



NAPC | National Association  
of Primary Care



# Elevating, Enhancing, Empowering

## Delivering the General Practice Nursing 10 Point Plan



# Foreword

Reading through this comprehensive report it is gratifying to see how much national, regional and local effort has gone into recognising and articulating the vital role general practice nurses play and the enormous value they bring to their patients, their practices and their communities.

We want to thank everyone involved in organising the vast array of programmes and projects showcased here. For the most part, they have achieved – and often exceeded – the targets set out in the Ten Point Plan.

What everyone in this country has in common is the right to be registered with a general practice, which sits at the heart of the community, both functionally and spiritually, and is the gateway to a larger system that is the envy of the world.

Because people choose where to register, those practices have a mandate to work for and on behalf of their patients. And general practice nurses are the professionals mostly closely entrusted with that mandate, from cradle to grave and at all important milestones in between.

They play key roles in healthy living and illness prevention, early detection of cancer, and management of a range of common and complex long term conditions. They are at the forefront of tackling health inequalities, and they consistently bring the patient voice to clinical decision-making.

They are great connectors, natural innovators, and enthusiastic proponents of new ideas, including the use of creative digital strategies to improve health and wellbeing. And their light has shone particularly brightly in recent months when they have been in the vanguard of tackling the greatest health challenge this country has faced in 100 years.

Still there is a sense in this report that nurses continue to feel somewhat undervalued. So, what we want to say to them is this: you *have* been seen and you *are* highly valued, and now you need to believe in yourselves and move forward as important members of the practice team.

We are walking into the future with a new system and a new landscape focused on locally based delivery within integrated networks. And we need *your*

leadership to make it work.

The creation and evolution of Primary Care Networks and Integrated Care Systems presents general practice nurses with unparalleled opportunities to build on their role in a flatter, less hierarchical environment where doctors, nurses and allied health professionals should be able to work together as equals.

Although the Ten Point Plan has come to an end, its mission to attract, retain, develop, and empower general practice nurses will continue.

Through this continued work, we hope and expect that general practice nurses will have thrown off any remaining vestiges of self-doubt and stepped up to their rightful place as movers, shakers and leaders within primary care.

**Ruth May**  
*Chief Nursing Officer*  
NHS England and Improvement

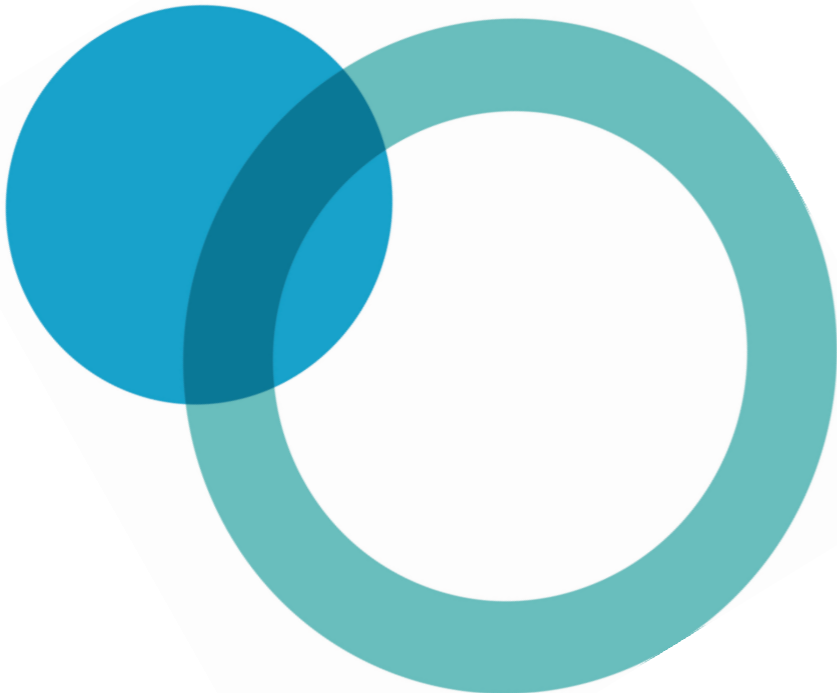


**Dr Nikki Kanani**  
*Medical Director of Primary Care*  
NHS England and Improvement



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# Executive summary

General practice nurses have traditionally occupied an overlooked corner of the nursing world: denied access to many of the supportive structures, educational opportunities and career development pathways that were available to their more fortunate colleagues in hospitals and the community.

It was very rare for nurses to choose general practice as a first career destination, perceiving the specialty as a backwater for older practitioners looking for an easy, undemanding life *en route* to retirement.

That reality and those perceptions were at odds with a national drive to shift care provision from hospitals to the community, with nurses required to play an increasingly important role in managing the often-complex long term conditions associated with ageing.

Happily, things are changing for the better. These days general practice is proving increasingly attractive to younger nurses and those returning after a career break. Training and development programmes have been improved and standardised. Career pathways have been scoped and clarified. Leadership courses have mushroomed.

GPNs are being recognised for their unique contribution to improving population health. Equally importantly, they themselves are coming to recognise the leadership roles they already play in their practices and wider networks, and to find their distinctive voice.

Much of the impetus for these welcome developments has come from a comprehensive action plan for general practice nursing published by NHS England in 2017. *General Practice – Developing Confidence, Capability and Capacity* funnelled £15 million worth of funding into a wide range of national and local initiatives designed to attract more nurses into primary care and encourage them to stay.

This report charts and celebrates the many achievements of the Ten Point Plan, which came to an end in March 2021. However, the work triggered by the Plan is far from finished, and this report also draws attention to a number of outstanding challenges and opportunities which need to be met and grasped if primary care is to compete with other sectors as a destination of choice, able to recruit, motivate and retain the cream of the nursing crop.

These include:

- developing a more equitable and consistent approach to pay, terms and conditions;
- supporting and encouraging the career development of nurses and healthcare support workers;
- providing more leadership opportunities for GPNs and empowering them to aspire to leadership roles.

Rather than follow the format of the original Ten Point Plan, which set out deliverables under 10 specific actions, this report takes a more high-level approach, which encompasses all the points of the

plan under three key themes – the **three E’s** – each of which builds on the foundations of the one before.

**Section 1: *Elevating the profile and appeal of general practice nursing*** (page 8) focuses on initiatives designed to aid recruitment, including promotion of general practice to nursing students, campaigns to attract nurses following a career break, and incentives for practices to offer pre-registration placements.

**Section 2: *Enhancing the role and career prospects of general practice nurses*** (page 18) homes in on a range of post-registration education, support and professional development schemes, designed to increase job satisfaction, improve career prospects and encourage nurses to remain in general practice.

**Section 3: *Empowering general practice nurses to be catalysts for change in primary care*** (page 31) focuses on programmes and projects geared to releasing and harnessing GPNs’ innate leadership abilities and equipping them with the skills and confidence to be leaders and influencers in their practices as well as aspiring to recognised senior roles, such as Clinical Directors and Nurse Leads for PCNs.

In each section we showcase regional projects alongside national initiatives and include case studies illustrating how individual nurses have benefitted from the work of the Ten Point Plan.

# Introduction – why a Ten Point Action Plan?

*General Practice – Developing Confidence, Capability and Capacity*, published by NHS England in July 2017, was a comprehensive action plan designed to enhance the status, education opportunities and career prospects of general practice nurses (GPNs) in order to attract more nurses into primary care and encourage them to stay.

The plan assembled and further developed under a single umbrella a number of piecemeal initiatives that had been in progress since 2015. Its underlying aim was to build and retain a workforce that could meet an ever-growing demand for primary care fuelled by the ageing population, a corresponding increase in long term conditions, the drive to shift care provision from hospitals into the community, and rising public expectations.

A King's Fund report published in May 2016 found that primary care staffing levels were failing to keep pace with demand<sup>1</sup>. Its analysis of 30 million patient contacts from 177 practices found that consultations grew by more than 15 per cent between 2010/11 and 2014/15, while over the same period the GP workforce grew by less than five per cent and the practice nurse workforce by just 2.85 per cent.

This shortfall in practice nurse capacity was exacerbated by the skewed age profile of the workforce. A 2015 report from the Queen's Nursing Institute

(QNI), including the results of a survey of 3,405 nurses (about 15 per cent of the entire UK GPN workforce) found that just over a third were due to retire by 2020, suggesting a haemorrhage of more than 8,000 nurses<sup>2</sup>.

*The General Practice Forward View*, published in April 2016, pledged to expand the non-medical workforce, including GPNs, by at least 5,000. The resultant investment of an extra £15 million nationally in general practice nurse development, including support for return-to-work schemes, increases in student nurse placements and other measures to improve retention, provided the funding for the Ten Point Plan. funding for the Ten Point Plan.

*The General Practice Nursing Workforce Development Plan*, published by Health Education England (HEE) in March 2017, envisaged a future in which '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'<sup>3</sup>.

In his preface to the report Dr Peter Lane, Chair of the expert group that produced the plan, said: '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'.

It was an ambitious goal – particularly in the light of findings from research carried out by Ipsos Mori on the drivers and barriers to general practice nursing, published a few months earlier<sup>4</sup>.

This showed, among other things, that:

- General practice nursing was perceived as being for more mature and experienced nurses and a 'risky' choice for the newly qualified, who might become 'deskilled' in primary care;
- It was difficult to get a job in general practice without experience while at the same time opportunities to gain the necessary experience, including student placements, were thin on the ground;
- The lack of standardisation in pay and conditions and access to training and development left some nurses feeling undervalued, isolated and forgotten.

The core aims of the Ten Point Plan were to make primary care 'the place to be' for ambitious nurses by:

- raising the profile of general practice nursing as a first destination career;
- improving access to training;
- increasing the number of pre-registration nurse placements, and enhancing retention;
- supporting return-to-work schemes for practice nurses and

developing career pathways for GPNs and Heath Care Support Workers (HCSWs).

'Every member of the nursing team, from the health care support worker to the nursing associate, practice nurse, specialist nurse and advanced clinical practitioner, has a vital role in delivering care', said the then Chief Nursing Officer for England, Professor Jane Cummings, in a foreword to the document setting out the plan. 'They also have a responsibility to lead change and add value so that improved outcomes, a better patient experience and more effective and efficient use of resources can be achieved.'

The Primary Care Networks (PCNs) established under the NHS Long Term Plan, published in January 2019, offer real opportunities for GPNs to take on wider leadership roles in the drive for improved population health, integration and

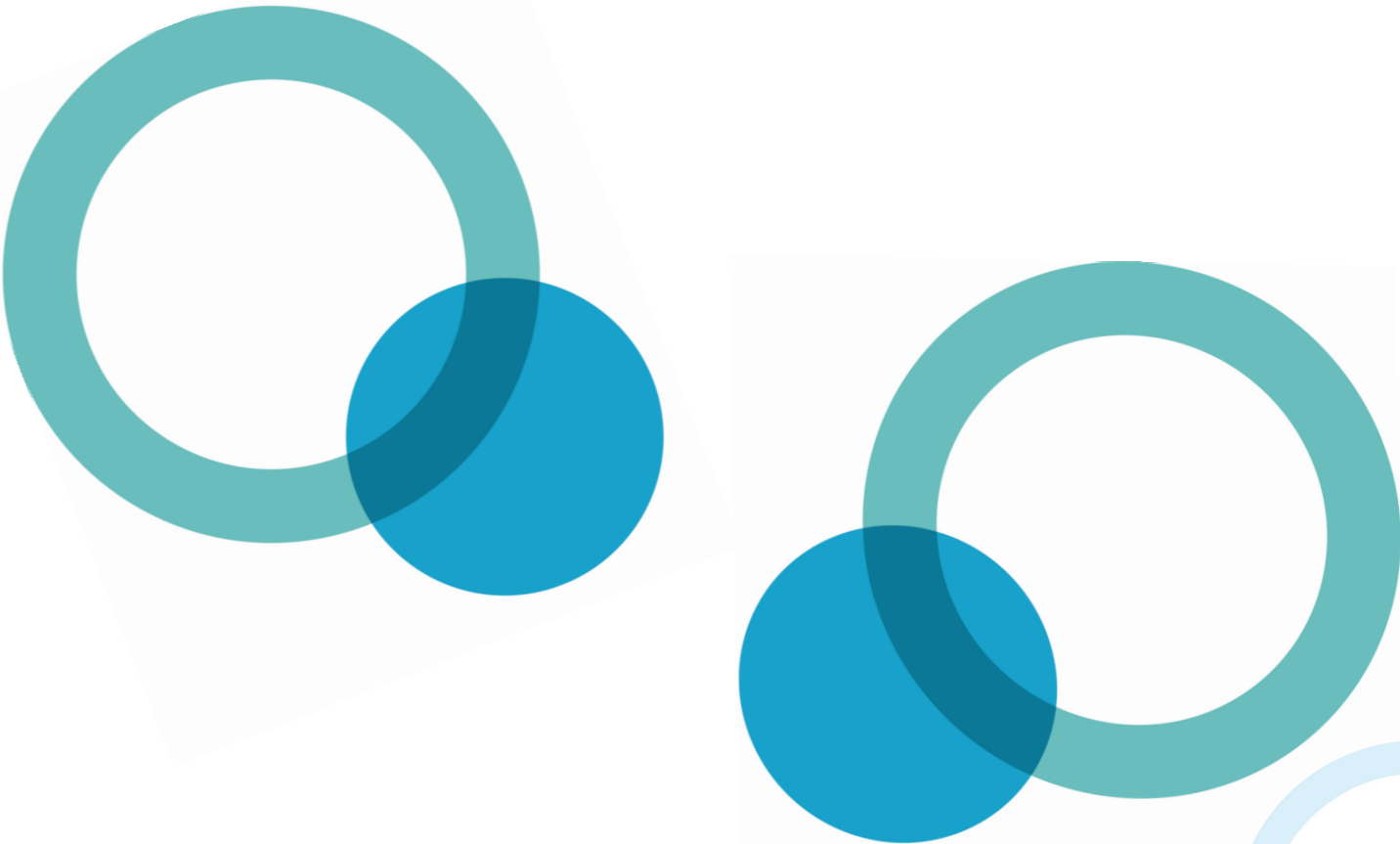
primary care transformation<sup>5</sup>. And the Ten Point Plan is designed to equip potential leaders with the education, the skills and – crucially – the self-belief to rise to this challenge.

The 10 points of the plan, set to be delivered over four years to March, 2021, are as follows:

1. Celebrate and raise the profile of general practice nursing and promote general practice as a first destination career;
2. Extend Leadership and Educator roles;
3. Increase the number of pre-registration placements in general practice;
4. Establish inductions and preceptorships;
5. Improve access to 'return to practice' programmes;

6. Embed and deliver a radical upgrade in prevention;
7. Support access to educational programmes to deliver national priorities as set out in the Five Year Forward View;
8. Increase access to clinical academic careers and advanced clinical practice programmes, including nurses working in advanced practice roles in general practice
9. Develop healthcare support worker (HCSW) apprenticeship and nursing associate career pathways
10. Improve retention.

This report assesses progress in implementing the Plan to date, celebrates the many national and regional achievements and outlines the remaining challenges and opportunities.



# 1. Elevating the profile and appeal of general practice nursing

## Overview

Making general practice nursing more visible, articulating the value of the role to practices, patients and communities, promoting it to prospective nurses, and giving them the opportunity to gain insights through placements are crucial to the fundamental goal of growing and developing the workforce.

This section describes the achievements of a range of national initiatives commissioned as part of the Ten Point Plan to further these aims. It also looks at how they have been supported and enhanced by regional projects.

