result in a 'one-stop' dynamic and sustainable IT platform resource.

Conclusion

This document sets out how the clear vision of a combination of investment and reform is needed in order to create a supply pipeline of general practice nursing workforce for the future (including GPNs HCAs, specialist nurses and ANPs). As well as this, it is important to find the means to retain and develop them to their full potential.

The *General Practice Forward View* describes how GPs must feel confident in the vision of how general practice needs re-shaping and how it will feel to be a GP in the future. A significant proportion of demand must be managed through helping patients to stay well, self-care and navigate to other team members or alternative services. It is clear that in order to realise this vision, investment is urgently needed to further develop and strengthen a general practice nursing workforce that is competent and confident to play its critical role in achieving the outcomes of the GPFV.

It also describes a future where primary care professionals will increasingly work at different organisational levels, from individual practices to practice groups working at scale and the developing integrated teams working across the local health economy. This will open up opportunities in pathway design, service leadership, education, training, research and the development of specialist skills.

This document has described the current context of nursing in general practice and set the direction for a future where general practice will not only be a career aspiration for many nurses when they qualify, but also improve the career appeal to a wider nurse audience who will then choose to consider working as a member of a highly-skilled general practice nursing team. They will offer leadership and a strong contribution to the capability and capacity of the emerging integrated models of care, while healthcare support teams will grow and demonstrate their value alongside the regulated workforce.

The general practice nursing workforce of the future will be able to work with their communities to develop and provide the services that their populations need. Rather than simply responding to a supply driven problem, robust health needs assessments should inform the care functions and identify the skill sets required to create a fit-for-purpose, responsive multi-professional team. GPNs and HCAs will be a confident, highly-skilled, flexible and adaptable workforce that can support people to stay well and out of hospital where appropriate or to support those with complex multi-morbidity to better manage their own conditions throughout the course of their lives. There has never been a greater need to recognise, rethink, and reform our general practice nursing workforce.

Recommendations with organisations

Recommendation 1: Raise the profile of general practice nursing careers.

Nationally co-ordinated campaign to increase the understanding of the value given to the general practice nursing role across all healthcare organisations, schools, colleges and the general public.

Joint Leads: NHS England/Health Education England

Supported by: Training hubs, NHS Careers, RCGP, RCN, QNI

Recommendation 2: Increase the number of pre-registration nurse clinical placements in general practice.

Joint Leads: Health Education England/training hubs

Supported by: HEIs, CCGs, general practice/GP federations, NHS England

Recommendation 3: Introduce quality assurance of the learning environment in general practice for pre-registration nurses.

The HEE Quality Framework and regulatory processes must be adopted across England.

Lead: Health Education England

Supported by: NMC, training hubs, CCGs, NHS England, general practice/GP federations, CQC

Recommendation 4: Increase the uptake of general practice nursing as first destination employment for newly-qualified nurses.

Review and develop recruitment schemes and support mechanisms to specifically attract newly-qualified nurses into general practice.

Lead: NHS England

Supported by: CCGs, Health Education England, training hubs, general practice/GP federations, HEIs

Recommendation 5: All new entrant nurses and support staff to general practice have access to an approved employer-led induction programme.

This must be tailored to meet local need, accompanied by a personalised continuing professional development (CPD) plan.

Joint Leads: NHS England/CCGs

Supported by: General Practice/GP federations, CQC

Recommendation 6: All new nurses to general practice must receive a standardised and accredited competency based preceptorship programme to equip them for their general practice nursing role.

Such preceptorship programmes should reflect the HEE Preceptorships Standards and the HEE Preceptorship Outcomes Framework and be mapped to the Royal College of General Practitioners General Practice Foundation, RCN (2012 updated 2015) General Practice Nurse Competencies and the NMC code.

Joint Leads: Health Education England/NMC

Supported by: CCGs, NHS England, HEIs, education providers, general practice/GP Federations, RCN/RCGP, training hubs, CQC

Recommendation 7: GPN educator roles should be developed to cover all CCG areas.

Their role should include promoting mentor training for all GPNs, including sign off mentor roles.

Joint higher education and primary care initiatives to further develop mentorship programmes and include registration on local mentor registers. This is critical in order to grow the capacity of nurse education in a general practice setting.

Joint Leads: Health Education England/NHS England

Supported by: Training Hubs, HEIs, CCGs, general practice/GP federations

Recommendation 8: All GPNs should have access to accredited training to equip them for each level of their role.

