

# Developing people for health and healthcare



## District Nursing and General Practice Nursing Service

### Education and Career Framework October 2015

## Developed in partnership with:

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- Service users
- General Practice and District Nursing service practitioners
- NHS England
- Public Health England
- Queen's Nursing Institute
- Royal College of General Practitioners Nursing Group: General Practice Foundation
- Council of Deans of Health
- Royal College of Nursing
- RCGP General Practice Foundation Nursing Group
- Care Quality Commission
- CCG Chief Nurses
- National Association of Primary Care
- Association of District Nurse Educators
- Higher Education Institutes
- Local Medical Committees
- Directors of Nursing – Service providers

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## Foreword

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The Health Education England (HEE) Transforming Nursing for Community and Primary Care (TNCPC) workforce programme commenced in 2014 to enable both the delivery of the HEE Mandate and the HEE responsibilities of the NHS England (NHSE) led TNCPC Programme Board that was established by Jane Cummings, Chief Nursing Officer (CNO) for England in 2013. The focus agreed between the key strategic partners NHSE, HEE, Public Health England (PHE) and the Department of Health (DH) was district and general practice nursing services.

### TNCPC Vision

“Strengthening innovation, supporting the workforce and improving commissioning practice for district, community and primary care nursing that enables care to be delivered closer to home and improve the outcomes for people with long term conditions (LTCs) whilst simultaneously improving the experience of patients, carers and staff.”

### Policy Drivers

Several key government policy drivers introduced during the life of this HEE work reaffirm the original vision i.e. ‘Transforming Primary Care: Safe, proactive, personalised care for those who need it most’ (DH, April 2014) and more latterly the ‘Five Year Forward View’ (NHSE, 2014). The new care models described therein, and particularly the resultant development of these care models, support the whole purpose of HEE in terms of improving the quality of health and healthcare by ensuring that the workforce has the:

*“Right numbers, with the right skills, values and behaviours, at the right time and place.”*

In terms of district nursing, although the Health and Social Care Information Centre (HSCIC) reported in 2013 that there appeared to have been an overall increase in community staff numbers, including Health Care Assistants (HCAs), and greater numbers of nurses in specific areas such as asthma, diabetes and Chronic Obstructive Pulmonary Disease (COPD), there

was a drop of over 40% in specialist qualified District Nurse (DN) numbers between 2002 and 2012 (HSCIC, 2013). The QNI ‘Report on District Nurse Education in England Wales & Northern Ireland 2012/2013’ (QNI 2013) highlighted the lack of profile of district nursing as a career option as being one of the causes of the drop, partly due to nurses having little exposure to community nursing practice in their training and the need for updating of the Nursing and Midwifery Council (NMC) standards for DN specialist education. The QNI has now published voluntary standards to enhance the NMC standards<sup>1</sup>. Alongside this is the fact that 60% of the DN workforce is aged 45 years or over, which prompts the need to recruit and retain.

‘Care in local communities; A new vision and model for district nursing’ (DH, 2013) describes the roles of DNs in population and caseload management delivering preventative support, care for patients who are unwell, recovering and rehabilitating at home, have LTCs, require end of life care and support and care for independence. It also identifies action needed to work with Higher Education Institutions and other education and training providers to ensure the curriculum will equip DNs with the skills and knowledge to enable them to deliver the new service offer. It identifies the need to promote professional development and support joint training between DNs and other members of the community nursing team i.e. Health Care Assistants (HCAs) and Community Staff Nurses, and the need to secure sufficient training commissions to deliver the service offer.

The development of the education and career framework for district nursing and general practice nursing is the first attempt to develop a national solution to enable a consistent approach to ensuring the whole district and general practice nursing team are equipped to deliver health outcomes now and in the future. It has also been recognised that while some provider organisations in England value the need for a level 6 professional to lead the community nursing team, they are not all choosing to insist that person is a qualified DN, so a degree of flexibility in catering for that is also implicit.

In contrast to the DN role, while General Practice Nurses (GPNs) sometimes work alone in GP practices or

<sup>1</sup> QNI/QNIS Voluntary Standards for District Nurse Education and Practice. (2015) [http://www.qni.org.uk/docs/DN\\_Standards\\_Web.pdf](http://www.qni.org.uk/docs/DN_Standards_Web.pdf)

in teams that may include HCAs and other specialist nurses, their work is usually delivered in general practice premises. Their role is mainly to contribute to the delivery of the GP contract across the spectrum of provision and the life course of the practice population. This requires a specific skill set necessary to manage uncertainty and risk when supporting people who may have undifferentiated diagnoses. GPNs and their teams also need to have the ability to work within integrated teams to deliver care based on guidelines and protocols e.g. Quality Outcomes Framework (QOF) to enhance the quality of health outcomes, in particular in prevention and supporting those with LTCs who need support to self-manage.

In 2014, the HSCIC GPN Workforce and Development Census showed there was an increase of 1.6% in GPNs since 2012. Although the numbers have risen slightly, the functions GPNs undertake have also substantially changed to embrace expertise in LTCs, preventative services, sexual health and advanced clinical skills, with positive outcomes for patients<sup>2</sup>.

During the development of the DN and GPN education and career framework the independent review of the education and training of nurses and care assistants, 'Shape of Caring', commissioned by HEE in partnership with the NMC in May 2014 and led by Lord Willis of Knaresborough was published in early March 2015. There has been a period of stakeholder engagement across the country which began in September 2015 to provide advice on which recommendations of the report to take forward. A Reform Board under the chairmanship of Sir Stephen Moss will be established which will use the outcomes of the engagement phase to provide oversight of the recommendations being taken forward.