Impressive progress has been made in the areas of promotion, recruitment, pre-registration placements and return to practice, with most targets reached and even exceeded.

But further investment will be vital to ensuring the sustainability of these initiatives and continued progress towards their larger goals.

While total numbers of GPNs have increased and many areas have succeeded in attracting younger nurses into general practice, the overall workforce still has an excess of older nurses, which threatens to exacerbate the problem of job shortages when the baby boomers retire.

The work described in this section relates to Actions 1, 3 and 5 of the Ten Point Plan.

## Headline impacts

From September 2015 to December 2020 (latest figures)

- Overall numbers of GPNs **up by 5%** to 23,934, exceeding original target to recruit an additional 1,000
- Overall number of full time (FTE) GPNs **up by 10%** to 16,732
- Percentage of nurses under 35 **up by 66%** to 12% of the total
- Numbers of pre-registration placements **up by 813%**
- GPN return to practice courses taken up by **169 nurses**, exceeding original target **by 69%**

## National initiatives

### Defining the value of the GPN role

‘Nursing in general practice has been described as “the best kept secret”. Although the role is hugely significant and important it is not well seen and understood by patients, people in other branches of nursing and even the GPNs themselves.’

That’s the view of Jim Clifford OBE, Chief Executive of the consultancy Sonnet Advisory & Impact, which was commissioned to describe the role of the general practice nurse and what makes it special, and explain the unique value GPNs bring to practices, patients, communities and the NHS.

The project has two phases: phase one, now complete, involved working with nurses and other professionals in three NHS regions to build and test a hypothesis around GPNs’ role and value. Phase two, which began in January 2021, involves further testing in other regions, culminating in a final report.

The interim report on phase one describes four distinct arenas to which GPNs bring value:

**In the practice** – which needs to provide quality care, develop services to meet future needs of local patients and the wider NHS, and be financially and operationally viable;

**Amongst patients** – who need to receive timely and effective care and be supported and enabled to make informed decisions;

## Regional roundup

### GPN career framework attracts newly qualified nurses (South East)

In Hampshire and Isle of Wight, a new career initiative, introduced by Pippa Stuppel, Programme Director for General Practice Nursing with Wessex Health Education England (HEE), gives nurses entering general practice access to educational top-up programmes. These enable them to develop specialist skills in particular areas – such as long term conditions, minor illness, or minor injuries - and progress to degree or masters levels. The initiative was part of a wider

plan to change the local age profile in favour of younger nurses by attracting newly registered nurses into general practice. Along with an increase in student placements, the programme is credited with attracting some 20 new starters into general practice.

Debra Elliott, Assistant Director of Nursing and Workforce in the South East, is now trying to spread the learning from the project across the region. She is also introducing a standardised course to equip senior nurses to provide mentorship and supervision for younger entrants.

**In the wider community** – which needs to enjoy better wellbeing contributing to illness prevention and be signposted to all forms of health and social care;

**Within the wider NHS and social care systems** – which need to develop, be accessible and be used efficiently in delivering high quality health and social care, supported by excellent primary care, and developing self-care capabilities.

Each of these four arenas of value derive positive outcomes from the work and activities of GPNs – the so-called ‘value drivers’. Eight specific drivers are identified in the report:

- Leadership**, including developing new services and approaches, teaming up for area-wide effect, solely managing particular areas of patient care, and thinking independently and creatively;
- Networked approach**. GPNs are ‘super-connectors’, networking both within the practice and with professionals and organisations in the wider community;

- Developing and enabling self-care** through holistic approaches to prevention and condition management;

- Developing communities of support** for various conditions, such as clinics for specific groups of patients and support groups for carers;

- Skilled delivery of care**. GPNs bring a set of skills and experience enabling them to benefit patients and practices through treatment, advice and condition management, and many build on existing specialisms and knowledge in response to needs;

- Specialist areas of responsive care**, including chronic disease support and reviews, vaccination programmes, family planning, cervical screening, and comprehensive wellness checks;

- Strategic and system approaches for prevention**, with GPNs regularly taking the lead in designing and implementing approaches to care that focus on prevention and condition management;

- Improving diversity of access and management** – making sure that the practice reaches the whole community and is visible and accessible to all.

The report identifies risks, barriers and enablers to the recognition and development of the GPN role – aspects which will be further developed in the final report.

Key risks include variations in terms and conditions, training and development, and career opportunities. The main barriers are general perceptions of nurses as less valuable than other professionals, exacerbated by outdated media portrayals and a tendency among nurses themselves to downplay their abilities and achievements.

Enablers include recognising and filling skill gaps, such as the facilitation skills needed to run the increasingly popular group consultations, and consultation skills needed to work more holistically with patients.

The interim report concludes: ‘In light of both the evolving shape of the NHS and the demographic and economic challenges faced by us as a society, the role of GPNs demands to be better understood – by nurses, by other healthcare professionals, by the general public (patients) and by decision makers in Government.

‘Without a full acknowledgement of how important GPNs are, and the extent of their potential value to the wider system, we risk both de-valuing the profession and actively reducing the extent to which GPNs can bring about positive value to society.’

► [www.sonnetimpact.co.uk](http://www.sonnetimpact.co.uk)

### Student network combats GPN myths

The GPN Student Nurse Network was commissioned by NHS England (NHSE) in 2018 to celebrate and raise the profile of general practice nursing, promote student placements, and promote the specialty as a preferred career choice to students and the wider nursing community.

It is led by Sarah O'Donnell, a nurse who landed a 12-week GPN pre-registration placement by accident and

'absolutely loved it'.

After qualifying six years ago, she moved straight into general practice in Bradford and now works part time as Chair of the Network.

'There is a lot of misinformation out there', she says. 'Most students don't

know about general practice nursing, and those who do have the wrong idea – that it is not for newly qualified nurses, that you become deskilled and that you need to go into an acute trust first.'

The Network set out to combat this misinformation by appointing ambassadors with experience of general practice nursing from all over England to make presentations

to university nursing students. There are currently 18 active ambassadors, although Covid-19 inevitably slowed down their activities and the presentations have switched to virtual delivery.

The big change since 2018 is that the Network has been rebranded as the 'GPN Student and Nurse Network' because its audience has been extended to include newly registered nurses.

The Network is extremely active on social media – a process that has been accelerated by the pandemic. It has a Twitter following of 3,600-plus and a closed Facebook page offering peer-to-peer support for students, newly registered nurses and nurses wanting to transfer into general practice. An email response service answers questions and signposts inquirers to other areas of support and information such as the GPN Single Point.

These activities have clearly had a positive impact. Survey data collated by the Network from its Facebook group shows that nine out of 10 responders felt their contact with ambassadors had helped them think about practice nursing as a career, and all would now consider going into practice nursing.

'We are becoming a one-stop shop for students and nurses wanting to go into general practice', says Sarah. 'But there is still so much more to do. Many students still have no clue about GPN as a profession and we need to keep

reaching out to combat misinformation.

'Newly registered nurses – the people coming out of our Network now – will be much better positioned to become the mentors of the future for new students. We are going to be churning out the next generation of GPNs with all the motivation and support they need, and that will open more doors to students coming on placements and keep the profile very visible going forward.'

► [smarthealthsolutions.co.uk/gpn-snn](https://smarthealthsolutions.co.uk/gpn-snn)

See also Case Study on page 13.

### One-stop shop for job searches

'We are General Practice Nursing' is a dedicated NHS website promoting general practice nursing as a first line career. It is also a one-stop shop for anyone searching for jobs, ranging from healthcare support worker to advanced clinical practitioner. All they need to do is enter their postcode and job type, and up pop a wide range of local vacancies, with details of how to apply.

► [gpnursing.jobs.nhs.uk](https://gpnursing.jobs.nhs.uk)

The site positions general practice nursing as 'at the forefront of leading change in primary care' and 'the place to be for any ambitious nurse'. It sets out the range of clinical specialisms and development opportunities on offer to GPNs, provides advice on how to move or transfer into general practice nursing and gives details of how to return to practice after taking a break.

*The General Practice Nurse Education Network (GPNEN)*, hosted by the Queen's Nursing Institute, offers complementary information on how to become a GPN. It sets out various pathways, ranging from direct application to

individual practices to structured work-based education and training, and provides links to websites offering detailed information on the GPN role.

### Return to practice campaign busts target

A campaign by NHSE and Health Education England (HEE) to encourage nurses who have taken a career break to return to practice in primary care has been a huge success, easily exceeding the initial target of 100 returners. A total of 169 nurses went through bespoke GPN return to practice courses at English universities between 2018 and 2020, and all but three went on to take up jobs as GPNs.

A linked campaign called 'We are returning nurses', which included a partnership with the popular parents' website Mumsnet, led to an estimated £500,000 saving in NHS recruitment costs and scooped four awards at the 2019 Data and Marketing Association Awards.

The 'We are returning nurses' campaign featured real stories of current returners, told through relatable and inspiring films. The Mumsnet arm of the campaign saw over 26,000 visits to campaign information with a further 13,000 visiting the Health Careers website – more than 300% higher than for the same period in the previous year. Of 886 people who signed up to the campaign, 133 told HEE that they had applied for a return to practice programme.

Return to practice was the sole focus of Action 5 of the Ten Point Plan, prompted by historic factors that made it extremely difficult for nurses from other disciplines to make the transition to general practice nursing. These included a lack of specific training linked to clinical placements, reluctance of GPs to take on nurses with no relevant experience, and an acute

## Regional roundup

### Recruitment drive is a huge success (South West)

The South West has achieved a 'brilliant' increase in GPN recruitment – an 8.5 per cent increase in head count and a 15 per cent increase in full time equivalents – since 2015, using a multipronged project approach.

- Direct promotion to general practices of the benefits of offering student nurse placements has enabled the creation of 85 new placements since 2015. This drive was particularly successful in Somerset, Bath and North East Somerset, and Swindon and Wiltshire Clinical Commissioning Groups (CCGs), where specific roles were created for increasing placements.
- In Bristol, North Somerset and South Gloucestershire CCG, practice nurse ambassadors attended student career fairs to promote primary care as a first career destination at the local university.
- In Cornwall, an innovative plan to promote practice nursing to holidaymakers via posters in motorway service toilet areas had to be shelved because of the pandemic but will be rolled out once restrictions are eased. Prospective applicants will be funded to stay overnight in the county so that they can have informal discussions with local practices. A separate scheme matching nurses wanting to move to Cornwall with prospective GP employers has matched one nurse to date.

“After a couple of days, I realised general practice was quite exciting”

*Sam Cunliffe, former placement student*

shortage of clinical development opportunities, mentoring and supervision for incoming nurses.

In the first year of the return to practice (RTP) project, commissioned by NHSE, a team led by National Senior Delivery Manager Jane Smith held a series of exploratory workshops with GPs, GPNs, wider practice teams and universities. These all pointed to the need for a bespoke RTP course for would-be GPNs.

The Nursing and Midwifery Council (NMC) then agreed that Higher Education Institutions (HEIs) could provide additional teaching around GPN to the existing RTP course that is compulsory for all nurses seeking to re-register after a break. Twelve of 34 universities providing RTP courses came up with bespoke additions for GPNs, including aspects of the job that GPs and GPNs had identified as critical.

The next step was to make sure that graduates from the courses would be able to access placements with supervision and mentorship, which involved the project team travelling the country to meet with general practice teams, Clinical Commissioning Groups (CCGs) training hubs. GPs were paid £500 per placement to take on nurses for around 150 hours of clinical practice as part of their university courses, while the nurses themselves received a £500 stipend to help with costs.

It wasn't all plain sailing. Initially the team found that most practices offered nothing in terms of professional development support for GPNs and the culture was resistant to change, while potential returners perceived general practice as less attractive than acute care, with poorer terms and conditions and limited opportunities for progression.

'But once I talked to the GPs about the benefits of having returners on placements they totally got it', says Jane, 'and I could count on one hand the practices who didn't want to be involved – mostly smaller practices where it was more difficult to support a returner with just one GPN in post. And while it wasn't initially easy to recruit returners, once we got them on the courses and into practices there was no turning back and they didn't want to leave.'

'Five years ago, GPNs were a forgotten breed. What has changed is that GPNs now have access to a proper career framework, with the opportunity to train for specialist and senior roles, influence practice policy and even manage practices as partners.'

Sadly, the last year of the project was hugely impacted by the Covid-

*Continued on page 14 ►*

Regional roundup

GPN speciality training pilots boost recruitment (Midlands)

GPN speciality training (GPN-ST) is a new approach that has been tested in three ICS areas in the East Midlands, with significant impacts on recruitment. Primary care employers need nurses who can hit the ground running and deliver specialist services from day one. And the scheme, co-funded by HEE, NHSE and the local ICS, was designed to address the 'Catch 22' situation whereby nurses often can't get a job without relevant experience but can't gain that experience without a job.

Thirty training positions were advertised via a central portal and fully funded for the 6-9-month training period. Those appointed – a mix of newly registered and return-to-practice nurses - were assigned for supervision and support to host practices with a track

record of delivering high quality training. They were then supported to find their first substantive jobs in primary care locally.

An independent evaluation of the scheme, carried out by the University of Nottingham in June 2020, found that it clearly met the aim of supplying trained, work-ready GPNs into the local primary care workforce. Ten places were on offer at each site and at least nine new nurses subsequently entered the workforce in each area.

The evaluation concluded: 'GPN-ST trainees have been recruited from a wide range of backgrounds, with broad ranging work histories and varying levels of experience. This evidence is proof of the concept that nurses from any previous background can transfer into the GPN role.' There was also evidence from each site that general practice

is a suitable setting for newly registered nurses.

The GPN-ST scheme has been linked with significant increases in practice nurse head count across the Midlands since 2015 – an overall increase of 6.67%, including much larger increases of 18.42% and 9.77% respectively in Northants and Lincs, where pilot sites were based. The scheme has since been rolled out – using different funding models but the same principles - to three systems in the West Midlands: The Black Country, Herefordshire and Worcestershire, and Birmingham and Solihull.

The Midlands has also seen a huge (38%) increase in the number of advanced nurse practitioners and a shift in the age profile of practice nurses, with an increase in nurses under 40 and a decrease in some of the older age groups.

CASE STUDY – student ambassador

'I love everything about general practice'

Claire Carmichael was one of the first student ambassadors appointed by the GPN Student Nurse Network (see *Student network combats GPN myths*, page 10). She had been asked to give a talk at a GPN conference in 2018 after posting some effusive blogs about her experience of a student placement in general practice, and it all flowed from there.

After a series of virtual meetings with other ambassadors to agree roles and responsibilities and put together promotional materials, Claire started giving talks at Birmingham City University, where she was a second-year student, and later at Birmingham University. She also developed an active presence on social media, creating enthusiastic posts about general practice nursing on Twitter, Instagram, and Facebook.

'I have had really positive reactions', she says. 'Initially people were amazed, even shocked, when I told them how great it was to work in general practice. That was partly because they didn't know much about it because it is not spoken about much in the student curriculum.'

'But it was also because of all the myths about general practice – that you become deskilled, that you can't go in as a newly qualified nurse, that practice nurses just sit around all day like desk workers, that it's a place where older nurses go to retire.'

'I was able to change those perceptions and I know that some people applied for jobs in general practice as a result, so that was a real achievement.'

Claire herself went straight into general practice after qualifying and now works in a practice in Portsmouth, within walking distance of her home, where she enjoys the support of a nurse mentor and is enrolled on the two-year GPN Fellowship programme (see *Fellowship programme for newly registered nurses entering general practice*, page 10).