Training should be aligned with the RCGP General Practice Foundation, General Practice Nurse Competencies and the HEE District Nursing & General Practice Nursing Services Education & Career Framework (2015) and supported by the HEE National Education Commissioning Specification and the QNI/QNIS Voluntary Standards for General Practice Nurse Education and Practice.

GP leaders and commissioners should work with HEE to achieve a coalition of support for HEE taking on this role with appropriate resourcing.

Joint Leads: Health Education England/NHS England/CCGs

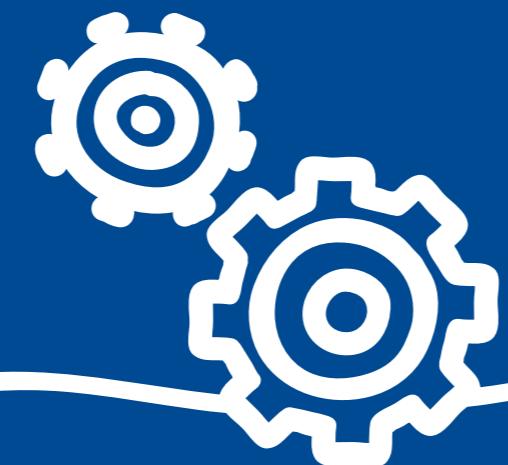
Supported by: RCGP, QNI, general practice/GP federations, HEIs, training hubs, CEPNs, CQC

Recommendation 9: All GPNs and HCAs should have access to quality assured CPD to support career development and inform revalidation if appropriate.

This should be based on practice population health needs and individual annual appraisal, including skills training to conduct other than face to face consultations using IT platforms.

Joint Leads: NHS England/CCGs

Supported by: RCGP, General Practice/GP federations, training hubs, Health Education England, HEIs



Recommendation 10: Improve general practice nursing retention by implementing measures to encourage nurses at all levels to remain within practice.

Joint Leads: NHS England/CCGs/general practice/GP federations

Supported by: Health Education England

Recommendation 11: Every nurse considering a return to general practice nursing should be offered a general practice specific 'return to practice' programme. There must be a nationwide, standardised general practice nursing 'return to practice' education programme which includes a general practice placement, mentorship and appropriate support to meet the NMC requirements for a 'return to practice'.

Lead: Health Education England

Supported by: NHS England, CCGs, HEIs

Recommendation 12: All CCG areas should have identifiable GPN leaders.

General practice nursing leadership should be supported by multi-professional leadership development programmes at local, regional and national level.

Joint Leads: NHS England/RCGP/CCGs/general practice

Supported by: Health Education England, HEIs, Leadership Academy

Recommendation 13: Actively promote the development of general practice nursing clinical academic careers.

Stimulate the development of clinical academic careers by promoting and enabling a culture in general practice nursing that embraces research and innovation to inform and champion changing health needs and deliver care excellence.

Joint Leads: Health Education England/NHS England/CCGs

Supported by: CCGs, NHS England, RCGP, general practice/GP federations, QNI, HEIs, training hubs, Academic Health Science Networks

Recommendation 14: Increase the number of HCAs in general practice to include widening participation schemes that encourage use of the HCA apprenticeship route and support the emerging role of the nursing associate.

Joint Leads: Health Education England/training hubs

Supported by: NHS England, CCGs, HEIs, RCGP, general practice/GP federations

Recommendation 15: All HCAs in general practice care settings must hold the Care Certificate.

Joint Leads: Health Education England/training hubs

Supported by: NHS England, CCGs, HEIs, general practice/GP federations

Recommendation 16: All education and training for HCAs in general practice must be aligned to the Royal College of General Practitioners (2015) Healthcare Assistants (General Practice) Competency Framework and the HEE District & General Practice Nursing Services Education & Career Framework (2015).

Joint Leads: Health Education England/training hubs

Supported by: CCGs, NHS England, RCGP, General Practice/GP federations, HEIs, training hubs