It gives us great pleasure to present this HEE District Nursing and General Practice Nursing Service Education and Career Framework (hereafter known as the "Framework"). The Framework, while differentiating the two roles within both of these nursing disciplines, supports standardisation and also sets out their comparators and expectations for each level in both skills and educational requirements which will assist with workforce planning and educational commissioning. In short, it will enable HEE's education commissioners within Local Education and Training Boards (LETBs) to first identify organisational learning needs with providers,

then commission education opportunities, enabling practitioners to plan and develop their career, thus assisting employers in conjunction with workforce planners to enable the provision of high-quality care.

The publication of this framework is not the end of the journey. Work in this area will continue within HEE through 'Shape of Caring', 'Building the workforce – the new deal for general practice' and 'The future of primary care: creating teams for tomorrow' report by the Primary Care Workforce Commission.



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<sup>2</sup> Pearce C, Hall S, Phillips C (2010) When policy meets the personal: general practice nurses in Australia. *Journal of Health Services Research and Policy*. 15, 2, 26-34.

## Executive Summary

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Community and primary care nursing services in England are at the very forefront of individualised services that need to be shaped by the voices of service users, carers and the public, in response to their health needs.

The fundamental role of district nursing and general practice nursing services in enabling that, is to provide services that promote health and well-being, encourage self-care and deliver personalised health outcomes in the person's own home, local surgery and community. These services must be appropriately integrated with social care and properly signposted so that, whether for urgent or more planned treatments, a full range of coordinated, high quality, accessible and well understood services are in place that are locally led.

As both of these nursing services are focussed on meeting the health and care needs of people in their local communities, they require particular competencies and flexibilities and the ability to work in partnership with patients, carers and communities, as well as with a range of other professional and voluntary workers and carers. New care models will only become a reality if we have enough staff with the right skills, values and behaviours to deliver them. We need to cultivate a workforce able to work across hospital and community boundaries and beyond traditional professional confines, with flexible skills and the ability to adapt and innovate.

This document sets out the rationale for the need for transformation and development of these nursing services in terms of the supporting policy background, evidence base and the challenges to the capacity and capability of this workforce to deliver services that are increasingly shifting health care delivery into community settings. This document will need to be periodically reviewed and updated in line with the changing NHS landscape and the first review of the frameworks will take place in 2020.

To set the scene, both of the frameworks begin with a description of the key characteristics of district

and general practice nursing to enable a clearer understanding of their core and specific roles. This then leads to a specialised stepped education and career illustration based on the NHS Career Framework and Skills for Health Career Framework and indicative academic levels, not Agenda for Change banding as the latter is not within the confines of the HEE role. Further to this, each level is supported by a key responsibilities/role description that give examples of how they are implemented into practice which is further supported by level descriptors that state the core values, skills and competency expectations. Along with this, the minimum vocational/professional/academic requirements at all levels are articulated.

For registered nurses, the four pillars of clinical practice described in the Advanced Practice Toolkit (<http://www.advancedpractice.scot.nhs.uk>) have been used to describe the requirements of each role. These are clinical practice, facilitation of learning, leadership and management, evidence, research and development. The clinical practice section defines the specific needs of each role.

Whilst both frameworks outline the specialist knowledge, skills and experience required to deliver district and general practice nursing care across the various levels, there is also recognition of core skills and commonalities which are reflected within both frameworks. Consequently this document gives versatility in terms of the commissioning and development of these roles as either can be generated in isolation of each other or via a hybrid model that combines the two. The frameworks have been developed with the expectation that roles up and including level 5 are fairly similar and more specialisation occurs from level 6.

They have been developed to support the work of practitioners, commissioners, employers educationalists, workforce planners, policy makers, regulators, indemnifiers and most of all to enable service users, carers and the public to have a greater understanding of these nursing services.

## Rationale

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Caring for people through high quality integrated services near to or at a place they call home, is central to current health policy. This is what the public tell us they want and also enables cost effectiveness.

The DH NHS Mandates for 2014-15 and 2015-16<sup>3</sup>, determines that professional education in community and primary care is key to helping people live longer through the delivery of preventative interventions, self care and the rehabilitative management of physical and mental health conditions, that ensures the public experience safe and effective care when needed. Putting Patients First: the NHSE business plan for 2013/14-2015/16<sup>4</sup> correlates this by identifying the importance of preventing people from dying prematurely, enhancing quality of life for people with LTCs and helping people to recover from episodes of ill health or injury. To ensure this it is essential that staff in primary and community care are effectively educated and prepared to deliver this and enhance care in community and primary care settings to meet these and other priorities.

In district nursing, the HSCIC<sup>5</sup> reports a reduction of 44.3% between 2003 and 2010 in Specialist Practitioner Qualified DNs and an increase in other levels of registered nurses in the district nursing team of 34.8% over the same period. The Five Year Forward View highlights that “we have yet to see a significant shift from acute to community sector based working – just a 0.6% increase in the numbers of nurses working in the community over the past ten years” (page 30). The QNI has published a number of documents that evidence studies based on surveys and focus groups that chart the increasing complexity of patients cared for by district nursing teams, earlier discharges and

workload being managed with reduced staffing and skill mix levels<sup>6,7,8</sup>. The Vision and Values report<sup>9</sup> noted that most DNs had experienced major changes to the primary care organisations in which they worked. Structural changes have continued over the last five years, with community nursing and healthcare provider services of Primary Care Trusts (PCTs) being transferred to other service providers such as acute or mental health trusts, social enterprises or bigger community nursing trusts covering much larger areas. When DH published ‘Care in Local Communities’<sup>10</sup> in 2013, it was seen as an important landmark document by firstly setting the vision for district nursing and then giving best practice guidance for both commissioners and service providers.