'I love everything about general practice', she enthuses. 'I love the autonomy and the ability to follow up with my patients, which you

never get to do on a ward. I love the varied nature of the work – how one minute you can be doing a smear test, then dress a wound, then immunise a baby, then send someone to hospital because they are having a heart attack. General practice is definitely where I intend to stay.'

Alongside her practice duties, Claire remains an ambassador for the Network and is now its Vice Chair. One further benefit that has come from her educational work with students is that she is now set on pursuing a clinical academic career alongside her practice work.



► Continued from page 12

19 pandemic, with placements unavailable or interrupted.

The aim was for the project to become 'business as usual' after the initial two years. And now anyone interested in returning to GPN can visit the **NHS careers website** and click on links to access available courses in six of the seven English regions. HEE continues to meet course and placement fees, pay a £500 stipend to students, and arrange support from a mentor and practice facilitator.

'We will not see the high numbers we had during the project', says Jane, 'but I am hoping the situation will improve in 2021/22. The HEIs are still recruiting to RTPGPN, but without a bespoke approach it will be difficult to nurture new GP

practices to come on board.'

**Pre-registration placements up by 800 per cent**

It is well known that student placements give pre-registration nurses valuable experience of particular branches of nursing, making them more likely to perceive them as viable and attractive career options.

But, unlike with medical students, there is no established culture of student nurses spending time on placements in general practice, so they remain unaware of what general practice has to offer<sup>6</sup>. A survey published by the Queen's Nursing Institute in 2015 found that only 27 per cent of GPs offered placements to nursing students, compared with more

than 60 per cent offering placements to medical students<sup>2</sup>.

There is evidence of positive impacts on students who do manage to access placements. An online survey published in 2019 found that, of 90 respondents, 92 per cent viewed practice nursing positively, while 77 per cent felt the placement had transformed their views about general practice. The opportunity to participate in the management of chronic diseases was identified by 84 per cent as a key new skill they had acquired<sup>7</sup>.

In support of Action 3 of the Ten Point Plan, NHSE commissioned HEE to work via the training hubs to increase the number of pre-registration nursing placements in

“ General practice nursing is not well seen and understood by patients, people in other branches of nursing and even the GPNs themselves ”

Jim Clifford OBE, Chief Executive, Sonnet Advisory & Impact

general practice and provide the necessary support to employers.

The target for the training hubs was to increase the number of placements by at least 15 per cent above a 2015 baseline figure in 2017/18, rising to at least 20 per cent in 2018/19.

For England as a whole, the targets were well exceeded: the baseline headcount figure of 664 had risen to 2,758 by the end of 2017/18 and to 6,063 by the end of 2018/19 – a staggering rise of more than 800 per cent.

'The success of this project was all down to relationships', says National Project Lead Amanda Jenkinson. 'It was about HEE training hub leads speaking to GPs about why they should take on placements to bolster the GPN workforce. It was about increasing awareness and sharing good practice where it had worked in other areas.

'We know that if a nurse doesn't have long enough in a placement it is highly unlikely that they will

come into primary care because of the fear factor associated with working alone. Taster sessions are just not enough, and the more exposure students get, particularly in their third year of training, the more likely they are to go into general practice and stay there.

'This has been a very successful project, which has now been embedded with the training hubs as 'business as usual'. It won't just benefit new trainees but also the practices they go on to work in, and the workforce issue.'

Within the impressive total for England there was variation between regions; and some funding was made available for a third year to test different methods of piloting to accelerate progress in areas where placement numbers were lowest.

'Unfortunately, Covid hit and we haven't seen the benefit of that yet', said Amanda Jenkinson. 'We will have to pick it back up again when circumstances allow.'

See also Case Study on page 17.

**Regional roundup**

**Grow your own workforce (London)**

Even before the pandemic there was a push for NHS employers to use 'grow your own workforce' strategies to recruit and progress local people into healthcare organisations to reduce staff turnover and better reflect the diversity of local communities.

Now the many thousands of lockdown job losses offer unparalleled recruitment opportunities for the NHS, which is the largest employer in the UK and one of the few major employers looking to grow its workforce.

Leading the charge is North West London Integrated Care System (ICS), and specifically its Primary Care Workforce Board, its PCNs and the Central London Community Healthcare NHS Trust in collaboration with Kings College, London.

Its project 'Building capacity

and capability in primary care through a Grow Your Own (GYO) workforce strategy' addresses four key issues:

- how people, particularly those at the start of their healthcare career, can be signposted and supported into primary care as healthcare support workers;
- how new recruits into surgeries can be developed using relevant apprenticeship standards;
- how apprenticeship pathways can be mobilised to allow for progression, including into nursing associate roles and pre-registration degrees;
- how volunteers and employees in an area's Covid vaccination workforce can be supported into primary care careers if appropriate.

'We are potentially losing about 50,000 jobs in North West London,

which includes Heathrow, tourism and hospitality', explains Richard Griffin, Professor of Practice in Public Policy at King's Business School. 'What we are doing is working with local councils to redeploy unemployed people as well as others looking for health service work.

'For the unemployed we are working with job centres so they can signpost people to primary healthcare careers. They will carry out a screening process, and GPs will receive details of a handful of people who meet the criteria for healthcare support work.'

Ultimately the learning from the project – and specifically how well it works for general practice – will be shared nationally for broader implementation. This will include guidance on how practices can recruit local people into entry-level roles and make best use of apprenticeships, with a view to progressing staff into nursing associate roles and healthcare degrees.

**Regional roundup**

**'Inspire' project aims to boost student placements (East)**

Inspire is a bespoke pilot digital programme designed to address the historic difficulties of creating and sustaining student placements within primary care. It meets all the requirements of a nursing programme but is all delivered digitally, with students seeing patients (under supervision) and learning the specific skills of diagnosis and treatment online.

The pilot, based at Anglia Ruskin University, has a cohort of six students working together as a group, and the programme is expected to roll out to the other ICSs in the region, with all higher education institutes signed up to the model. Post-pandemic, the placements are expected to use blended learning, with a mix of online and in-person training. (See *Pre-registration placements up by 800 per cent*, opposite.)

**Lobbying to practices creates interest in nurse associate posts (East)**

Persuading GP practices to accommodate trainee nurse associates (TNAs) has been challenging in the past, but the inclusion of that role in the list of posts eligible for reimbursement under the Additional Roles Reimbursement Scheme (ARRS) has created a more favourable climate.

Collaborative approaches to GPs, practice managers and other staff, and patients have started to bear fruit. While in 2019 only seven TNAs embarked on a course in the whole region, 2020 saw 14 expressions of interest from a single ICS. In Norfolk and Waveney, five TNAs were due to start in February 2021.

Outstanding challenges and opportunities

- Maintain and build on efforts to **attract younger nurses into general practice** through promotion to students, HEIs and employers, together with widespread provision of student placements, post-registration Fellowships and related opportunities.
- **Reflect and demonstrate the value of general practice nursing** by strengthening leadership capacity, and providing more leadership opportunities and seats at decision-making tables.
- **Develop a more consistent approach to pay, terms and conditions** and highlight inequitable, inconsistent, and unreasonable policies and practices.

Regional roundup

Staff stories make impact at Board meetings (South East)

Staff stories illustrating aspects of progress are a regular feature at the South East Region's Ten Point Plan Board meetings.

Membership of the Board includes HEE GPN leads as well as some Ten Point Plan project managers. And at each meeting one of the leads presents a local nurse's story.

A recent meeting heard about Ellie, who had always dreamed of a nursing career but assumed her poor A-level results would rule out university. Her dream began to be realised with the help of a 'Get into NHS' Pre-employment Programme (PEP), co-produced with the local primary care workforce development lead.

After completing the four-week programme, which included work-related placements, Ellie was offered an 18-month apprenticeship in health and social care at a local GP surgery with a view to becoming a healthcare assistant. She did so well that she was runner up in the local HEE apprentice of the year competition.

On completion of her apprenticeship, Ellie took up a funded place for a part time nursing degree with the Open University, which allowed her to continue working as a healthcare assistant. She sat her final exams in September 2020.

'The staff stories illuminate threads of our work and how it feels to be a nurse', explained Debra Elliott, Assistant Director of Nursing and Workforce . 'Hearing these stories has helped Board members understand the impact of the Ten Point Plan programme.'

CASE STUDY – pre-registration placement

'My placement opened a door I didn't realise was there'

In his third year as a student at Sheffield Hallam University Sam Cunliffe wasn't even sure he wanted to be a nurse at all, let alone a general practice nurse. The only placements he had experienced were in secondary care, where he found the culture rigid and uninspiring.

What changed his mind was a sign-off placement in a local practice, which opened his eyes to the potential for a career in primary care.

'As a student you hear stories about general practice being boring, but after a couple of days I realised it was quite exciting', says Sam. 'Even as a student I was given quite a lot of independence and autonomy to try different ways of working and be creative.

'For example, I was tasked with finding creative ways to educate patients in the practice about diet and exercise. I did some research that showed it was helpful to make the experience tactile. So I ended up creating a display in the waiting area where people could see and pick up a range of household foodstuffs and compare them to weighted-out bags of sugar, showing them just how many grams of carbohydrate are in common foods.'

Sam also found working in a small supportive team more enjoyable than working with different people on every shift on the wards.

A final four-week placement convinced Sam that general practice was the place for him. He has now been established at Sheffield's Page Hall Medical Centre since October 2018 and is developing fast - on the point of achieving his non-medical prescribing masters qualification and with ambitions to reach advanced practice level.

'General practice nursing was something I had never seriously thought about because I was always told you couldn't do it from day one', he says. 'My placement opened a door I didn't even realise was there. Now I am keen to make others aware that general practice is a viable career

choice for newly qualified nurse - and convince practices to accept them.'

See *Pre-registration placements up by 800 per cent*, page 14.



## 2. Enhancing the role and career prospects of general practice nurses

### Overview

Five years ago, training and development for post-registration GPNs was a haphazard business, with no clear definition of educator roles, wide variation in the content and quality of educational courses, no standard induction process, and no clear pathway for career progression.

However, a range of national projects funded as part of the Ten Point Plan have gone a long way towards rectifying these deficiencies.

GPN educators have now been categorised into six core roles, while two new sets of educational standards have been introduced. Newly registered nurses entering general practice can now benefit from a standard two-year Fellowship programme, while those entering general practice at other stages are offered a six-month induction. And a new career framework, due to be launched in 2021, guides nurses through six distinct levels, from support worker to consultant.

All these improvements should encourage nurses not just to enter general practice in the first place but to stay there for the long term.

The work described in this section relates to Actions 2, 4, 7, 8, 9 and 10 of the Ten Point Plan.

### Headline impacts

*From September 2015 to December 2020 (latest figures)*

↑ Total number of GPNs in all enhanced roles **up by 44%** to 7,138

↑ Advanced nurse practitioners **up by 51%** to 5,074

↑ Extended role practice nurses **up by 80%** to 972

### National initiatives

#### GPN Educator roles defined

General Practice Nurse Educators (GPNEs) play a vital role in supporting the continuous professional development of practice nurses so that they can maintain excellent standards of care and ensure patient safety.

The problem is that the GPNE role has evolved in a haphazard fashion, with no clearly defined remit, no standardised way of working and open to a multitude of different interpretations by primary care and higher education institutions (HEIs).

Independent consultants Gill Rogers and Sue Crossman set out to clarify the role of the GPNE, how it functions, where it works well, what support it needs and what tangible benefits it brings to GPNs, GP practices and patients.

They interviewed 30 educators across England, in hugely diverse employment and geographic settings and with many different job titles, with a view to pulling together the common elements of the roles and splitting them into distinct categories.

Issues raised by interviewees shared common themes: 'Many voiced the opinion that GPNE roles had evolved in a vacuum, because there was no guidance about where they fit into the new primary care organisational structures', states their report, published in December 2020<sup>8</sup>. 'This resulted in different interpretations of the GPNE role, who should employ them and how they connect.'

The main output of the report is a framework of 'GPNE roles by organisation' – a total of six discrete roles, complete with key functions and responsibilities. These were then tested in focus groups in the form of a series of case studies illustrating what the roles might look like in practice.

The six key roles identified in the framework, which was endorsed by the focus groups, are:

**Academic GPN Educator**, based in HEIs, with formal teaching qualifications, ideally the Specialist Practitioner Qualification in General Practice Nursing;

**Locality GPN Educator**, based in training hubs, acting as a conduit between practices, PCNs and HEIs, commissioning the training GPNs need and providing them with information and support;

**Practice GPN Educator**, based in individual practices, acting as supervisor/assessor, and offering pastoral support and career guidance;

**Multi-professional Educator/Education Lead**, based in PCNs/ICSSs, charged with identifying workforce development priorities based on local population needs and the changing shape of primary care roles;

**Regional Primary Care Workforce Development/GPN Lead**, based at HEE, charged with providing guidance on educational standards, professional, quality, and strategic issues;

**Primary Care Nursing Lead**, based at NHS England and NHS Improvement (NHSE&I), with responsibility for regional and national strategic leadership.

The report identifies a number of challenges and barriers which need to be resolved if GPN education is to be equitably, consistently and sustainably accessed across England. These include:

- variations in HEI course content and quality;
- unsupportive general practice environments, with inadequate numbers of educators to support GPNs;
- resistance from established

GPNs to taking students, and problems caused by nurses working in isolation and accepting that as the norm;

- top-down priorities from ICSSs and NHSE&I, which don't always reflect local needs;
- no national GPN education support infrastructure to mirror that available to GP trainees, and inadequate funding of placements.

'GPNs at all levels are often poorly connected to the education pathway that provides the knowledge and skills they need', says Sue Crossman. 'The role of the GPN Educator is crucial in linking them to local professional resources and programmes of education.'

#### New standards for new GPNs

Two new education standards for nurses new to general practice, geared to ironing out inconsistencies in the content and quality of relevant education programmes, have been developed in response to the Ten Point Plan.

The Queen's Nursing Institute's *Standard of Education and Practice for Nurses New to General Practice Nursing*, published in 2020, provides an overview of the key practice and education requirements of the GPN role and offers guidance to universities to help them develop future education programme focused on agreed best practice<sup>9</sup>.

Concurrently CapitalNurse, a programme of collective action set up in 2015 to secure a sustainable nursing workforce for London, has developed a new minimum standard geared to raising the quality and consistency of training in London, which could provide a blueprint for GPN education commissioning beyond the capital.

The QNI voluntary standards were

developed following consultation with HEIs, training hubs, GPNs, students and an expert patient. They set out expectations under four key domains: clinical care; leadership and management; facilitation of learning; evidence, research and development.

QNI anticipates that: 'HEIs will adopt these voluntary standards as a best practice guide in developing future "Introduction to GPN" programmes', as the current educational content of GPN programmes and training vary in length and content across England'.

Commissioners and employers are also urged to recognise the importance of a well-considered minimal period of induction, supervision, and preceptorship for new GPNs.

The new standard developed by CapitalNurse in London, with input from expert national stakeholder organisations, is called the GPN Qualification in Specialism Standard (GPN QISS)<sup>10</sup>. Its purpose is to reduce variation in the content and quality of education courses that prepare nurses to work in general practice, providing a kitemark to identify courses that meet the standard.