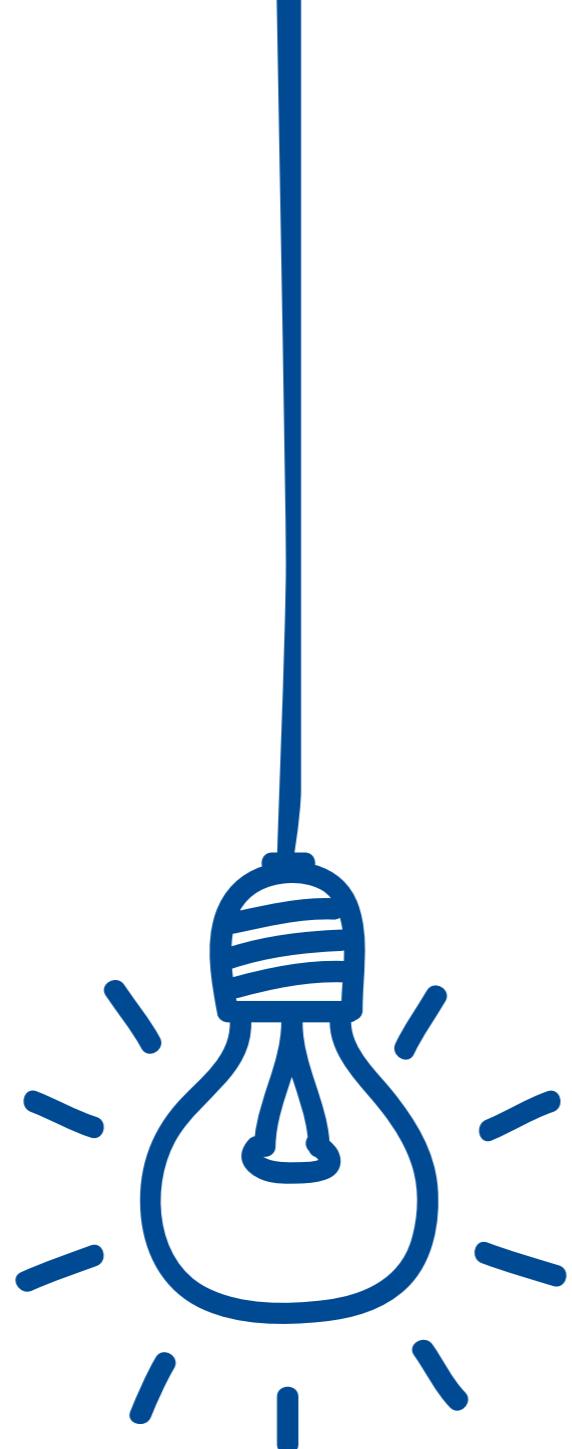
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Joint Leads: National Association of Primary Care/Royal College of General Practitioners/NHS England

Supported by: Health Education England, training hubs, CCGs

Abbreviations

ANP	Advanced Nurse Practitioner
AP	Assistant Practitioner
CCG	Clinical Commissioning Group
CPD	Continuing Professional Development
CHD	Coronary Heart Disease
CKD	Chronic Kidney Disease
CQC	Care Quality Commission
GP	General Practitioner
GPN	General Practice Nurse
HCA	Healthcare Assistant
HEE	Health Education England
HEI	Higher Education Institution
MCP	Multispecialty Community Provider
NA	Nursing Associate
NMC	Nursing and Midwifery Council
PCWC	Primary Care Workforce Commission
RCGP	Royal College of General Practitioners
RCN	Royal College of Nursing
RN	Registered Nurse
RtP	Return to practice
STP	Sustainability Transformation Plan
TNA	Training Needs Analysis



Glossary

Acute trusts	An NHS organisation that provides acute hospital-based services for usually short-term physical illness and conditions
Advance clinical practice	This is a specialist nursing role that requires a master's degree at entry level. They have acquired expert knowledge, complex decision-making skills and clinical competencies for expanded practice
Agenda for change	The current NHS grading and pay system in place for all NHS staff, with the exception of apprentices, doctors, dentists and some senior managers
Apprenticeship	A government funded work-based training programme for people aged 16 and over. They combine on-the-job training working alongside experienced colleagues to gain job-specific skills with nationally recognised qualifications while earning a wage
Best practice	A set of guidelines, ethics or ideas that have been shown by research and experience to produce optimal results and that is established or proposed as a standard suitable for widespread adoption
Care certificate	A set of standards that social care and health workers adhere to. They are the minimum standards that should be covered as part of training new care workers
Care navigator	Individuals who facilitate access to healthcare resources for patients and families
Career framework	This is a tool that provides a common language to support career development, enabling the identification of transferable roles, maximising workforce flexibility as well as defining the level of the post and the competences expected of the post holder
Clinical academic careers	A career for health professionals across clinical and public health professions to enable them to have a proper understanding of research and its role in improving health outcomes, including an ability to participate in and utilise the result of research
Clinical governance	A system in place holds NHS organisations accountable for continuously improving the quality of their services and safeguarding high standards of care
Clinical pharmacist	Work as part of the general practice team to resolve day-to-day medicine issues and consult with and treat patients directly
Clinical role	An individual with skills and knowledge to undertake clinical activities
Cognitive behavioural therapy	Talking therapies that can help manage problems by changing the way you think and behave. It's most commonly used to treat anxiety and depression
Community care	This describes the various services available to help people manage their physical and mental health issues in the community
Comorbidities	The existence of more than one disorder or disease at the same time
Consultation	A meeting with an expert, such as a medical doctor, in order to seek advice
Darzi fellow	Darzi Fellows come from multi-professional backgrounds and include doctors, nurses and midwives, allied health professionals, paramedics, dentists, healthcare scientists and pharmacists. The programme is full-time for one year and while in post Fellows are expected to undertake one main project in addition to completing their leadership development programme (PG Cert)