Also in 2013 the QNI undertook research<sup>11</sup> into the number of students undertaking the NMC DN Specialist Practice Qualification (SPQ) to quantify a view that numbers had fallen steeply. This confirmed a reduction of 40% in qualified DNs over the decade 2002-2012, and that 21% of courses approved to offer District Nurse courses did not run. The survey was then repeated for 2013-14<sup>12</sup> and showed an increase of 38% in nurses qualifying in 2014 (in England, Wales and Northern Ireland), with a 25% increase in universities offering the DN course. This prompted the QNI and QNI Scotland to fund a project to review standards for DN Education and Practice to ensure the educational and practice development of district nursing students reflects the contemporary and future expectations of DNs. The ‘QNI/QNIS Voluntary Standards for District Nurse Education and Practice’ have now been published and aim to enhance the NMC standards (see appendix 4). The findings of that project have also informed the development of the district nursing service aspect of this framework.

<sup>3</sup> Department of Health (2014) The Mandates 2014-15 and 2015-16

<sup>4</sup> NHS England, Putting Patients First: The NHS England Business Plan for 2013/14 – 2015/16: <http://www.england.nhs.uk/wp-content/uploads/2013/04/ppf-1314-1516.pdf>

<sup>5</sup> Health and Social Care Information Centre: <http://www.hscic.gov.uk/searchcatalogue>

<sup>6</sup> QNI (2002) The Invisible Workforce

<sup>7</sup> QNI (2006) Vision and Values: [http://www.qni.org.uk/docs/Vision\\_and\\_Values.pdf](http://www.qni.org.uk/docs/Vision_and_Values.pdf)

<sup>8</sup> QNI (2014) 2020 Vision: 5 years on. Reassessing the Future of District Nursing: [http://www.qni.org.uk/docs/2020\\_Vision\\_Five\\_Years\\_On\\_Web1.pdf](http://www.qni.org.uk/docs/2020_Vision_Five_Years_On_Web1.pdf)

<sup>9</sup> QNI (2006) Vision and Values: [http://www.qni.org.uk/docs/Vision\\_and\\_Values.pdf](http://www.qni.org.uk/docs/Vision_and_Values.pdf)

<sup>10</sup> Department of Health/NHS Commissioning Board (2013) Care in Local Communities – a vision and model for District nursing: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213363/vision-district-nursing-04012013.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213363/vision-district-nursing-04012013.pdf)

<sup>11</sup> QNI (2013) Report on District Nurse Education in the United Kingdom 2012-13: [http://www.qni.org.uk/docs/DN\\_Education\\_Report\\_2012-13.pdf](http://www.qni.org.uk/docs/DN_Education_Report_2012-13.pdf)

<sup>12</sup> QNI (2014) Report on District Nurse Education in the United Kingdom 2013-2014: [http://www.qni.org.uk/docs/District\\_Nurse\\_Education\\_Report\\_2014\\_web.pdf](http://www.qni.org.uk/docs/District_Nurse_Education_Report_2014_web.pdf)

In 2012, the Royal College of General Practitioners (RCGP) published 'The 2022 GP – A Vision for General Practice in the future NHS', which states that health services must be built on a foundation of integrated, community shaped, generalist healthcare services and that this will require a greater number and diversity of skilled, generalist-trained professionals. It further states that general practice teams will require the skilled expertise of nursing staff, Physician Assistants and other professionals who have undergone specific vocational training in community-based settings and are trained for their generalist role to complement that of the expert generalist physician. These key healthcare professionals will bring a range of unique skills and competences, including, with additional training, prescribing and advanced nursing skills.

The HSCIC Workforce and Development Census in 2013 showed that there were 23,833 GPNs, an increase of 375 (1.6%) since 2012. This represents 14,943 full-time equivalent (FTE) nurses, an increase of 248 (1.7%) since 2012. This equates to one FTE nurse for every 3,748 registered patients, a decrease of 1.2% since 2012. The role and functions that GPNs undertake have also substantially changed to embrace expertise in LTCs, preventative services, sexual health and advanced clinical skills, with positive outcomes for patients<sup>13</sup>. Nurses are central to the delivery of the new care models in the 'Five Year Forward View' that aims to bring about better integration of care of not only in primary and secondary services but also with social care, independent and third sector services. Service providers are key to these interfaces and will need to be prepared to organise services through a range of different structures in delivering care to people in or close to their homes whilst maintaining close integrated working relationships with general practice.

In order to meet the challenge, the capacity and capability of both the district nursing and general practice nursing service workforce must be continually developed.

In response to the capability issues, HEE will ensure through the Shape of Caring review that nursing service personnel will receive consistent vocational and/or pre registration education and training opportunities to prepare them for their roles in a variety of settings and, where appropriate, vocational and post

registration opportunities throughout their careers to support the delivery of high-quality care.

Despite the fact that current pre-registration nurse training is aimed at equipping nurses to work in any care setting on registration, the effect is that the majority of newly qualified nurses need support to develop the skills and competence required to work in community and/or primary care. Therefore alongside the development of this framework, a HEE project group has considered pre-registration access to learning opportunities in these areas and address the constraints developing high quality placements in community and primary care to ensure that future nurses have opportunities to learn in a wide range of placements during their generalist training.

Some areas have developed local competency frameworks for nurses in community and primary care settings and the RCGP GPN Nursing Service Competency Framework<sup>14</sup> has been published. However until the development of the HEE framework there were no national (England) descriptors.