An initial prototype, developed after detailed analysis of existing national frameworks and standards, identified eight standards for development:

- a curriculum overarching standard, with specified aim and outcomes;
- common core curriculum elements;
- specified essential skills and competencies, clinical domains, HEE framework level;

“

If pre-retirement conversations are held with sensitivity and tact, it can lead to extended years of service for nurses

Kathy Gillman, HR Consultant, Capital Nurse

- blend of academic and practical components;
- assessment processes and academic credits;
- quality monitoring procedures;
- networking and support resources for continuing professional development and career progression;
- specific responsibilities for education providers, learners, employers, and supervisors/assessors.

Following further consultation with a range of national stakeholders, the QISS was approved for testing in practice. At the time of writing it was being piloted in London with three universities, one independent education provider and one training hub. If the pilots prove successful and an external evaluation positive, the next step will be to work with system partners to make sure the standards are implemented across London.

‘The potential impact of implementing the QISS is significant and could provide a blueprint for GPN education commissioning outside Greater London’, say independent consultants Gill Rogers and Sue Crossman in a report published in 2020<sup>11</sup>.

‘As responsibility for education commissioning transfers to regional training hubs with closer connectivity to practice placements and work-based learning, the QISS provides a clear standard to support conversations with HEIs about what should be included in GPN programmes.’

**Education Network gives easy access to resources**  
The General Practice Nurse Education Network (GPNEN) online resource, launched by the

Queen’s Nursing Institute in 2019 is an easily accessible online repository of career, educational and clinical resources for GPNs.

As well as setting out pathways for nurses looking for a career in general practice, it provides information about the various GPN programmes offered by UK higher education institutions, with direct links to the relevant sites.

The GPNEN also provides summary information on a wide range of clinical conditions nurses might encounter in general practice, ranging from acne vulgaris to Zika virus, with links to all the relevant guidelines. There is a section on resources and publications and a blog area where GPNs can share their experiences and good practice.

The Network was developed by QNI Project Manager Angie Hack, an educationist who previously worked as Senior Lecturer and Course Director in GPN and community nursing at London’s Southbank University.

‘The vision was for the network to be easily accessible’, she explains, ‘with no more than three clicks to get to the information you need. Take clinical guidelines, for example: there is so much guidance out there and so many portals but there wasn’t a central point for guidelines for GPNs. Now if they want to check on the most recent guidelines for type 2 diabetes, for example, they can visit the website, click on “clinical resources”, then go to “D” for diabetes and there is the link. It’s all about making life easier for GPNs who need to be able to access information quickly.’

‘The Network is still a work in progress, but I measure success by the numbers who have accessed the site – about 3,000 since July

2019 – and the invariably positive feedback from users, including nurses who have come back to thank us after securing a job in general practice.’

► [gpnen.org.uk](http://gpnen.org.uk)

#### Association of Academic GPN Educators aims for a universal approach

The GPN Education Network also hosts the Association of Academic General Practice Nurse Educators (AAGPNE) – a membership-based group of academics who lead GPN programmes in UK higher education institutions.

The Queen’s Nursing Institute was commissioned by NHSE&I to develop the Association as a voice for those leading programmes in UK universities so they could exert a collective influence on GPN education policy. The inaugural meeting took place in June 2018 at London’s South Bank University, hosted by Angie Hack, who is now the Association’s Chair.

AAGPNE currently has 74 members from all parts of the UK, who meet quarterly to share best practice and relevant literature. Engagement has been enhanced rather than diminished by the need to move to a virtual forum because of Covid-19 restrictions.

‘GPN education varies across England, with courses ranging from four weeks to a year and resulting in differing qualifications’, says Angie. ‘At the moment every university does a different thing and awards different qualifications. Also, there is a trend for nurse leads in practice to set up their own GPN programmes if they think the university courses are not meeting local requirements.’

‘Our Association aims to achieve a universal quality-assured and

robust education for GPNs. You will never get every university to agree on content, but it is about mapping that content against NMC standards, QNI standards and other regulatory standards to achieve some guarantee of quality assurance.’

#### Induction template helps GPs support newcomers

Effective inductions, covering the first six months of a new GPN’s time in practice, are important not just for helping nurses develop essential skills and competencies but also for creating the kind of supportive working environments that will encourage them to remain in general practice.

NHS England commissioned the Queen’s Nursing Institute to develop a new **Induction Template** for GPNs, launched in 2019. The template was designed to help employers make sure newly registered nurses are well supported when taking their first career steps in primary care. It is also expected to be useful for nurses moving into primary care from other sectors, established GPNs seeking to update their knowledge, and nursing associates, healthcare assistants and students preparing for primary care placements.

The objectives of the template, developed by Queen’s Nurse and experienced nursing mentor and educator Sharon Aldridge-Bent, are:

- to enable GPNs to understand the requirements of their new role in a structured format and work safely and effectively within the new work environment;
- to provide advice on the education and training requirements of the role beyond initial registration;

## Regional roundup

### Fundamentals-plus programme for mid-career GPNs (Midlands)

A new continuing professional development programme for GPNs, called Fundamentals Plus, has been designed by Birmingham City University (BCU) in collaboration with the Black Country and West Birmingham ICS.

The six-day programme is aimed at mid-career nurses and those in the second year of Fellowship programmes (see *Fellowship programme for newly registered nurses entering general practice*, page 22), preparing them to develop their careers and enhance their leadership and research skills.

By the end of the programme, participants are expected to feel empowered and equipped to take proactive leadership roles in their practice and wider primary care network. Career opportunities could include advanced clinical practitioner, strategic/management role in primary care, clinical academic career, or practice partner.

‘The aim is to get nurses thinking about their long-term career plans, identify opportunities and support them in achieving the necessary skills and knowledge’, explains Sue Shortland, Associate Professor at BCU.

The course, which will run twice a year, was scheduled to start in September 2020 but, like so many other projects, was delayed on account of the pandemic. It is due to resume online in May 2021. A new Postgraduate Certificate in General Practice Nursing is also in development, due to start in September 2021.

- to provide guidance to employers on the relevance and value of well-considered orientation and induction.

The template includes a comprehensive checklist covering the knowledge and skills that need to be addressed during the induction period. These include, among other things, education and training needs assessment; protected learning time; reflective practice; leadership development; primary and community care structures; the role of national organisations; and training programmes.

The template has been widely promoted and well received and is now used routinely in general practice.

**Fellowship programme for newly registered nurses entering general practice**

While nurses moving into primary care at any stage can expect to benefit from a six-month induction period, those choosing general practice as their first career destination can now access a longer and more comprehensive General Practice Fellowship Programme, which incorporates induction.

Fellowships were made available to all newly registered GPNs as part of the *NHS Long Term Plan* published in January 2019<sup>5</sup>. It is a two-year programme of support designed to enable nurses to take up substantive roles in general practice, understand the context they are working in and become embedded in their primary care networks.

The programme also offers a solution to the historic difficulties of persuading GPs to offer preceptorships to newly qualified nurses, because this period of transition to build confidence and promote autonomy is built in as standard. While preceptorship schemes are strongly recommended by the Nursing and Midwifery Council for all nurse graduates, and are widespread in secondary care and community nursing, they have been relatively rare in general practice, with no standardisation for those that do exist.

National funding for the Fellowship programme is channelled through ICSSs, which are urged to encourage all eligible clinicians to sign up. Additionally, the programme is promoted to nursing

“  
The course gave me confidence and a voice and made me feel worthy

*Jonathan Donohue, graduate from support workers' course*

”

students to encourage them to opt for general practice rather than secondary care as their first-choice career.

The Fellowship framework is organised into three ‘themes’:

**Support and networking**, including induction, supervision, coaching (provided as six one-hour sessions with a qualified coach), and peer support, which can include social media groups, online forums, and action learning sets;

**Learning and development**, including practice management skills, leadership, quality improvement, mentoring, supervision and coaching skills, and remote working;

*Continued on page 24 ►*

**CASE STUDY – Fellowship student**

*‘Even as a new nurse my voice is heard’*

Sharone Drayton’s career progress as a general practice nurse has been unusual to say the least. She started as a conference sales manager before realising her true vocation when in hospital after having her baby. After qualifying, she went into community nursing in the mistaken belief that general practice nursing wasn’t available as a first career destination.

When she realised her error and was taken on by General Practice Solihull, she started her Fellowship course just a few weeks before the start of the pandemic in 2020, when all the learning, support and networking shifted to online.

In the first year of her Fellowship, Sharone was supposed to learn various skills under supervision, including immunisation, venepuncture and working with long term conditions. But her practice decided to shield her from contact with patients because her ethnic minority status put her at increased risk of infection with Covid-19.

Having benefitted from vaccination last December, Sharone is now back in the surgery and working through her first-year practical portfolio alongside her second-year leadership development and

project work. She has taken a course on mentoring, which will come in handy when the practice starts taking students again. And her project is focused on the very topical issue of how to transfer face-to-face consultation skills to the telephone.

‘Overall, the course has made me feel valued’, says Sharone. ‘Even though I am new, people are listening to my ideas and my voice is being heard. Having a mentor to talk to and work alongside has been fantastic, and having the peer support from other students, with the ability to ask questions and share ideas, has been really helpful.

‘I am very happy and well

supported in my role and I intend to be here for a while’, she says. ‘There is so much more to learn. I have a young child and want to get more confident and find my feet as a practice nurse. Long term, I definitely want to be a lead nurse in a practice. After that, we’ll see!’

*See Fellowship programme for newly registered nurses entering general practice, opposite.*



**Regional roundup**

**Tea with FLORENCE (North East)**

Hartlepool and Stockton GP Federation of 32 practices, covering a population of 300,000, created a formalised support network to building confidence and increase professional satisfaction with the role of primary care nurse. ‘Florence’ is an acronym, which stands for Furthering Learning Opportunities Recruitment Education Nursing Clinical Excellence.

provision of buddies for nurses working in out-of-hours services, mentors to support new staff and help retain existing staff and a Nurse Adviser to help nurses and healthcare assistants develop their skills and confidence in general practice.

Nurses taking part in the scheme have reported increased confidence and motivation; and local nursing development has been referenced in a Care Quality Commission 7 Day Service report.

The scheme includes the

► Continued from page 22

**Portfolio working**, with opportunities for nurses to work on a rotational basis outside their usual practice environment, experiencing other ways of working and stretching their skills.

ICSSs and PCNs are expected to commission learning provision from their local training hubs, according to agreed specifications. They may also choose to work in partnership with GP Federations, Local Medical Committees (LMCs), at-scale providers and other stakeholders, reflecting local circumstances, while ensuring they are delivering a single offer for all Fellows in a system or place.

The programme was launched in part in 2019/20, with full programme delivery planned for April 2020 but delayed until August to allow for the impact of the pandemic on local capacity.

Funding provision for the programme was set at £3,000 per participant pro rata. Additionally, employers are reimbursed to release participants for Fellowship work for one half-day session per week pro rata.

**Guidance for the scheme**, published in August 2020, makes it clear that the fellowship offer is an entitlement for all newly registered nurses who are working or about to work in substantive roles in general practice and that sufficient funding has been made available for eligible nurses to benefit from the scheme, with unused funding not available for other purposes.

National funding for the programme has been profiled through to 2023/24. A decision about whether it will continue after that will be made in 2023.

See also Case Study on page 23.

**New framework defines six career levels for primary care nurses**

One of the prevailing myths about general practice nursing is that it is a dead-end job with no prospects for advancement or career development. **A new career framework** for all nurses working in primary care and general practice shows how they can, in fact, progress through six clearly defined career levels, from support worker to consultant.

The framework, to be launched in the autumn of 2021, includes a core capabilities framework setting out the knowledge, skills and behaviours required at each level, broken down into four domains:

- personalised collaborative working and health promotion;
- assessment, investigations, and diagnosis;
- condition management and treatment;
- leadership and management, education, and research.

‘Primary care and general practice are ever evolving to meet the increasing and more complex needs of local communities/ populations’, states the introduction to the framework.

‘This will involve the need for new ways of working and the development of primary care and general practice/primary care teams.

‘The career and core capability framework will help to promote and support nurses, employers, workforce planners and people to understand the wealth of knowledge, skills and attributes that the nursing profession can provide in primary care/general

practice to meet the needs of the population.’

The framework was developed by a steering group chaired by Julia Taylor, an advanced clinical practitioner (nurse) and GP training programme director in Derbyshire, who says: ‘Fundamentally this is about valuing nurses at every level and showing what they can do and what a flexible skill set they have.’

**Support workers empowered to take next steps**

Healthcare Assistants (HCAs) and Healthcare Support Workers (HCSWs), now included in the new career framework for primary care nurses, play an important role in delivering patient care in general practice; and developing and retaining these workers is key to growing a workforce that is capable of meeting the future needs of the NHS.

A charity called Education for Health was commissioned to develop a programme geared to enhancing the knowledge and skills of HCAs and HCSWs in a way that would improve their ability to provide patient care and help them to progress towards the role of Nursing Associate, a step higher up the career ladder requiring NMC registration.

The programme, to be delivered over 4-6 weeks on a regional basis, covered leadership and management skills; facilitation of learning; coaching in practice; and a clinical study session, with the topic chosen by the local commissioner.

The programme was launched in the summer of 2019, but unfortunately only three complete courses – two in the North and one in the Central Midlands, covering a total of 49 participants – were delivered before Covid-19 hit. Two

Continued on page 26 ►

**Regional roundup**

**CapitalNurse: working to retain GPNs (London)**

The challenge of retaining nurses is a particularly pressing issue in London where GPN numbers are actually falling.

CapitalNurse, set up in 2015 with funding from NHSE and now led by HEE and NHSE&I, is a London-wide project geared to ensuring that the capital has the right number of nurses, with the right skills in the right place, working to deliver excellent nursing wherever it is needed.

To address the retention issue in primary care, CapitalNurse engaged with a focus group of 81 GPNs from 75 practices in seven CCG areas across London in a bid to gain insights into what they like and dislike about working in GP practices and make recommendations to improve retention.

Key likes or ‘satisfiers’ included building relationships with patients; job satisfaction linked with small team working and variety; a good working environment where they felt appreciated; clear communication channels and ‘having a voice’; access to ongoing training and development; and opportunities for flexible working.

Key ‘dissatisfiers’ were working under pressure, with too much admin and too little time with patients; unsatisfactory pay and conditions; difficulty in establishing flexible working; lack of retirement planning and support with IT developments; not feeling valued by colleagues; and stress caused by long hours and heavy workloads.

Recommendations for improving retention, based on these findings, include:

- alignment of pay, terms and conditions with those offered in the broader NHS;

- use of specific retention strategies, including monitoring of exit information, staff satisfaction reviews and recognition of service at various milestones;

- access to flexible working, with easy mechanisms for changing working hours and/or days;

- access to a range of training and development opportunities, including career advice;

- improved communication, including regular full staff meetings and involving nurses in changes before they are introduced;

- focus on health and wellbeing with access to occupational health, free annual health checks, menopause support and regular opportunities for breaks;

- access to IT training and support;

- access to pension advice and guidance on what to do if considering retirement.

‘Practices can expect staff shortages if they do nothing’, concluded HR consultant Kathy Gillman, who carried out the research, in her final report, published in March 2020<sup>18</sup>. ‘They need to focus on simple strategies that will make a difference.

‘If pre-retirement conversations are held with sensitivity and tact, it can lead to extended years of service for these nurses, where experience is valued, and they are encouraged to stay.’

Linked to this report is a guide for GPs and practice managers on Retaining General Practice Nurses<sup>19</sup>. The guide identifies four areas of focus which reinforce the recommendations in the report: retention; communication and engagement; training and

development; and health and wellbeing.

The report on retention identified the need for access to pension and retirement advice as key factors. That recognition led CapitalNurse to produce a specific guide on the topic<sup>20</sup>.