Federations A group of GP practices that decide to collaborate to provide improved access and quality

Five Year Forward View A wide-ranging strategy for the NHS in England that was published in October 2014, which sets out a positive vision for the future based around seven new models of care

GPN champion An individual who is working hard to promote and celebrate the role of the general practice nurse

Hypertension A medical term for high blood pressure

Immunisation The process by which an individual's immune system becomes resistant to an infectious disease

Induction A programme of learning designed to help a new member of the team develop the fundamental knowledge and oversight of their work requirements. This is usually planned in advance of new starters beginning in the workplace and will include some mandatory training elements

Ipsos Mori A leading market research company

Leadership The position, capacity or ability to lead, guide or direct, with significant responsibilities for patients as well as responsibilities for supervising or mentoring junior staff as they progress through their training

Mentorship The support and encouragement of an experienced person for development towards career goals and objectives

Minor illness nurse A nurse who is skilled and trained to work autonomously in the assessment, diagnosis and treatment of minor injuries

Non-medical prescribing Non-medical health professionals who have undertaken advanced training to enable them to prescribe a range of treatments available on prescription

Nursing auxiliaries A trained individual who assists the nurse with delivering care

Paediatrics A branch of medicine focusing on the prevention, diagnosis, treatment and management of all types of health problems that affect young patients ranging from infants and children to adolescents

Phlebotomy Surgical incision into a vein

Placement Work experience that can be both short-term and long-term to help gain an insight into a particular career

Portfolio career This is where you combine several interests and instead of working in a single full-time job, you undertake a number of paid activities with various employers which equates to a full-time position

Practice staff The team working in the practice including those undertaking non-clinical roles

Preceptorship A structured transitional period for a newly-qualified health professional

Retention A systematic effort to retain staff and maintain a working environment that supports current staff

Revalidation This is a method by which you are required to demonstrate on a regular basis (every three years) that you are up-to-date and fit-to-practise

Scope of practice This is a term for describing the processes, actions and procedures that you are competent and trained to undertake

Shape of Caring A programme of work to change and develop nurse training and career progression to better meet the future needs of patients and service users

Specialist nurse A nurse who is dedicated to a particular area of nursing i.e. long-term conditions, diabetes

Succession planning A process that ensures employees are recruited and developed to fill each role within an organisation

Tariff A placement payment to organisations providing practice placements for nursing and other pre-registration students commissioned by the NHS

Tertiary care Healthcare that is usually provided on referral from primary or secondary care professionals in a specialised setting

Training hub/CEPN/ATP Training hubs, Advanced Training Practices (ATP) and Community Education Provider Networks (CEPN) can be used interchangeably to refer to 'training hubs'. Training hubs are networks of education and service providers (NHS and non-NHS) based in the community. They are tasked with increasing the capacity for future workforce training in the community and the development of the current and future workforce around the needs of a geographically defined population. They support the recruitment, retention and return of all staff groups

Unregistered A nurse who does not have the remit to work autonomously and works under the supervision of a registered nurse



Acknowledgements

Task and Finish Group

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Stakeholder Engagement Event Attending Organisations

Barnsley ATPs
Bay Medical Group
British Medical Association
Brownlow Group Practice
Care Quality Commission
Chiltern CCG
Council of Deans
Ealing CCG
East & North Herts CCG
East Staffs CCG Wetmore Road Surgery
Grosvenor Medical Centre
Health Education England and local offices
HEE East Midlands and NHS Rushcliffe CCG
Ipsos Mori
Londonwide LMCs
National Association of Primary Care
NHS Alliance Network
North Durham CCG
Nursing and Midwifery Council
Sheffield Hallam University
South Eastern Hampshire CCGs
South Kent Coast CCG
South Sefton CCG and Southport & Formby CCG
University of Sheffield
University of the West of England
West Hampshire CCG
West Leicestershire CCG