Until this framework there has not been a consistent strategic approach to the commissioning of the education and training needed to deliver post registration specialist qualifications in either district or general practice nursing. Subsequently, the framework has informed and shaped the development of education commissioning specifications to enable a nationally consistent approach to the delivery of education outcomes for those professions.

The frameworks were developed through a programme of work supported by HEE with two sub-groups for district and general practice nursing, ensuring integration between them to allow a consistent approach.

The methodology was based on the articulation of the shared and role specific skills and competencies, and the identification of the academic requirements for working at different levels and ensuring staff could see a route for progression in each of the roles. An education commissioning specification is being developed to inform the LETB commissioning of education to support the integration of the frameworks into practice and ensure consistency across England.

<sup>13</sup> Pearce C, Hall S, Phillips C (2010) When policy meets the personal: general practice nurses in Australia. *Journal of Health Services Research and Policy*. 15, 2, 26-34.

<sup>14</sup> RCGP (2015) GPN Nursing Service Competency Framework: <http://www.rcgp.org.uk/membership/practice-team-resources/information-for-practice-teams.aspx>

## Introduction

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The Framework describes the aspects of care to be delivered within a holistic model that includes complex emotional and physical conditions, within a health and community context. As such, this requires clinical competence underpinned by a sound education and research base and delivered through strong and visible clinical leadership. Alongside all nursing practice in England, the values identified in Compassion in Practice<sup>15</sup> are contextualised for primary and community care. Both frameworks have been developed to ensure consistency in the educational and professional requirements at each level of the framework and to ensure current and future practitioners are equipped to meet patient care needs in a variety of healthcare settings with new models of service provision<sup>16</sup>.

The Framework comprises of templates that map progress through levels based on the Skills for Health (SfH) Career Framework (Appendix 1). Examples are provided of the sphere of responsibility/role associated with a particular level, key knowledge and skills, appropriate educational and development preparation including levels of qualification (Appendix 2) and suggested mapping to the NHS Knowledge and Skills Framework (KSF) (Appendix 3).

The Advanced Practice Toolkit is a UK-wide repository for consistent, credible and helpful resources relating to advanced practice<sup>17</sup>. The Framework is based on the four central pillars of practice for registered nurses described in the Advanced Practice Toolkit. The pillars are:

- Leadership and Management
- Facilitation of Learning
- Evidence, Research and Development
- Clinical Practice.

The material presented in the first three pillars tends to be generic to any professional group and it is the Clinical Practice pillar that defines the specific needs of the role. The emphasis in each pillar, at a particular level of the Career Framework, will vary according to role. It is important to note that the levels in this

Framework do not directly 'read across' to the Agenda for Change (AfC) bands and this Career Framework has no direct link to pay.

District nursing is a broad term used to encompass all staff working in the district nursing team, however while the team leader generally holds a DN specialist qualification recordable with the NMC, it is acknowledged that this varies amongst provider organisations. In the context of this framework, the term district nursing covers qualified nursing and unregulated healthcare staff within the district nursing team across the levels. General practice nursing is also a broad term that encompasses the team of clinical staff providing nursing and healthcare within a general practice setting. In the context of this framework, the terms 'general practice nursing' and 'district nursing' cover the range of qualified nursing and unregulated healthcare staff across the career framework levels.

A previous lack of strategic workforce planning and limited resources earmarked for general practice and district nursing has led to an increase in workload pressures and rising waiting times to access some community and primary care services. There has been variable education preparation and training for general practice and district nursing teams. In many areas, there has been limited training and support made available for nurses who are transferred from hospital settings to the community, few community placement opportunities for pre-registration nursing students and cuts to district nursing community specialist practitioner training opportunities and posts<sup>18</sup>. The focus for the future must be on integration as a means to promote continuity and seamless patient care, reduce fragmentation and improve patient outcomes. Until recently, the focus has been on vertical integration of care, linking primary, secondary and tertiary care. To work effectively in primary and community care, nursing staff need to be appropriately trained, safe, confident and competent practitioners. The Five Year Forward View<sup>19</sup> sets out a clear direction for the NHS showing why change is needed and what it may look like. Change will be required within the NHS services, but other actions require new

<sup>15</sup> NHS England, *Compassion in Practice 2012 and Compassion in Practice – two years on (2014)*

<sup>16</sup> NHS England 2014 *the NHS Five Year Forward View*

<sup>17</sup> Advanced Practice Toolkit: <http://www.advancedpractice.scot.nhs.uk>

<sup>18</sup> Queen's Nursing Institute (2014) *2020 Vision 5 years on*: [http://www.qni.org.uk/docs/2020\\_Vision\\_Five\\_Years\\_On\\_Web1.1.pdf](http://www.qni.org.uk/docs/2020_Vision_Five_Years_On_Web1.1.pdf)

<sup>19</sup> NHS England 2014 *the NHS Five Year Forward View*

partnerships with local communities, local authorities and employers and the third sector.

The Five Year Forward View<sup>20</sup> identifies the need for a variety of new structures currently being piloted as new care models. In order to ensure general practice and district nursing staff are fit for both practice and purpose in the new structures, it is vital to recognise commonalities that apply to nurses working in primary care and those working in district nursing, but also to be clear about how the roles differ. In developing an educational strategy, it is recognised that often the same knowledge base is appropriate to both general practice and district nursing staff, however often the application of this knowledge differs. There are also some specific specialist competencies necessary for both areas.

## Purpose

The Framework has been designed to provide two documents which will support standardisation of roles within both disciplines. It sets out the expectations for each level in both skills and educational requirements which will assist with workforce planning and educational commissioning. It will enable practitioners to plan and develop careers and will assist employers, nurses and other organisations in identifying the skills and education required to provide high-quality care.