Although the NHS Pension Scheme was created in 1948, GPNs were not allowed to join the scheme until 1997 and some staff were discouraged from membership. The guide covers the benefits of membership, how to maximise the pension, the impact of illness and death, how to calculate the retirement sum and how to keep up to date with changes to the NHS scheme.

**Legacy programme gives retiring nurses a boost (East)**

This pilot programme in Norfolk and Waveney invites GPNs who are considering retirement to spend a flexible ‘legacy year’ supervising, supporting, and passing on their accumulated wisdom to nursing students in primary care, using a coaching model based on the Collaborative Learning in Practice (CLiP).

The pilot allows for six legacy nurses to be employed part time, after which the model could be rolled out across the region. A key goal of the programme is for GPNs to retire ‘on a high’, feeling valued and proud of their careers. They will even receive an award. The programme is initially geared towards supporting nursing students in primary care but may eventually expand out to other nursing students and even serve as a model for other professions.

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further courses in the North and South East were only partially completed and two other courses, scheduled for March/April 2020, were postponed. There are plans to reactivate the postponed and incomplete courses using interactive blended online learning.

Evaluation of the two courses completed in 2019 demonstrated positive outcomes in terms of confidence and knowledge. Afterwards, participants expressed significantly greater confidence in many areas, including leading small changes within their practice, sharing ideas and information with the multidisciplinary team, supervising colleagues, and using reflection to identify their continuing professional development needs.

In addition, they felt significantly more knowledgeable about how to support patients with long term conditions and about evidence- and research-based care within their practice areas.

When asked what success looked like after the course, all the participants said they intended to progress to Nursing Associate status, and seven have since applied for places on higher education courses.

‘Running these courses was one of the most humbling experiences of my career’, says Gill Hall, who delivered the programme for Education for Health. ‘The support workers clearly felt so valued because time and money had been invested in them and you could see them literally growing in confidence. We invited in people from HEE to talk about career opportunities and they followed up by helping individuals to get places on Nursing Associate courses.

‘Those who came on the courses were not just empowered to start making improvements to their practice but also to take the next step in their careers.’

See also Case Study on page 29.

### ACP framework aims to standardise core requirements

The broad new career framework for all primary care nurses was preceded in January 2020 by a more specific framework for advanced clinical practice<sup>12</sup>.

Advanced nurse roles in general practice had thus far developed without a set standard. This led to a great deal of variation in titles, qualifications, and competencies, creating confusion for employers, other healthcare workers and the public.

A qualitative evaluation of nursing ACP roles across general practices in Nottinghamshire, published in 2020, found a high degree of acceptance of the role, and affirmation of the important contribution it made to patient care<sup>13</sup>.

But it also found that ‘significant variations in ACP education, skills and experience led to a bespoke approach to their employment, impeding system-wide innovation and creating challenges for recruitment and ongoing professional development’.

The ACP framework sets out a range of core capabilities expected of ACP nurses working in primary care. This includes the ability to take a history, assess and examine as necessary, synthesise information, and use clinical reasoning to diagnose and formulate a shared management/ personalised care and support plan.

## Regional roundup

### Bespoke education for new GPNs (North West)

North Cheshire and Merseyside introduced a bespoke clinical education programme for nurses new to primary care, supported by their supervisors. The programme, including vaccination and immunisation, cervical screening, long term conditions and contraception and sexual health, has been completed by 60 nurses.

The sessions were originally planned as study days held in external venues so that nurses could meet and develop a supportive network. Once the pandemic hit, the programme was refashioned as online education delivered via MS teams.

The content was broken down into shorter webinars to be delivered weekly, allowing participants to work around their practice commitments during this very difficult period of adjustment.

It builds on the definition of advanced clinical practice set out by Health Education England in a multi-professional framework, published in 2017<sup>14</sup>. This specified ‘a level of practice characterised by a high degree of autonomy and complex decision making’ underpinned by a masters degree or equivalent, encompassing clinical practice, leadership and management, education and research’.

The newer framework makes it the responsibility of employers to ensure ACPs are capable of carrying out the roles they are

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The availability of bank nurses should enable general practice nurses to take time out for education

Dave Tyas, Service Lead,  
NHS Professionals

”

employed to fulfil, with the scope of practice regularly reviewed and underpinned by cyclical appraisal and continuing professional development.

HEE’s Centre for Advancing Practice will provide opportunities for practitioners to evidence their ability to work at advanced level and be recognised on a public-facing directory of advanced practitioners.

### Lakeside partnership creates new professional development tool

Lakeside Healthcare Group, a super-practice collaborating across three CCGs (including Northamptonshire, Lincolnshire and Cambridgeshire & Peterborough) and four PCNs, has developed a comprehensive General Practice Nurse Development Tool that can be used by GPNs and allied health professionals at all levels to plan their career progression and associated training needs.

The partnership used NHSE funding to set up a Primary Care Skills Academy, which has worked with an external software company to develop the new tool, in consultation with key local and national stakeholders and in the light of local nurse qualifications, training needs and the ability to

train and support learners.

GPNs will be able to use the tool to keep track of all information relating to their continuing professional development, streamline the appraisals process, and access all relevant training opportunities.

It can also be used to assess individual practitioners’ skills and interest levels relating to a range of clinical topics, so that the practice/PCN can see at a glance where the local skill gaps are and what training is needed to fill them.

At a more fundamental level the tool includes a ‘career planning ladder’, which enables GPNs and their supervisors to see the range of career progression roles available to them and the educational steps needed to progress towards them.

Development of the tool was expected to be completed in March 2021, and subsequently piloted by some local nurses from different sites before being rolled out across the partnership.

If these early phases are successful, the next step will be to roll the tool out across the 76 practices in Northants before making it available nationally.

‘The Skills Academy has developed a “one-stop shop” approach, where any grade of GPN, from Health Care Assistant to Advanced Nurse Practitioner to Social Prescriber, can find a personalised career development plan to suit themselves and their employer’, says Dr Miles Langdon, Chief Medical Officer with Lakeside Healthcare Group.

### Access to clinical academic careers is a work in progress

Action 8 of the Ten Point Plan pledged to increase access for GPNs to clinical academic careers - those combining clinical practice with academic research or teaching. However, this goal is very much a work in progress, with research suggesting that the clinical academic career path has a very low profile among higher education institutions, employers, and nurses alike.

Recent research revealed that less than 0.1 per cent of the UK non-medical workforce holds clinical academic roles, compared with 4.6 per cent of the medical workforce<sup>15</sup>. Furthermore, within the non-medical workforce, nurses and midwives are less likely than allied health professionals to pursue clinical academic careers<sup>16</sup>.

“

We aim to achieve a universal quality-assured and robust education for GPNs

Angie Hack, Chair,  
Association of Academic  
GPN Educators

”

Barriers standing in the way of nurses pursuing this career option can be grouped into three themes<sup>16 17</sup>:

### 1. Roles and responsibilities.

Nursing research roles are often poorly defined, while practitioners experience competing loyalties between their clinical and research agendas, exacerbated by time constraints.

### 2. Embarking on a clinical academic career.

Opportunities for postgraduate study are often not accessible to GPNs; and lack of awareness about research roles and careers means they tend not to see research as a viable career path.

### 3. Organisational research culture.

Research skills are not always developed in undergraduate courses, while research competencies are often absent from continuous professional development planning. In consequence, nurses find themselves in a culture where expectations that they should undertake or lead research are low.

‘The step up to a clinical academic career is a huge one’, says Sue Shortland, herself a clinical academic and one of the authors of both reports. ‘Nurses are often not aware of opportunities. Even if they have had their interest ignited, when working in the general practice setting it is not posed as an option and there is no clearly defined career framework.’

‘Often when nurses graduate, they lack confidence in research skills and don’t see how research links to their work in general practice. They are able to access short courses related to their role in the practice, but often these courses are not linked to academic

credit or have a research focus.’

The new pre-registration Future Nurse programme at Birmingham City University (BCU) integrates the teaching of research skills throughout, enabling students to explore evidence-based complex care.

Sue, who is an Associate Professor at BCU, was involved in setting up the ‘Fundamentals of GP Nursing’ course, which is now integrated into the Fellowship Programme on offer to all newly registered GPNs (see *Fellowship programme for newly registered nurses entering general practice*, page 21). She is also currently developing ‘Fundamentals plus’ - a continuous professional development programme for mid-career nurses or those undertaking the second year of Fellowship (see *Fundamentals-plus programme for mid-career GPNs*, page 21).

Her research paper referred to above makes four specific recommendations designed to foster the pursuit of clinical academic careers<sup>17</sup>:

- GPNs should explore opportunities to develop the personal, organisational and research skills required for clinical academic roles;
- HEIs should create further opportunities for nurses to develop research skills in pre-registration training, initial GPN training and through CPD, and should promote research roles as a career option. They should also build on links with employers and practice partners to demonstrate the value of research activity in improving clinical outcomes;
- Commissioners and profession leaders should make clinical research opportunities visible

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## CASE STUDY – clinical support worker

### ‘Training course fuelled my ambition to be a nurse’

Jonathan Donohue had been a clinical support worker in a large group practice in Liverpool for four years when in 2019 he got a place on one of the Education for Health courses geared to helping support workers progress up the career ladder. Previously he had worked as a support worker in a spinal injuries unit until all the heavy lifting eventually took its toll on his own back.

‘It was quite new for the Trust to have CSWs in the practice – and I was the only male’, says Jonathan. ‘It was a new role for them and for me. At first, I was worried about getting things right on my own, but I came to enjoy the responsibility and variety of the work. I do all the new patient health checks, phlebotomy and ECGs, diabetic foot checks, sexual health for men, cryotherapy, and weight loss clinics.’

Jonathan was already on the top grade as a CSW and was keen to progress. But his ambitions extended beyond Nursing Associate to GPN level.

‘The course made me aware of the value of my role and how much more I could achieve’, said Jonathan. ‘I already felt like one of the lucky ones because my surgery was very good and proactive and wanted to develop me.’

After the course Jonathan approached his manager about secondment to a nursing degree course so that he could eventually rejoin the practice as a GPN. The plan went on the back burner during the pandemic but will be reactivated in future.

‘The course gave me confidence and a voice and made me feel worthy’, he says. ‘I feel capable of doing the qualification and I want to further my career not just for myself but to offer a better and fuller service to my patients.’

See *Support workers empowered to take next steps*, page 24.



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- and raise awareness locally, while promoting role models and narratives of successful implementation;
- Employers should promote the value of research-active nurses within the team and support GPNs in this role.

**GP Nurse bank would increase access to education**

One of the barriers to releasing GPNs for educational activities – particularly for small practices – is the difficulty of providing cover in their absence. That’s where a GP Nurse Bank could provide support.

The bank is currently being trialled by NHS Professionals (NHSP), which already lists more than 170,000 general and specialist nurses, doctors, midwives, admin staff and other healthcare professionals on its extensive database, providing essential shift cover for NHS clients

in the secondary, community and mental healthcare sectors.

During the pandemic, NHSP has played a key role in supporting the NHS through its Rapid Response recruitment service as well as providing home-based professional support for Test and Trace, and thousands of candidates to support the national vaccination programme.

NHSP was commissioned to trial a similar model for primary care, providing cover for staff shortages or sickness, extra hands to staff additional clinics and backfill to free up staff for education, training, and professional development.

The service had already been designed and was due to be piloted in two sites, in London and Hertfordshire, in late 2020. Unfortunately, though, the pilots had to be paused because of

seasonal pressures and the specific pressures associated with the pandemic.

‘The hope is to restart the pilot in May 2021 and run it for three months for proof of concept’, says Dave Tyas, Service Lead for NHSP. ‘Creating a bank of nurses in primary care would allow for the sharing of resources across GP practices, enabling leave and covering for sickness without impacting on activity and appointments.

‘The availability of bank nurses should enable general practice nurses to take time out for their own education, knowing that their shifts can be covered by other nurses. It should also provide opportunities for retiring nurses to continue working flexibly, enabling them to take on leadership and educator roles which draw on their experience.’

**Outstanding challenges and opportunities**

- **Encourage retention of GPNs** through proactive workforce planning, access to career development opportunities and mentoring for newcomers by experienced staff.
- **Assure the quality of postgraduate education** by implementing national standards for current programmes and commissioning specifications for future programmes.
- **Support the development of all nurses new to general practice** by implementing formal induction processes for those not eligible for the Fellowship programme for newly registered nurses.
- **Support the career development of healthcare support workers** working in general practice through structured programmes.
- Provide opportunities for GPNs to **progress to clinical academic careers**.

# 3. Empowering general practice nurses to be catalysts for change in primary care

**Overview**

The transition of GPNs from under-utilised talent to acknowledged leaders in their practices and their wider networks has been boosted by the leadership projects delivered under the Ten Point Plan and accelerated by the Covid-19 pandemic, with its increased emphasis on the role of GPNs in managing population health.

Leadership opportunities for GPNs have been available for a number of years but have been grasped by only a small minority, partly because they simply haven’t recognised the value of their role or perceived themselves as potential leaders.

A significant achievement of the projects described in this section has been to alter those perceptions, enable GPNs’ sense of agency and spur their latent ambitions by building their self-belief, resilience and confidence, along with the knowledge and skills needed to lead joined-up working for local populations and PCNs.

At the same time the radical digital innovations outlined here have given GPNs the opportunities and tools to make positive and lasting impacts on population health, so easing the demand on GPs and the burden on secondary care.

Small numbers of pioneers have

**Headline impacts**

*From September 2015 to December 2020 (latest figures)*

- ↑ Leadership development for GPNs now being pursued by **24 systems in England** – 57% of the total
- ↑ By the end of 2021 **more than 500 GPNs** will have received leadership training via the CARE, Rosalind Franklin and RCN leadership programmes
- ↑ By the end of 2021, about 400 health improvement projects will have been started by GPNs, impacting **more than 25% of all PCNs**
- ↑ **More than 300 GPNs** have been trained as Digital Ambassadors
- ↑ **More than 700 practices** have been trained to deliver virtual group clinics
- ↑ **18 GPNs** are now Clinical Directors of PCNs
- ↑ **56 GPNs** are now practice partners

also started to break through formerly impenetrable glass ceilings to take on recognised leadership roles, including Clinical Directors and Nurse Leads in PCNs. And the programmes showcased in this section have paved the way for others to take up these and other leadership opportunities.

Connected, multidisciplinary and dispersed leadership is critical to

sustainable system reform, and the emerging leadership opportunities across PCNs play well to the natural collaborative style and approach of general practice nurses.

The work described in this section relates primarily to Actions 1, 2, 6 and 7 of the Ten Point Plan.

## National initiatives

### Clinical Directors: the first executive nursing leaders

The establishment of Primary Care Networks in the summer of 2019 offered GPNs an opportunity to break through the glass ceiling into a newly created leadership role: that of Clinical Director (CD).

Although only small numbers have so far stepped into this challenging role, plans are in train to bolster their leadership skills and confidence and encourage others to follow in their footsteps. Having nurses in such prominent positions should not only benefit the post-holders but also bolster recruitment and retention.

Every PCN is required to have a named accountable Clinical Director, responsible for providing strategic and clinical leadership. When the role was first announced, GPs seemed the natural occupants, but it was subsequently agreed that PCNs could be led by any clinician, including general practice nurses.

The current total of 18 GPN clinical directors represents a mere one per cent of the 1,259 available posts, so there is clearly scope for progress.