Submitted Written Evidence

Ashford and Canterbury Coastal CCG
Brighton and Hove CCG
Bucks New University
Central Manchester University Hospitals NHS Foundation Trust
De Montfort University (DMU)
East and North Herts CCG
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Flitwick Surgery
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Leicester City CCG
West Leicestershire CCG
East Leicestershire and Rutland CCG
Liverpool CCG
Macmillan Cancer Support
Manchester Metropolitan University
Merton CCG
NHS Hastings & Rother and NHS Eastbourne, Hailsham & Seaford CCGs
NHS Sunderland CCG
NHS Wakefield CCG
NHS Windsor Ascot and Maidenhead CCG
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North West Surrey CCG
Northumbria University
Shropshire CCG & Telford & Wrekin CCG
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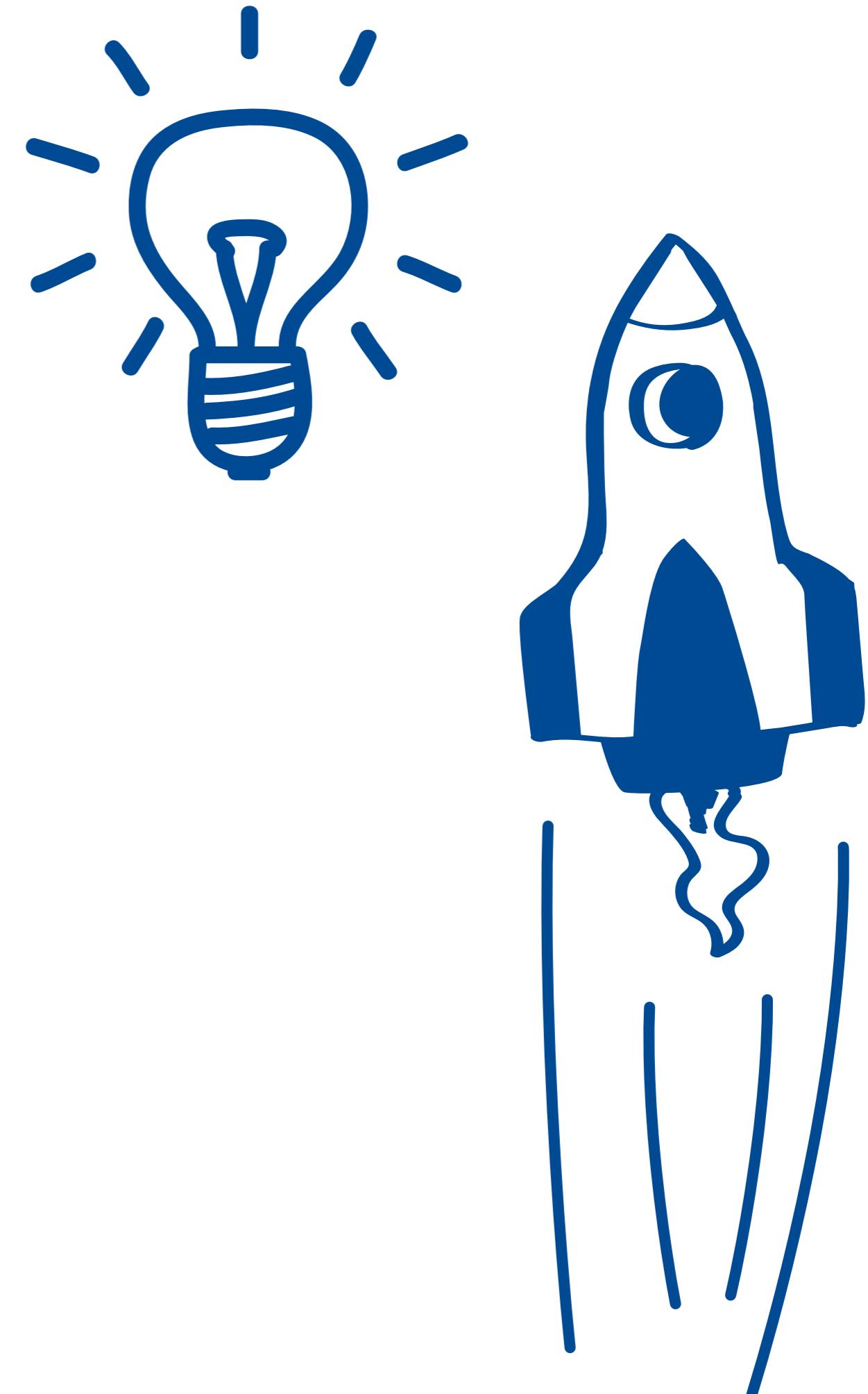
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