## Who is it for?

- Patients
- Nurses
- Employers
- Health Care Assistants
- Educationalists
- Commissioners
- Workforce planners
- Policy makers
- Regulators
- Indemnifiers

<sup>20</sup> NHS England 2014 the NHS Five Year Forward View

## Key characteristics of District and General Practice Nursing

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District and general practice nursing staff need to be resilient and adaptable, and cope with uncertainty and be able to deliver care, sometimes under less than optimal circumstances and sometimes in unpredictable situations. It is essential to be confident in lone working and making autonomous decisions, often without recourse to immediate backup.

They need to be skilled at proactive and anticipatory care, ensuring that they work with patients and carers to enable them to recognise changes in their condition and strategies, equipment or drugs to manage changes. They need to be very skilled in behaviour change strategies and recognise the time needed to support patients to feel empowered and confident in managing their conditions. They need higher level communication skills that enable them to recognise and use strategies to negotiate care plans and they need to possess a strong focus on enabling patients to take responsibility for their self-care.

Assessment must take into account not only the patient's health needs but also other contexts such as their home environment, the informal support they have access to, the formal support structures they are entitled to or that are available to them (these may differ according to the area in which they live or the financial resources available to them), their health beliefs and culture. Care must then be negotiated around these enablers or constraints.

District nursing services are often the lynchpin of the care at home provided to the patient. District nursing and general practice nursing staff are now caring for patients with much greater dependency and acuity as hospital stays have been shortened and patients are discharged at an earlier stage of their recovery. Depending on the patient's needs, they may have to not only actively collaborate with GPs but also with social care agencies that may be providing social care (which may include help with personal functions), allied health professionals and specialised services, voluntary agencies and the patient's family or other carers. This can be time-consuming but necessary to provide holistic care.

GPNs generally have short structured time slots to see patients, but this can vary depending on the nature of the consultation often booked for a predetermined

purpose. The consultation is usually focused and structured. However, more GPNs are providing minor illness and urgent care appointments and require skills in structured history taking and clinical examination in order to reach possible differential diagnoses, order further investigations or provide treatment.

Both general practice and district nursing teams are heavily involved in the management of LTCs. Patients tend to be older and often have multiple pathology and frailty, and mobility is often limited. This requires each nurse to have broad knowledge of LTCs and the interactions and presentation of these in order to deliver effective care and support self-management. There needs to be excellent communication and shared care of patients between general practice nursing teams and district nursing teams.

DNs will usually leave care plans and notes in patients' houses, in addition to electronic records required by the trust, to enable shared care and communication for different members of the team visiting. It is vital that notes are patient-centred and clearly articulate the roles and responsibilities of all concerned in delivering care, including the patient and/or carer. Practice staff have access to computerised records which can be shared with other health professionals and will link with a variety of other health professionals across various sectors. Effective team working in situations where teams may not be co-located and cross professional and agency boundaries is challenging but essential for high-quality patient care.

Person-centred care that respects dignity is non-judgemental and value based. Care focused on supporting patient self-management of their healthcare needs must be contextualised to primary and community care settings where the power dynamics of the patient-nurse relationship is different and must be negotiated, given that nursing and healthcare staff are guests in patients' homes. DNs will have more involvement with patients needing palliative and end of life care. In situations like these, excellent interpersonal skills are vital and district nursing staff must be very skilled in communicating with the patient and carers around sensitive and often difficult topics. Knowledge of anticipatory care and other forms of forward planning are key, both

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in giving patients and carers confidence but also in ensuring the patients' wishes are respected and can be achieved. This needs active involvement with the multidisciplinary team so messages are shared and updated and care is coordinated.

District and General Practice nursing staff will see patients across the full age range – from birth to end of life. A large proportion of their clinical work is public health related, involving screening programmes, health promotion services and prevention, self-management and behaviour.

In order to meet these challenges, the capability of the primary and district nursing services to deliver this must be developed.

The frameworks for general practice nursing and district nursing are presented separately, but the expectations of roles from levels 2-5 for both are relatively generic, with specialisation occurring from level 6. In the future, it is likely that all levels from 2-8 may work in a range of settings outside hospitals and so their preparation and development for the future needs to reflect this.

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District Nursing Service



# District Nursing Service Education and Career Framework

	Minimum professional and educational requirements for the role
<b>Advanced Community Nurse Practitioner Level 8</b>	Registered on Part 1 NMC register. NMC Specialist Community Practitioner Qualification. Master's degree Practice Educator award if role focused in education. Independent and supplementary prescribing – V300. Level 3 Extended brief interventions (see NICE guidelines for descriptors of behaviour change interventions).
<b>Senior District Nurse/ Team Leader Level 7</b>	Registered on Part 1 NMC register. First degree and working towards postgraduate level qualification (from 2015). NMC Specialist Community Practitioner Qualification Practice Teacher award or mentorship award. Independent and Supplementary prescribing – V300. Level 3 Extended brief interventions (see NICE guidelines for descriptors of behaviour change interventions).
<b>District Nurse/Team Leader Level 6</b>	Registered on Part 1 NMC register. Degree level qualification/ equivalent experience. NMC Specialist Community Practitioner Qualification – District Nurse. NMC Mentorship qualification. Level 3 Extended brief interventions (see NICE guidelines for descriptors of behaviour change interventions).
<b>Community Staff Nurse Level 5</b>	Registered on part 1 of the NMC register. Level 3 Extended brief interventions (see NICE guidelines for descriptors of behaviour change interventions).
<b>Assistant Practitioner Level 4</b>	Care Certificate (highly recommended). Foundation degree/Higher Apprenticeship (Assistant Practitioner) (level 5) to include level 2 brief intervention training. QCF level 5 diploma.
<b>Health Care Assistant Level 3</b>	Care Certificate (highly recommended) to include, or have as an addition, training for working alone in community settings and specific skills needed for the role. Level 2 brief intervention training. QCF level 3 diploma in clinical healthcare support or the equivalent. Level 2 brief intervention training (See NICE guidelines ) Maths and English functional skills qualification.
<b>Health Care Assistant Level 2</b>	Care Certificate (highly recommended) to include, or have as an addition, training for working alone in community settings and specific skills needed for the role . Hold or working towards Level 2 QCF Diploma in Clinical Healthcare Support or equivalent. Maths and English functional skills qualification – content may change when new NOS are published.
<b>Pre-employment Level 1</b>	Examples: work experience, pre-employment programme, cadetship, traineeship.