‘What we would like is a much greater multidisciplinary approach to the CD role’, says Ruth Rankine, Director of the NHS Confederation’s PCN Network. ‘There are a few pharmacists, a paramedic and a physician associate as well as GPNs, and it would be good to see a greater multi-professional mix.

‘But it’s a tough role: you have to bring together practices that may not have worked together in the past and lead organisational development while also building relationships in the wider community.’

In 2019 the Queen’s Nursing Institute launched a programme for nurse clinical directors, which was shelved because of poor recruitment. Interviewed for an article in *Nursing in Practice* published in January 2020, QNI Chief Executive Dr Crystal Oldman, ascribed the low take-up of the CD role to a lack of existing nurse leaders to draw from, coupled with a lack of confidence<sup>21</sup>.

For GPNs there are also fewer obvious steps in the career ladder than for other nursing areas. Compared with secondary care nurses, they have no clear pathway equivalent to an Associate Director of Nursing or Director of Nursing, while lead GPNs are likely to be managing smaller teams than their equivalents in secondary care.

In 2019/20 the psychotherapeutic coaching company ShinyMind delivered a series of two-day residential leadership courses for GPN CDs, aimed at developing their confidence and effectiveness and promoting an authentic and natural leadership style.

The ‘Platform for Transformation Leadership Programme’ covered a wide range of leadership requirements, including: resilience under pressure and scrutiny; working collaboratively and across wider systems; motivating others; taking calculated risks; and adapting communication styles to different audiences. All the participants received individual coaching on issues of concern before and after the workshop and were given toolkits to support their ongoing learning.

‘This course was about galvanising and supporting their onward leadership journey and their resilience in that space so they could be the beginning of a movement into that space’, explains ShinyMind CEO Rebecca Howard. ‘Some of it

## Regional roundup

### Devolution of diabetes care keeps patients out of hospital (South East)

Kent and Medway has developed an integrated care pathway for diabetes, putting patients at the centre and devolving care to appropriately trained practice staff.

Since 2013, just over 300 general practice nurses and other primary care professionals have attended courses on injectable therapies, funded primarily through charitable donations and the pharmaceutical industry. Of those, 68 have gone on to gain a university accreditation in diabetes care, involving supervision by a local mentor over a 12-month period.

This training has given primary care staff the skills to confidently manage patients on injectable therapies, so enhancing their job satisfaction – with positive implications for retention – while helping patients to manage their own condition and reducing pressure on hospital specialists.

was about building up the ambition to show other GPNs that clinical directorship is an available pathway.’

The programme was extremely well evaluated, with all participants rating it excellent overall. ‘This was the most supportive and transforming course I have ever been on’, said one. ‘I feel liberated and empowered.’

The NHS Confederation is working with the GPN nursing team at NHSE&I on further leadership programmes for current and aspiring CDs along with targeted promotion to nurses who might be considering the role in future.

“ Life-changing – such an amazing and inspiring course that has changed the way I see the world

*Participant in ShinyMind leadership programme for Clinical Directors, February 2020*

### RCN leadership programme with a business focus

Empowerment for general practice nurses calls for business know-how as well as leadership abilities. The Royal College of Nursing (RCN) was commissioned by NHSE to deliver a series of workshops for GPNs to help them develop effective system leadership skills and also the skills needed to demonstrate the value of service innovations and negotiate for funding with key decision-makers.

The idea was for participants to be skilled up to develop business cases for projects that could be delivered in support of the Ten Point Plan, using regional funding.

Following a pilot programme in 2018, the RCN delivered four three-day workshops in 2019, in Birmingham, Bristol, Leeds and London. They were attended by a total of 58 GPNs, all with a least one year’s experience in general practice and involved in leading change in their practices.

Day one of the workshops focused on the political structures and processes of system leadership. Day two focused on how to demonstrate the economic and clinical value of services, with participants offered support in

developing structured business cases outlining the value of their proposed projects, using relevant economic assessment tools.

Day three, organised some weeks later, provided further expert support in developing compelling proposals to submit to their Regional Boards. Only 41 of the original 58 participants went on to this stage.

Evaluation of the workshops was very positive. ‘Much of the value for GPNs was the networking with other nurses’, commented Project Manager Mirka Ferdosian. ‘People who normally work in isolation had the opportunity to come together as a group to discuss clinical and leadership issues.

‘Business skills and the need to demonstrate the value of their practice and their role within it was a completely new area for most of them and they clearly found it valuable.’

One participant who was successful in her bid for regional funding was Ruth Wiggins from Kings Langley Surgery in Hertfordshire, who used the funds to set up a nurse-led long-acting reversible contraception clinic, which has since expanded to

become a referral centre. After auditing her own clinic, Ruth was employed by another surgery to provide a similar service for them.

‘My project recently won an award at the CCG’s Primary Care Innovation awards’, she says, ‘so all in all, my course has been very successful.’

Another successful participant was Elia Monteiro, from Hurley and Riverside Practices in London, who worked with the Lambeth Portuguese Wellbeing Partnership, a grassroots network made up of more than 40 local groups and community members, to develop an innovative model of community working. This aimed to create a step-change in health and wellbeing by integrating the health sector with the voluntary and community sector.

### Rosalind Franklin Programme creates career-changing impacts

The first in-depth leadership course provided to general practice nurses under the Ten Point Plan was a specially adapted version of the Rosalind Franklin Programme – a nine-month course provided by the NHS Leadership Academy for mid-level leaders in the NHS.

The Academy was commissioned by NHSE to develop a version of this course solely for GPNs. The target audience was mid- to senior-level nurses in primary care, aspiring to lead large and complex programmes, teams, services, or systems of care in GP Federations, PCNs and ICSSs. The aim was to shape their knowledge, skills, attitudes, and behaviour to help them grow into outstanding leaders.

The course, delivered to a cohort of 26 GPNs in 2019/20, comprised six online modules, several masterclasses, whole group experiential

work to put learning into practice, small 'impact' group work to engage with real-world issues and think about how to effect change, and mentorship support provided throughout.

An important additional component was the involvement of the psychotherapeutic coaching company ShinyMind, which worked with participants on a deep intra-personal level, building up inner confidence and a greater sense of self as a prerequisite to enhancing influence, impact, and performance.

An interim report, carried out by Innovas Consulting Solutions immediately after the course finished in February 2020, revealed career-changing impacts, with many participants saying they had developed a deeper understanding of the requirements of system leadership and their place in the wider health and care system, as well as how to improve their personal impact on teams and organisations/systems.

When asked to summarise the impact of the programme on themselves, their colleagues, their organisations and their patients, comments included:

*'I now see myself as a leader and so do others because of my new-found confidence.'*

*'It has allowed a change in my mindset which promotes passion and motivation for me to be the best nurse/leader I can be.'*

Particularly impactful was the ShinyMind component of the course, designed to support participants' personal development and resilience, including an initial development day before the start of the course proper, a two-day

residential towards the end of the course and a final half day after the end of the programme.

A separate evaluation by ShinyMind found that all participants rated the programme as 'excellent', while more than nine out of 10 gave the same highest rating to all individual aspects of the programme.

*'I feel confident to be able to challenge, have a voice in meetings and lead my staff to provide good patient care',* said one.

*'This was the most thought-provoking, challenging, engaging and individually supportive course I have had the pleasure of attending',* said another.

A final survey, following up the entire cohort six months after the end of the course, showed that three quarters of the 20 participants who responded felt the programme had had a significant or major impact on their career progression.

'This course has actually been about cultural change for the participants', says Innovas Managing Director Tim Ashcroft. 'Often people are held back by not believing in themselves, but the combination of this programme with ShinyMind, has given them the tools, the techniques, the know-how and, most importantly, the confidence to believe they can move their careers forward.'

'The course enabled people in ways they didn't really think possible beforehand', says Alan Nobbs, Senior Programme Lead at the Leadership Academy. 'They found it immediately relevant in giving them more agency, more ability to step up and challenge and more readiness to offer ideas

## Regional roundup

### Group consultations and virtual group clinics flourish up North (North)

Greater Manchester trialled the first nurse-led group consultations in England, with support from Health Education England. These clinical consultations, traditionally delivered by GPs, bring together 8-12 patients with similar conditions or problems for externally facilitated sessions lasting 90-120 minutes.

Workshops and conferences were held for an initial group of 50 GPNs and 50 facilitators to give them the skills they needed to run the sessions. Local people were encouraged to feed into the design of the consultations to make sure their needs would be met by the sessions. The model produced outstanding results, with participants more likely than before to acknowledge their condition and comply with treatment.

The advent of Covid-19 accelerated the morphing of group consultations into virtual group clinics (VGCs), with Cheshire and Merseyside leading the way after completing the national Sentinel training programme. Other areas in the North have since joined the Sentinel programme, and there is now talk of patients going on to develop their own support networks beyond the practice. See also *Covid-19 boosts video group clinics*, page 42.

South Yorkshire and Bassetlaw ICS is trialling VGCs with patients whose first language is not English. This is designed to improve health promotion and prevention in deprived areas with high-risk groups.

## CASE STUDY – CARE programme

### 'The programme really taps into our person-centred approach'

'I joined Oakridge Park Medical Centre in Milton Keynes shortly after qualifying as a practice nurse in 2018. Within 18 months I had been appointed GPN lead for the Nexus PCN, covering six practices. I went from knowing very little about practice nursing to being heavily involved in the Primary Care Network.

'I have a real passion for primary care innovation including initiatives that empower patients to manage their own health and wellbeing. But it's sometimes difficult to get new ideas and projects off the ground. Taking part in the CARE programme has helped me to develop and lead change, manage fears and influence colleagues around me. It has supported me to explore opportunities in a structured way and look at challenges from different perspectives to find solutions.

'As part of the programme I developed a project focused on helping patients to lose weight in a holistic, person-centred way. I managed to get a life coach, nutritionist and fitness instructor to provide their services for free, and the patients attended a series of sessions looking at things like improving mindset and sleep patterns, which we know can have a big impact on weight management.

'The initiative saw some great outcomes, with one patient losing 33lbs and another losing 4cm around their waist. Overall, patients told us they felt much better about themselves and were able to stick to their lifestyle changes.

'I also helped to develop a questionnaire project focused on patients with mental health issues who had low contact with general practice. Analysis of the data showed that many of them had unmet social and emotional needs and could be supported through social prescribing and signposting to community services.

'The CARE programme really taps into the person-centred approach of general practice nurses. It has given us a voice in shaping services and supported us to improve patient outcomes.'

#### Luci Partridge

See *CARE – a new leadership model*, page 36.



► Continued from page 34

in order to influence GPs and other colleagues.’

The initial plan was to follow through with a second cohort of GPNs, but it wasn’t possible to fill all the available places, mostly because it was difficult for GPNs to get time off from their practice duties. It was therefore agreed that those who had signed up could join one of the regular multi-professional cohorts.

The baton for providing leadership education for GPNs as a single professional group has now passed to the CARE Programme.

See *Care – a new leadership model*, below.

See also Case Study on page 41.

**CARE – a new leadership model**

The Covid-19 pandemic led to the delay or cancellation of a number of Ten Point Plan project initiatives that depended on people being able to meet in person. But there are two areas where it has accelerated rather than hindered progress: with digital innovation in general and with the hugely influential CARE leadership programme in particular.

CARE (C<sup>on</sup>ected, A<sup>uthentic</sup>, R<sup>esilient</sup> & E<sup>mpowered</sup>) is the product of a partnership between NHSE&I, the National Association of Primary Care (NAPC), the psychotherapeutic coaching agency ShinyMind, and Bedfordshire, Luton and Milton Keynes (BLMK) ICS, where the

programme was piloted in May 2020.

NAPC had been working with BLMK to support delivery of their local strategy since 2018 and was commissioned in 2019 to pilot an alignment of the strategy with the work of the Ten Point Plan, the NHS Long Term plan<sup>5</sup> and the People Plan<sup>22</sup>. When the pandemic struck in 2020, the programme switched to virtual delivery.

So successful was that pilot in improving participants’ leadership and influencing skills, building confidence, and enhancing job satisfaction that it has since been rolled out to six other systems, supported by national funding. An additional 10 systems are planning to run the programme with local funding, and a further seven systems have expressed interest.

In other words, a programme that had been going for less than a year at the time of writing has already been taken up or considered by 24 systems in England – more than half of the total of 42.

CARE is a practical, person-centred learning and development programme that empowers general practice nurses and other primary care professionals to play a key role in their PCNs, to shape services based on population health needs and to strengthen their leadership.

It arose from investigations into why GPNs were not taking up places on the Rosalind Franklin

leadership programme (see *Rosalind Franklin Programme creates career-changing impacts*, page 33) and from Twitter conversations between nurses, focused on their understanding of and involvement in the newly-launched PCNs. While a small number had become clinical directors, most of those involved in the conversation had no involvement with PCNs.

To test whether this picture was representative, a series of ‘listening events’ were conducted by the NHSE&I Ten Point Plan team, supported by NAPC. These revealed three key issues: GPNs didn’t see themselves as leaders, didn’t understand why PCNs had been established and how they worked, and didn’t recognise the value of their own role in population health management.

The programme, delivered over a period of about six months to cohorts of up to 25 future nurse leaders, is designed to overcome the belief that GPNs cannot be leaders, fill the gaps in their knowledge and empower them to be agents for transformational local change. It is made up of three elements:

**Leadership development starting with self** – a series of webinars delivered by ShinyMind to help participants identify what holds them back and give them strategies to break free. Key to this element is the ShinyMind app, a wellbeing and resilience mindset tool, co-designed with NHS staff,

which creates active communities of support.

**Leadership development through practical projects** – equipping participants with the knowledge, skills, and confidence to deliver practical population health improvement projects for and with their PCNs.

**Embedding CARE principles/change locally** – with support for local systems on how to tailor CARE inputs, together with support and messaging to fit local priorities and engage influential health leaders.

Evaluation of CARE in BMLK revealed exceptional impacts. After completing the programme:

- All the participants felt better able to improve the health of their local populations and many were able to prove they had done so; 17 projects started by participants demonstrated improvements in population health leading to likely reductions in GP and A&E demand;
- All participants felt that their influencing skills and ability to put their ideas into practice had improved;
- More than 80 per cent were aware of improvement in their leadership skills, their job satisfaction, and their emotional wellbeing;
- 75 per cent felt their voice was being heard across the system;
- 75 per cent felt they were more likely than before to continue working in primary care;
- Each participant developed five new or existing relationships with whom they were able to share learnings from the programme, suggesting a

cumulative impact on 90 additional local staff.

Equally remarkable was the predicted spread of CARE principles suggested by the programme’s ‘net promotor score’ – a measure that predicts the growth of a business idea. An NPS rating of 70 or above is rare, suggesting that a product is generating significant word-of-mouth referral. The NPS of 75 achieved for CARE in BLMK suggests that participants are sharing their learning to such an extent that others are rapidly taking up the ideas.

The next system to complete the programme after BLMK was Nottinghamshire – and their evaluation was in line with BLMK and in some respects even higher.

- All the participants reported improvement in their leadership and influencing skills, their ability to put their ideas into practice and their ability to improve population health;
- All the participants felt their voices were being heard more, that they were making a difference and that the number and quality of relationships they had with others had improved;
- 93 per cent reported improvements in their understanding of PCNs and their emotional wellbeing;
- 79 per cent felt they were more likely to continue working in primary care.

Comments from participants about the overall impact of the programme included these:

‘I certainly would not have taken up the role of Integrated Care Partnerships’ Practice Nurse Lead without this support behind me.’