## Overview of levels 2-8 key responsibilities/role description

### pre-employment Level 1

Examples include: work experience, traineeship, pre-employment programme and cadetship.

#### Links

HEE Talent for Care

### Health Care Assistant: Skills for Health Career Framework Level 2

#### Key responsibilities/Role description

The requirements of this role are likely to vary in organisations and may require one skill to be applied in a range of settings such as phlebotomy. Staff in this role work under the supervision of a registered practitioner, but supervision may be remote or indirect. It is highly recommended that they will have achieved the basic competencies of the Care Certificate, but will need induction into working alone in community settings and any specific skills required for the role, and will be able to work alone in patients' homes or in clinic settings, taking responsibility for well-defined routine clinical and non-clinical duties delegated by a registered practitioner, including defined clinical or therapeutic interventions within the limits of their competence. Their work is guided by standard operating procedures, protocols or systems of work, but as the worker is working alone in a variety of community settings they may be expected to respond to patient questions and report these back to assist in patient care evaluation. They will be expected to demonstrate key behaviours consistent with the values identified for delivering compassionate care. If they are highly skilled in a specific clinical activity such as phlebotomy, they may be asked to support the development of this skill in other staff.

### Health Care Assistant: Skills for Health Career Framework Level 3

#### Key responsibilities/Role description

Staff in this role work under the supervision of a registered practitioner or may be supervised by a Level 4 Assistant Practitioner (AP), but supervision may be remote or indirect. It is highly recommended that they will have achieved the basic competencies of the Care Certificate, but will need induction into working alone in community settings and any specific skills required for the role, and will be able to work alone in patients' homes or in clinic settings, taking responsibility for delegated activities, including defined clinical or therapeutic interventions within the limits of their competence. Their work is guided by standard operating procedures, protocols or systems of work, but as the worker is working alone in a variety of community settings they will be expected to make non-complex decisions and report these back to assist in patient care evaluation and in broader service development and quality assurance activities. They will be expected to answer simple patient queries and be flexible in supporting patients and carers and the wider team. They will be expected to demonstrate key behaviours consistent with the values identified for delivering compassionate care. Level 3 HCAs may take a role in engaging with students and other health and social care staff to experience community settings and the role of HCAs.

## Assistant Practitioner: Skills for Health Career Framework Level 4

### Key responsibilities/Role description

In addition to level 3, staff in this role work under the supervision of a registered practitioner, yet have received a level of educational preparation to enable them to take responsibility for delegated activity, including defined clinical or therapeutic interventions. Their work is guided by standard operating procedures, protocols or systems of work, but within this the worker will be expected to work alone in a variety of community settings and make decisions whilst reporting back objectively to assist in patient care evaluation and in broader service development and quality assurance activities. Depending on the skill mix of the team, they may allocate work to other HCAs of a lower grade and may supervise, develop, teach, mentor and assess other HCAs and may take a role in supporting students engaging with other students and other health and social care staff experiencing community placements and the roles within the nursing teams.

## Community Staff Nurse: Skills for Health Career Framework Level 5

### Key responsibilities/Role description

This role requires consolidation of registrant standards of competence<sup>21</sup> and developing confidence to work alone without direct supervision, undertaking and reporting on autonomous decisions made in practice. It is expected that all newly registered staff or those moving to a community setting will have a period of preceptorship. Depending on the organisational structures of local areas, this role may be within a range of settings that may include general practice, clinics or home settings. This role requires a developing knowledge of community nursing in the broadest sense, and excellent interpersonal and communication skills to support patients with a wide range of conditions to understand and where possible take on self-management of their condition. The role requires resilience and the ability to be flexible and adaptable whilst working in people's homes and other community settings. Level 5 nurses will be working as part of a primary/community nursing team and will have some responsibility for supervising less experienced or qualified staff and students in community placements. They will be expected to actively contribute to quality assurance processes and service development and preceptorship and be actively engaged with the NMC revalidation process both for themselves and for others.

## District Nurse/Team Leader: Skills for Health Career Framework Level 6

### Key responsibilities/Role description

In addition to the level 5 requirements, this role requires consolidation of specialist knowledge and skills in community nursing practice, demonstrating a depth of knowledge, understanding and competence that supports evidenced informed, complex, autonomous and independent decision-making and care in homes and other environments that are often complex and unpredictable. Those new to this role will need a period of preceptorship. This role will require personal resilience, management, clinical leadership, and supervision and mentorship of the district nursing team members, providing an effective learning environment for staff and students in the wider team. The role will require an innovative approach to supporting and developing new models and strategies, usually incorporating inter-professional and inter-agency approaches to monitor and improve care. DNs deliver population-based services, either to a defined locality or a practice population, and therefore need to have an understanding of the public health profile and population needs in order to be proactive in ensuring services are, as far as possible, matched to need. This role requires the ability to work independently and collaboratively, using freedom to exercise judgement about actions while accepting professional accountability and responsibility. This requires:

<sup>21</sup> NMC Standards for Pre-Registration Nursing: <http://standards.nmc-uk.org/PreRegNursing/statutory/background/Pages/introduction.aspx>

- Enhanced critical thinking and ability to critically analyse a broad range of policies, literature and evidence to support clinical practice.
- Ability to analyse service provision both in relation to quality assurance and quality monitoring and to focus on patient outcomes wherever possible.
- Strong clinical leadership of the team, including robust preceptorship of new staff, and clarity of expectation of team members with respect to quality of care delivery and values inherent in nursing practice, demonstrating emotional intelligence to recognise pressures on staff and the development of mechanisms to support and develop staff to recognise the impact of caring for people alone in complex situations.
- Enhanced knowledge of the local community, needs and resources available and the ability to profile key aspects of the community and the district nursing caseload.
- Ability to work collaboratively with others to meet local public health needs for individuals, groups and the wider community.
- Ability to build strong relationships with the secondary care teams, particularly for patients receiving shared care to ensure an effective flow of patient information to ensure high-quality care.
- Ability to reflect in action and be actively engaged with the NMC revalidation process both for themselves and for others.

## Senior District Nurse/Team Leader: Skills for Health Career Framework Level 7

### Key responsibilities/Role description

In addition to level 6, key responsibilities of staff at level 7 are to consolidate skills of critical analysis and evaluation to enable knowledge pertaining to complex contemporary community nursing practice to be critiqued. Level 7 staff must be able to use new knowledge in innovative ways and take responsibility for developing and changing practice in complex and sometimes unpredictable environments. They must recognise the complexity of operating in multi-agency environments and the need for interdependent decision-making and support staff to feel confident and competent in moving across agency and professional boundaries. At this level the practitioner will be highly experienced in their field and either continues to develop this expertise to be used in a consultancy capacity for advising others on evidence-informed complex community nursing issues or to have management responsibilities for a defined team/section/department. They will have responsibility for a caseload, the size depending on their responsibilities, and be expected to provide training, support and supervision to staff.

## Advanced Community Nursing Practitioner: Skills for Health Career Framework Level 8

### Key responsibilities/Role description

In addition to level 7, this level 8 role will have achieved and consolidated Advanced Nurse Practitioner (ANP) status, demonstrating highly specialised knowledge in community nursing. Their role may differ in organisations, but is likely to entail key responsibilities with respect to research, advanced community nursing practice, service development and improvement and education. They will be expected to be at the forefront of developments in their field, usually undertaking original research or having responsibility for co-ordination and delivery of Research and Development in their organisation and the implementation of research and evidence into practice. As an ANP, they will continue to have clinical patient contact and may specialise in one area of practice but may use this in a consultancy capacity.

**There are core values, skills and competencies expected at all levels of community nursing and these are listed below.**

The role descriptions that follow articulate the expectations of these core values, skills and competencies.

District Nursing Team Education and Career Framework	Level 8	Level 7	Level 6	Level 5	Level 4	Level 3	Level 2	Level 1
	Confident in lone working, sometimes in unpredictable situations, and making autonomous decisions often without recourse to immediate backup.							
	Risk assessment and management strategies for working with patients in a range of home settings.							
	Recognising vulnerability in patients and families and being able to implement strategies for safeguarding or signposting of patients and families for further support.							
	Comprehensive holistic assessment skills that take account of the patient in their home environment and the many variables that impact on care.							
	Person-centered care that respects dignity, and is non-judgmental and value based encompassing the 6Cs, with care focused on supporting patient self-management of their healthcare needs wherever possible.							
	Communication skills, both verbal and non-verbal, that articulate care that is negotiated, anticipatory and clearly documented.							
	Effective team working in situations where teams may not be co-located and cross professional and agency boundaries.							
	Adherence to relevant codes of conduct and ability to interpret the codes in the context of community nursing.							
	Able to reflect on practice and develop strategies for maintaining continuing professional development and ways of sharing learning despite not always being co-located in teams and working alone.							
	Utilise behaviour change strategies in supporting patients to self-care and manage their condition.							
	Reflection is a core skill across all nursing and healthcare but is particularly important for district nursing staff to enable learning from stressful situations that may be encountered whilst working alone.							
	As care is usually provided in the privacy of the patient's home, district nursing staff must place a greater emphasis on quality assurance and quality monitoring to demonstrate the quality, value and outcomes of their service as it is not immediately apparent as within a hospital setting.							
	All district nursing staff need enhanced awareness of mental health issues as many patients experience poor mental health alongside other physical conditions and may need signposting or support to manage their mental health.							
	Increasingly all district nursing and healthcare staff must be able to use a range of technology to support patient care.							

## District Nursing Career Framework – Level descriptors

### Pre-employment Level 1

Examples include: work experience, traineeship, pre-employment programme and cadetship.

#### Links

HEE Talent for Care

### Health Care Assistant: Skills for Health Career Framework Level 2

#### Key responsibilities/Role description

The requirements of this role are likely to vary in organisations and may require one skill to be applied in a range of settings such as phlebotomy. Staff in this role work under the supervision of a registered practitioner, but supervision may be remote or indirect. It is highly recommended that they will have achieved the basic competencies of the Care Certificate, but will need induction into working alone in community settings and any specific skills required for the role, and will be able to work alone in patients' homes or in clinic settings, taking responsibility for well-defined routine clinical and non-clinical duties delegated by a registered practitioner, including defined clinical or therapeutic interventions within the limits of their competence. Their work is guided by standard operating procedures, protocols or systems of work, but as the worker is working alone in a variety of community settings they may be expected to respond to patient questions and report these back to assist in patient care evaluation. They will be expected to demonstrate key behaviours consistent with the values identified for delivering compassionate care. If they are highly skilled in a specific clinical activity such as phlebotomy, they may be asked to support the development of this skill in other staff.