**Regional roundup**

**Military wives’ promotion attracts turning nurses (South West)**

The South West region has seen 19 nurses return to work in primary care since 2015 – compared with none at all before that.

At the heart of this success was a ‘return to nursing’ campaign geared to capturing the attention of former registered nurses, promoting primary care as the destination of choice and advertising local opportunities.

The jewel in the crown of this project was a poster and email campaign aimed at military wives who had been posted overseas with their husbands and were due to return to Wiltshire, which has a strong military presence.

As a direct result of this campaign, Banes, Swindon and Wiltshire CCG recruited nine return- to-practice nurses, with recruitment still ongoing. Separate recruitment drives in Devon and Cornwall attracted five and three returning nurses respectively. (See *Return to practice campaign busts target*, page 11.)

“ To be a generalist is the most specialist skill you need ”

Alan Nobbs, Senior Programme Lead, NHS Leadership Academy

*'...This programme has enabled us to work with our colleagues within our PCN to draw on their skills and specialties to better improve our patients' health.'*

*'I learned more about myself and my leadership skills and about general practice nursing, which will enable me to do my job better in future.'*

Clare Simpson, who led on the programme for NAPC, is delighted with the impact it has made so far.

'CARE aims to put nursing at the centre of primary care transformation', she says, 'by building their leadership capability and their understanding and application of population health management.

'This powerful combination is addressing resilience, population health and leadership development in the round by putting them into a practical context – that of the day-to-day job of a GPN.'

Progress doesn't stop here. A London cohort completed the programme in January 2021 and five other nationally funded systems were due to complete during the year. Ten other systems have found their own funding to deliver the programme.

With 24 out of 42 systems already actively engaging with CARE, the ambition is nothing less than total coverage, with all 42 systems in England to be using CARE to drive primary care reform.

See also Case Study on page 35.

#### **GPNs energise self-care with patient activation project**

Patient activation is a phrase used to describe the knowledge, skills, and confidence a person has to manage their own health and care.

It is particularly relevant to people living with long term conditions, who rely on NHS services more than most.

The Patient Activation Measure (PAM) is a tool that enables healthcare professionals to understand a patient's activation level. There is evidence that when people are supported to become more activated, they enjoy better health outcomes, better care experiences and fewer unplanned admissions.

The healthcare charity Education for Health was commissioned to run a series of in-person study days on patient activation for GPNs. The idea was for participants to become ambassadors for the process, cascading information about patient activation in their local areas.

The plan was to run in-person courses for 20 participants in each of the six regions in England, in 2019 and 2020, some of them funded locally. Each course was to consist of a two-day 'train the trainer' workshop and a two-day coaching and supervision workshop, followed up by two one-hour webinars designed to get participants to form a network and stimulate joined-up thinking and working in their region.

Courses had been booked in Huntingdon (Cambridgeshire), Leicester and London and were being planned in Bristol and the North. However, in the end only the Huntingdon course, booked for autumn 2019, went ahead, with all the other courses falling victim to the Covid-19 lockdown.

Recruitment had been slow for all the courses, explains Gill Hall, who led the project for Education for Health. This was partly because it was in competition with an online PAM training programme already

“ We need nurses from ethnic minority backgrounds to feel protected and have a voice that is heard ”

Julie Roye, GPN BME Network

running within the NHS, but also because of the plethora of other training courses on offer at the time.

So, the Huntingdon course attracted only nine participants, including a couple of trainers from the local training hub. However, feedback and follow-up were positive.

'By the time of the second webinar, held in February 2020, they had done really well', says Gill. 'They had formed a network, got a local GP on board and started to put PAM on the system in some practices and run teaching sessions for others who weren't doing it or hadn't heard of it.'

#### **New BME Network aims for true integration**

The Covid-19 pandemic has shone a harsh light on the systemic inequalities that put ethnic minority men and women at increased risk of severe morbidity and mortality from the virus, while the growing Black Lives Matter movement has focused attention on structural racism in general.

In March 2019, an overview of workforce data for nurses, midwives and health visitors found that, while people from ethnic minority backgrounds are significantly more likely to be employed in these roles than their representation in the general population would suggest, they are under-represented in senior Agenda for Change (AfC) pay bands across the NHS<sup>23</sup>.

'One in every five nurses, midwives and health visitors in the NHS is from a [ethnic minority] background', states the report. 'However, evidence shows that the experiences of staff within this 20% of our workforce and their access to opportunities for development and progression still do not yet correspond with those of their

white colleagues; the gap is still stark in many places.'

Attention so far has focused on secondary and community care. But in June 2020 NHSE&I and the CNO Nursing Directorate funded the establishment of the **GPN BME Network**, which hopes to build awareness around the race issues, inequality, and social injustice that nurses from ethnic minority backgrounds face.

The Network, geared to sharing experiences and providing information and support, is led by two GPNs from ethnic minority backgrounds: Robana Hussain-Mills, who is Deputy Clinical Director of Nottingham City East, and Julie Roye, who works as an Advanced Nurse Practitioner and Nurse Consultant in Lewisham, London.

By reaching out to GPNs in all the regions through presentations blogs and webinars, and listening to their experiences, they aim to start breaking down the barriers that restrict nurses from ethnic minority backgrounds from being appointed to roles in general practice and support them in accessing the training and coaching they need to progress in their careers.

'Historically we have kept our heads down and got on with our jobs', says Julie, 'and two years ago that would have been me, even though I could see there were issues. But disparities that should by now be obvious to everyone mean we can't go on like this any longer.

'This Network is about true integration, enabling us all to work together comfortably. We need nurses from ethnic minority backgrounds to feel protected and to have a voice that is heard, which may mean reverse mentorship for white colleagues. It's a learning curve for all of us.'

### Regional roundup

#### **Quality improvement initiative upsills nurses in (South West)**

Somerset CCG wrote quality improvement into their GP contract and specified that the responsibility for running quality improvement projects should rest with general practice nurses.

All the local primary care nurse leads have now received training in quality improvement, with full support from Somerset GPs. And the initial course graduates are now mentoring others coming up behind them.

One example of a typical quality improvement project is carrying out an audit into how many patients with chronic pulmonary disease have had their diagnosis confirmed by spirometry, and then calling patients to check they have had the right test.

The importance of digital innovation

Digital innovation within primary care is key to empowering general practice nurses to improve population health by preventing and managing long term conditions and is a significant part of the Covid-19 response. These advances also serve to combat professional isolation, reduce inefficiencies, and improve communication both within practices and in the wider health community.

The articles featured in the rest of this section showcase the various projects that are making high-tech solutions available to GPNs for the benefit of their patients.

The GPN Single Point – all information under one roof

This collaboration and information portal is a single point of access to up-to-date information for general practice nurses. Facilitated by NHSE&I and the Future NHS Platform, it gives practice nurses access to all the resources generated by the Ten Point Plan, including:

- resources from national programmes, such as the

- induction template for nurses new to general practice;
- national clinical protocols on a range of common conditions and services, including asthma, diabetes, contraception, urinary tract infection and childhood immunisation;
- shared information on recruitment, retention, and return-to-practice initiatives;
- regional GP workforce data and good practice case studies;
- the clinical supervision model and supporting digital platform.

Digital programme creates TEC-savvy ambassadors

The GPN Digital Ambassadors programme was an ambitious scheme designed to encourage general practice nurses to become better users of technology enabled care (TEC) in their own practices and then spread the learning both within their practices and in the wider health community.

More than 300 GPN ambassadors have graduated from the courses delivered between 2018 and 2020. They were developed by Dr Ruth Chambers OBE, Rachel Hatfield, and Ann Hughes – all members of the Staffordshire-based DigiHealthWell

team, which promotes the use of digital technology to improve population health.

Participants from all parts of England progressed through a series of ‘action learning sets’ (ALS) geared to building their TEC and digital experience and skills. The key aims of the programme were for participants to be able to:

- use at least two modes of technology-aided care in their practice and encourage patients – such as those with long term conditions (LTCs) – to make intelligent use of online resources and accessible modes of technology;
- use professional social media and/or trusted apps to support patients with LTCs and create a focus on prevention;
- reduce face-to-face consultations – such as by using video consultations and texting – and increase access to self-care information;
- provide a consistent professional approach to TEC/use of digital tools by GPNs and other clinicians and promote enthusiastic clinical engagement in digital care delivery;
- understand how TEC/digital tools can be used to prevent avoidable health problems.

The use of digital tools was not confined to patient care, however. Apps such as WhatsApp were used for group messaging, helping nurses to combat isolation with peer support, as well as to share updates and key messages and keep in touch during home visits.

Feedback from course participants was extremely positive, with participants able to understand the benefits of digital tools in healthcare

Continued on page 42 ►

CASE STUDY – Rosalind Franklin GPN leadership programme

‘It’s not a how-to guide – it’s more about you as a person’

Jane Patrickson started out as an IT manager in a GP practice, where she enjoyed the patient contact so much that she decided to retrain as a nurse. She joined a practice shortly after qualifying in 2011 and is currently studying for a masters qualification, whose academic content was complemented by the more practical focus of the Rosalind Franklin programme.

See *Rosalind Franklin Programme creates career-changing impacts*, page 33.

Since taking part in the programme, she feels she knows herself better and can more clearly identify her own leadership potential and strengths. She had previously been seconded into a CCG role but did not see it as ‘leadership’ because she wasn’t in charge of anyone. Rosalind Franklin helped Jane realise what leadership really is and played an important part in her career progression.

Working through the Covid-19 pandemic has highlighted not just how GPN teams work together but why it is important. The Covid-19 experience brought Jane and her team together with a ‘higher purpose’ as a team for the future.

Through this difficult time Jane has recognised the importance of leading by example and has been making home visits for

shielding patients to administer injections. When introducing a brand new process like this she likes to do it herself and lead in a visible way. The arrival of the second wave has changed how the team is working and taught them to be more agile in response to unexpected situations. For Jane, the wellbeing of her staff always has high priority.

Summing up the impact of the Rosalind Franklin programme on her leadership styles, Jane says: ‘It’s not a how-to guide to leadership – it’s more about you as a person’.

*Edited case study reproduced by kind permission of Innovas Consulting Solutions.*



Regional roundup

GPN leadership for quality improvement (North West)

Cheshire and Merseyside introduced a bespoke programme designed to help primary care nurses develop their leadership skills, examine their contributions to practice and the wider PCN, and showcase the value of nurses in primary care.

It was designed as a face-to-face programme, with one

session per month over a period of six months, culminating in a ‘Dragons Den’-style pitch to a group of leaders.

Eight nurses completed the first course. The second course was initially paused because of the pandemic and later refashioned in September 2020 with shorter webinar sessions. A total of 10 nurses are expected to complete this course.

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and feeling confident in their ability to share their learning with colleagues and encourage the wider adoption of TEC in general practice.

‘Practice nurses are the frontline workers’, comments Rachel Hatfield, ‘seeing all the different types of illness, but with a lack of real investment in them as a workforce. This programme introduced them to new accessible digital tools and more ways to engage with patients, and that made a massive difference to their confidence.’

Ann Hughes added: ‘What came up in the courses was the isolation GPNs often feel. But it was amazing to me how much more enthused they felt and how much more part of a team they became once they could use TEC/digital tools to link up with colleagues, set up forums and even do clinical supervision online.’

The final cohort of this programme was trained in 2020, when the advent of Covid-19 led to more focused work on the use of video consultations, which has generated real transformation. A survey of 89 of the GPN graduates from digital action learning sets carried out in September 2020 found that, while fewer than 30 percent were using video consultations at the initial ALS session, by the final session 75 per cent were carrying out regular video consultations and 94 per cent were using clinician-to-patient texting to cut down on face-to-face appointments.

Progress made under the ambassadors programme is being taken forward by the **Digital Nurse Network**, an online community supporting nursing teams in the development of a sustainable digital-ready workforce. It sits within NHSX, a joint unit

leading on all national tech programmes and geared to speeding up the digital transformation of health and social care.

**Covid-19 boosts video group clinics**

Face to face group consultations for long term conditions started to take off in 2015, supported by a Challenge Fund to encourage innovative approaches for patient access to primary care clinicians.

Group consultations have been seen as win-win solutions, offering patients information and advice in a supportive peer environment, and enabling clinicians to engage with patients on a deeper level while saving time on individual appointments.

A recent telephone interview study of professionals from 18 practices across six regions in England found that clinicians enjoyed the consultations because of enhanced multidisciplinary working and the ability to provide more patient-centred care<sup>24</sup>.

An organisation called Experience Led Care (ELC) piloted the concept with six practices in Croydon and went on to train some 100 practices to deliver the sessions. In 2018 the project came under the umbrella of the Ten Point Plan, and by December 2020, in response to Covid-19, more than 700 practices were engaged with the programme.

The plan had been to go slow and steady, co-designing a virtual model with patients, clinics, and platforms, then testing, evaluating, and improving the model before rollout. But the first Covid-19 lockdown highlighted a more urgent need for virtual connection and support.

Running consultations remotely

**Regional roundup**

**Lancs and South Cumbria embrace digital (North West)**

More than 70 GPNs across 50 general practices within Lancashire and South Cumbria have been recognised as Digital Champions following completion of an action learning programme, and have gone on to lead transformational change within their practices.

The use of video consultations in L&SC practices rose from about 3,000 in March 2020 to around 31,000 by June, with progress inevitably accelerated by the pandemic.

The digital champions have been well placed to lead on and support the range of video solutions made available by the ICS, which have been used to communicate and collaborate with patients and undertake online reviews.

GPNs have been able to support patients in using approved self-management apps from the NHS and Orcha libraries. Every practice has had the opportunity to acquire an Orcha pro-licence which allows for direct download of an app to a patient’s smart device.

The digital champions have also supported the development of practice Facebook accounts, which have been particularly useful during the pandemic for sharing important messages and supporting health campaigns.

See also *Digital programme creates TEC-savvy ambassadors*, page 40.

**Regional roundup**

**Marvellous Mentors programme improves heart failure outcomes (North West)**

GPNs in Greater Manchester have been involved in this innovative programme, a partnership between a charity called the Pumping Marvellous Foundation and Greater Manchester Health and Social Care Partnership. It is geared to raising the profile of heart failure locally, ensuring prompt diagnosis and managing patients appropriately in primary care.

Pumping Marvellous supports

health professionals with an online learning tool based on case studies and reflective practice. Its website has tools specifically designed for general practice and promotes group consultation, patient education and self-care.

The mentor programme supports this initiative by promoting best practice in managing heart failure. Individual practitioners and practices can gain a kitemark by implementing three key measures to demonstrate that they have embedded best practice into their systems.

had already been advocated by the NHS, and ELC had been invited to collaborate with another organisation called Redmoor Health to create a pilot programme for video group clinics (VGCs). By April 2020, a national training programme for VGCs was already being rolled out along with a technology partner.

Initially 78 primary care teams, some with experience of running face-to-face group consultations, were invited to become early adopters or ‘Sentinels’, tasked with helping the partnership to test and refine the VGC delivery model. In July 2020 NHSE&I recruited a further 460 sentinel practices, with funded training available until the end of October.

See also *Group consultations and virtual group clinics flourish up North* on page 34.

Virtual groups bring together 6-8 patients with the same or similar health conditions, in a confidential environment, supported by a technical facilitator and a clinician, most often a GPN. The facilitator shares a ‘results board’ which enables participants to see how their clinical biometrics compare with

others in the group and with normal measurements. The clinician then works interactively with the group, exploring people’s knowledge and experience and addressing their questions and concerns. Finally, the group works with the facilitator to commit to personal actions that will help them stay well.

**A case study of VGCs in primary care** led by the General Practice Nursing CNO Council found that they offer comparable benefits to real-world group consultations.

‘As practice teams begin to master VGC methods, they report that they save time compared to one to one video with nurses and other clinicians and are able to review up to eight times as many people in an hour of clinic time’, they concluded in a report published in September 2020.

Many patients, for their part, ‘value the opportunity of facilitated peer support, spending more time with their clinician and making connections with others who share their condition’.

However, evaluation of the VGC project has suggested that, while Covid-19 may have generated

initial enthusiasm for the idea of virtual clinics, it has also hindered their implementation and spread in practice. A flash survey of Sentinels in December 2020 found that 87 per cent had not undertaken a VGC since being trained, although 74 per cent remained committed to delivering VGCs in future.

‘The VGC programme was launched in difficult and changing priority times of Covid-19, so this can be attributed to the main reason for lack of implementation after training’, comments NHSE&I Senior Project Manager Jason Westwood in an Evaluation Highlight Report. ‘However, any future programmes must look to gain commitment in advance, otherwise return on investment will continue to be an issue.’

Delivery of the programme was observed to be most likely where there was joint team commitment from the start. Practical barriers to implementation included lack of expertise and confidence among clinicians, and the need for cultural change.

Jason Westwood’s recommendations for the future include:

- gathering evidence on effective use of VGCs;
- encouraging their use throughout the healthcare system;
- engaging with providers to provide risk-free and effective platforms;
- continuing to train systems in the principles of group consultation and VGCs;
- building capacity at regional, ICS, PCN and local IT support level to encourage effective implementation;

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- having confidence in VGCs as a safe and effective method of clinical delivery.

A range of resources to support video group consultations are available on NHSE&I's Digital First Primary Care Team workspace at:

► [future.nhs.uk/DigitalPC/grouphome](https://future.nhs.uk/DigitalPC/grouphome)  
(requires registration)

**New clinical supervision model goes digital**

The provision of clinical supervision in general practice has been inconsistent in the past, with good provision in some practices and none at all in others. One of the objectives of the Ten Point Plan was to rectify this deficiency and provide a consistent approach.

The first step was to build a generic 'core model' for clinical supervision in general practice, to which elements specific to different disciplines – such as paramedics or physiotherapists – could be bolted on in future.

A superb model already existed, in the shape of a clinical supervision toolkit developed by Helen & Douglas House, a hospice for children and young people in Oxford, at the request of Health Education England. This was adapted to form the basis of the core model, which is now on the **Future NHS Platform** and will form the foundation for future developments.

A digital platform to support supervision was subsequently created in partnership with NHS Digital. It was designed to be the home for the core model and its supporting resources and to equip users with comprehensive guidance on getting the most out of digital supervision.

Documents can be uploaded into a repository, and individual users can create a record of the sessions they have completed. The platform also provides a facility for group and one-to-one video conferencing. Feedback about the platform has been extremely positive. Despite the technical problems experienced by some users, 91 per cent of participants were keen to continue with this model of delivery.

Like the core supervision model, the digital platform is designed for all primary care practitioners, not just GPNs, and work is in progress with HEE to roll out the platform nationally.

Training was needed to enable practitioners to become effective supervisors, and each of the 44 HEE training hubs now has a trained trainer. The ultimate aim is to have a GPN workplace supervisor, capable of facilitating effective clinical supervision, in every PCN.

Throughout the development of the programme, it has been recognised that 'blended learning' provision, incorporating in-person and online learning is needed, and an e-learning package that accompanies and supports the core model is now live.

Kathryn Yates, Director for Primary Care Nursing, Workforce Transformation and Innovation at Londonwide Local Medical Committees, was seconded to lead the clinical supervision project in three phases:

- working with NHSE&I Senior Project Manager Jason Westwood to develop the core model;
- developing a 'train the trainer' package, which has been

“  
I learned more about myself and my leadership skills and about general practice nursing, which will enable me to do my job better in future’

CARE programme participant

”

delivered to locality lead nurses based in training hubs, followed up by support sessions on how to put it into practice;

- designing and delivering the e-learning package.

‘The practice of clinical supervision needs to be prioritised and supported for and by nursing colleagues at all levels’, she says.

‘My hope is that we continue to build upon and further develop a clear, sustainable and accessible model that works in practice and can be shown to be effective.’

In order to support multi-professional supervision, HEE has consulted widely across the workforce to assess individual requirements and avoid

duplication. This will enable the creation of bespoke specialised add-ons to complement the core model, complete with targeted training.

**Outstanding challenges and opportunities**

- Work with national, regional and ICS leaders to drive the shift from traditional medically focused leadership to **collaborative, multidisciplinary leadership** that values and empowers the whole workforce.
- Employers and nurses responsible for leadership development should encourage GPNs to **recognise and embrace their innate leadership qualities** and empower them to take up more visible and recognised leadership roles.
- Work with key stakeholders to enhance care delivery by **embedding digital technology, innovation, and quality improvement methodology** into new care models.
- Demonstrate the value nurses contribute to their communities, the NHS, and the principles of the Long Term Plan by **showcasing and promoting uptake of their innovations in population health**.

# Afterword

The Ten Point Plan afforded a unique opportunity to highlight the value of general practice nurses, provide access to the career development they deserve, and recognise what they bring to their practices, their communities, and the NHS.

GPNs are super-connectors – brilliant at working with other professionals to achieve the best for the people they care for and supremely well placed to deliver on the ambitions of the Long Term Plan. But they have tended in the past to underestimate their value and downplay their influence.

The real achievement of the Plan has been to get us to the point where others are recognising the value of GPNs and the vital role they play in delivering primary care and, more importantly, where the nurses themselves are starting to assume their natural authority in terms of influencing, involvement in policymaking and improving population health.

To bring that all to fruition was a daunting task, made possible by funding from the General Practice

Forward View, which enabled us to commission from a variety of stakeholders the wide-ranging work programmes referenced in this report.

It has been an honour and a privilege to work with those people and organisations. I also want to acknowledge the work of the regional boards, who committed time and energy to developing a host of creative projects to support and complement the national initiatives.

The initial vision and impetus for the Plan came from my immediate predecessor Anne Moger, who retired in the summer of 2017 just as the Plan was being launched. Also of great help in the early stages was Jane Clegg, now Director of Nursing & Deputy Regional Chief Nurse for London.

I have worked throughout with a wonderful team at NHSE&I, who have navigated through some complex situations and challenging circumstances to deliver the Plan. I am immensely grateful to Hilary Garratt CBE, Deputy Chief Nursing Officer for England, Primary Care Nursing Lead Karen Storey, Senior Project Manager Jason Westwood, Senior Analyst Melissa Darwent, and Business Support Assistant Allison Meaney for their unflagging enthusiasm and unstinting support.

Throughout this programme we have been aware that it could never be enough to bring about positive changes for GPNs; we

also need to be able to sustain those changes and build on them for the future.

This will take the continued commitment of all the key stakeholders. At the same time general practice nurses themselves need to work with us to maintain the momentum of this work, to speak up for themselves and to acknowledge their own authority and leadership.

Alongside the many considerable achievements of the Ten Point Plan, this report also draws attention to a number of outstanding challenges and opportunities.

We need to continue to find ways to attract young nurses into general practice, encourage better, consistent, and equitable treatment by employers, and create more seats for GPNs at decision-making tables.

We need to continue giving nurses reasons to stay in general practice by providing effective induction and mentoring support, with access to a wide range of career development opportunities.

And we need to continue driving the shift from traditional medically focused leadership structures and values to a collaborative multidisciplinary leadership style that values and empowers the whole workforce.

Going forward we need to work with our colleagues in the Primary Care Team at NHSE&I to address

these outstanding challenges and to make sure the voice of general practice nursing continues to be heard – and heeded. In that work we will retain our focus on the **three E's** that have provided the framework for this report:

**Elevating** the profile and appeal of general practice nursing;

**Enhancing** the role and career prospects of general practice nurses; and **Empowering** them to be catalysts for change in primary care.

It is my fervent hope that additional funding will be secured to continue to address the outstanding challenges targeted by the GPN Ten Point Plan and to make sure the voice of general practice nursing continues to be heard – and heeded

**Paul Vaughan**  
*Deputy Director – Primary Care Nursing & NextGen Nurse*  
NHS England and Improvement



Paul Vaughan

# Glossary of terms

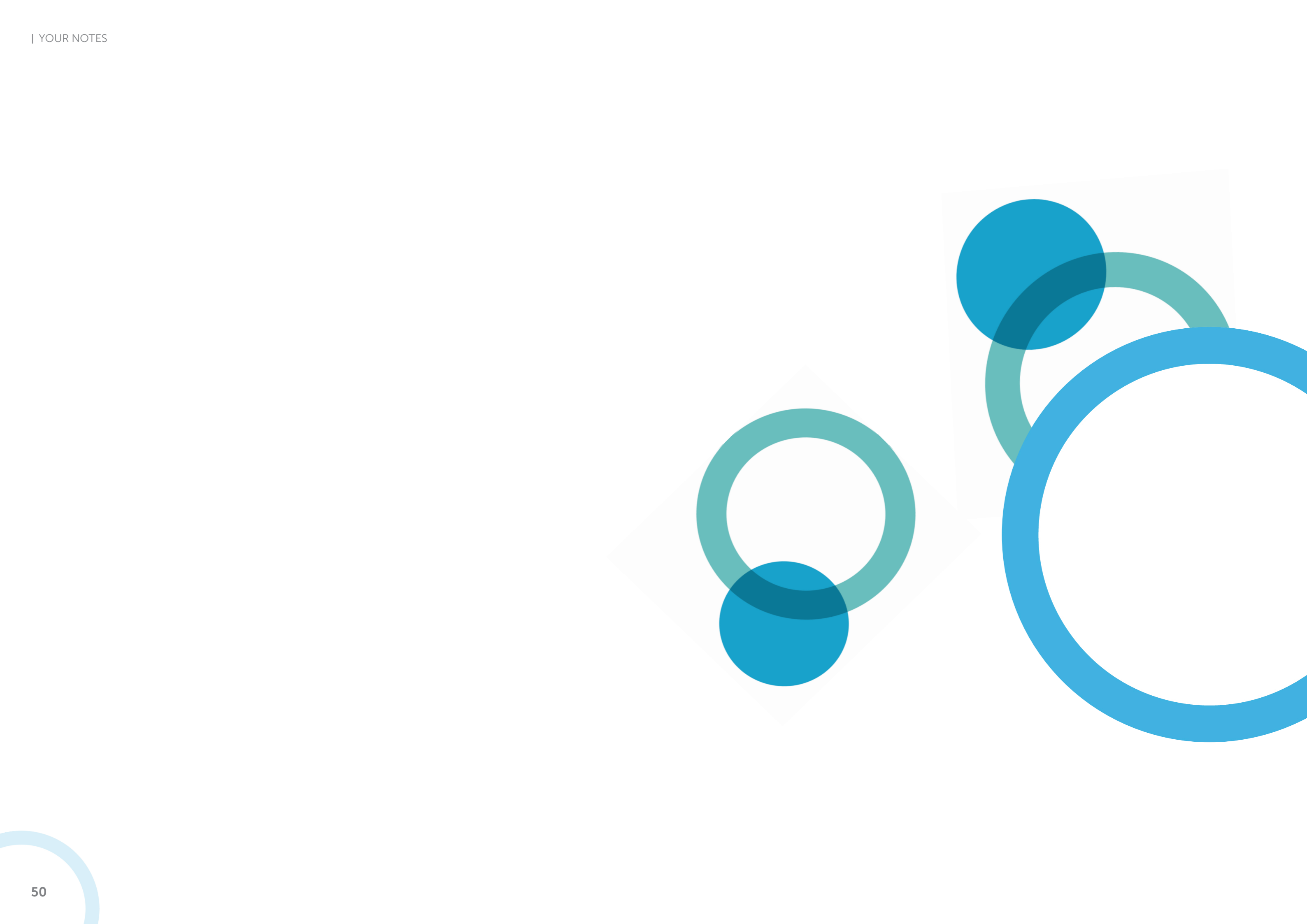
ABBREVIATION	DESCRIPTION
ACP	advanced clinical practice/practitioner
ARRS	additional roles reimbursement scheme
CARE	Connected, Authentic, Resilient & Empowered
CCG	Clinical Commissioning Group
GPN	general practice nurse
HCSW	healthcare support worker
HCA	healthcare assistant
HEE	Health Education England
HEI	higher education institution
ICS	Integrated Care System
LMC	Local Medical Committee
LTC	long term condition
NAPC	National Association of Primary Care
NHSE	NHS England
NHSE/I	NHS England and NHS Improvement
NMC	Nursing and Midwifery Council
PCN	Primary Care Network
QNI	The Queen’s Nursing Institute
RCN	Royal College of Nursing
TEC	technology enabled care
VGC	video group clinic

# References

The entries below match the numbered references included in the report. Comprehensive information about some of the programme activity (national and regional) and operational aspects of general practice nursing can be found on the ‘GPN Single Point’. This is an integral part of the Primary Care Workforce workspace and can be accessed here:

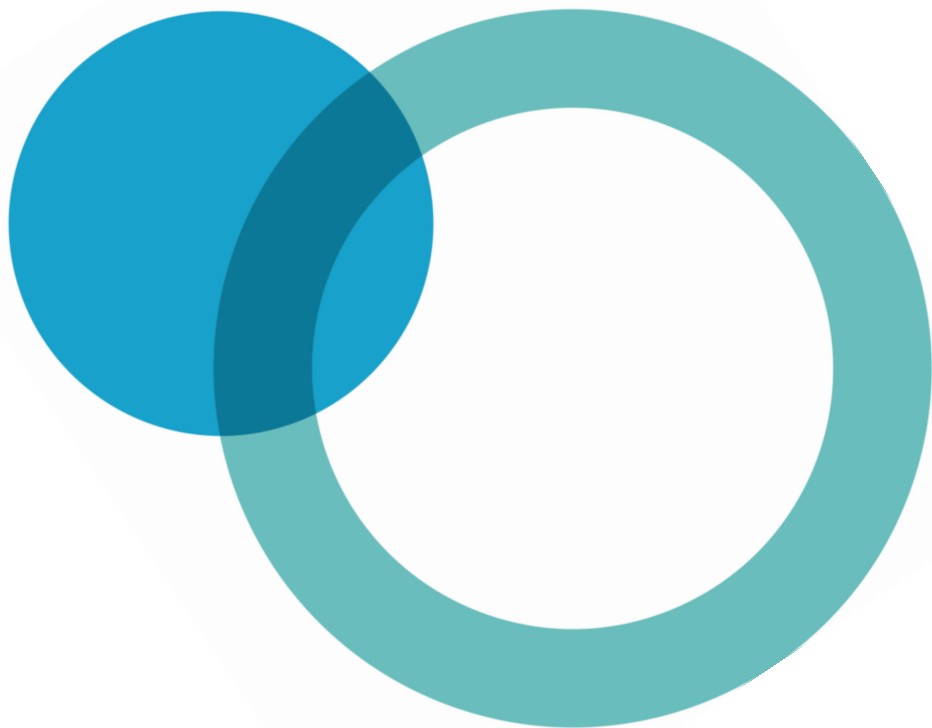
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of Primary Care



+44 (0)20 7636 7228 | [napc@napc.co.uk](mailto:napc@napc.co.uk)  
[www.napc.co.uk](http://www.napc.co.uk) | [🐦@NAPC\\_NHS](https://twitter.com/NAPC_NHS)