### Health Care Assistant: Skills for Health Career Framework Level 3

#### Key responsibilities/Role description

Staff in this role work under the supervision of a registered practitioner or may be supervised by a Level 4 AP, but supervision may be remote or indirect. It is highly recommended that they will have achieved the basic competencies of the Care Certificate, but will need induction into working alone in community settings and any specific skills required for the role, and will be able to work alone in patients' homes or in clinic settings, taking responsibility for delegated activities, including defined clinical or therapeutic interventions within the limits of their competence. Their work is guided by standard operating procedures, protocols or systems of work, but as the worker is working alone in a variety of community settings they will be expected to make non-complex decisions and report these back to assist in patient care evaluation and in broader service development and quality assurance activities. They will be expected to answer simple patient queries and be flexible in supporting patients and carers and the wider team. They will be expected to demonstrate key behaviours consistent with the values identified for delivering compassionate care. Level 3 Healthcare Assistants may take a role in engaging with students and other health and social care staff to experience community settings and the role of HCAs.

## Assistant Practitioner: Skills for Health Career Framework Level 4

### Key responsibilities/Role description

In addition to level 3, staff in this role work under the supervision of a registered practitioner, yet have received a level of educational preparation to enable them to take responsibility for delegated activity, including defined clinical or therapeutic interventions. Their work is guided by standard operating procedures, protocols or systems of work, but within this the worker will be expected to work alone in a variety of community settings and make decisions whilst reporting back objectively to assist in patient care evaluation and in broader service development and quality assurance activities. Depending on the skill mix of the team, they may allocate work to other HCAs of a lower grade and may supervise, develop, teach, mentor and assess other HCAs and may take a role in supporting students engaging with other students and other health and social care staff experiencing community placements and the roles within the nursing teams.

## Community Staff Nurse: Skills for Health Career Framework Level 5

### Key responsibilities/Role description

This role requires consolidation of registrant standards of competence and developing confidence to work alone without direct supervision, undertaking and reporting on autonomous decisions made in practice. It is expected that all newly registered staff or those moving to a community setting will have a period of preceptorship. Depending on the organisational structures of local areas, this role may be within a range of settings that may include general practice, clinics or home settings. This role requires a developing knowledge of community nursing in the broadest sense, and excellent interpersonal and communication skills to support patients with a wide range of conditions to understand and where possible take on self-management of their condition. The role requires resilience and the ability to be flexible and adaptable whilst working in people's homes and other community settings. Level 5 nurses will be working as part of a primary/community nursing team and will have some responsibility for supervising less experienced or qualified staff and students in community placements. They will be expected to actively contribute to quality assurance processes and service development and preceptorship and be actively engaged with the NMC revalidation process both for themselves and for others.

## District Nurse/Team Leader: Skills for Health Career Framework Level 6

### Key responsibilities/Role description

In addition to the level 5 requirements, this role requires consolidation of specialist knowledge and skills in community nursing practice, demonstrating a depth of knowledge, understanding and competence that supports evidenced informed, complex, autonomous and independent decision-making and care in homes and other environments that are often complex and unpredictable. Those new to this role will need a period of preceptorship. This role will require personal resilience, management, clinical leadership, and supervision and mentorship of the district nursing team members, providing an effective learning environment for staff and students in the wider team. The role will require an innovative approach to supporting and developing new models and strategies, usually incorporating inter-professional and inter-agency approaches to monitor and improve care. DNs deliver population-based services, either to a defined locality or a practice population, and therefore need to have an understanding of the public health profile and population needs in order to be proactive in ensuring services are, as far as possible, matched to need. This role requires the ability to work independently and collaboratively, using freedom to exercise judgement about actions while accepting professional accountability and responsibility. This requires:

- Enhanced critical thinking and ability to critically analyse a broad range of policies, literature and evidence to support clinical practice.
- Ability to analyse service provision both in relation to quality assurance and quality monitoring and to focus on patient outcomes wherever possible.
- Strong clinical leadership of the team, including robust preceptorship of new staff, and clarity of expectation of team members with respect to quality of care delivery and values inherent in nursing practice, demonstrating emotional intelligence to recognise pressures on staff and the development of mechanisms to support and develop staff to recognise the impact of caring for people alone in complex situations.
- Enhanced knowledge of the local community, needs and resources available and the ability to profile key aspects of the community and the district nursing caseload.
- Ability to work collaboratively with others to meet local public health needs for individuals, groups and the wider community.
- Ability to build strong relationships with the secondary care teams, particularly for patients receiving shared care to ensure an effective flow of patient information to ensure high-quality care.
- Ability to reflect in action and be actively engaged with the NMC revalidation process both for themselves and for others.

## Senior District Nurse/Team Leader: Skills for Health Career Framework Level 7

### Key responsibilities/Role description

In addition to level 6, key responsibilities of staff at level 7 are to consolidate skills of critical analysis and evaluation to enable knowledge pertaining to complex contemporary community nursing practice to be critiqued. Level 7 staff must be able to use new knowledge in innovative ways and take responsibility for developing and changing practice in complex and sometimes unpredictable environments. They must recognise the complexity of operating in multi-agency environments and the need for interdependent decision-making and support staff to feel confident and competent in moving across agency and professional boundaries. At this level the clinician will be highly experienced in their field and either continues to develop this expertise to be used in a consultancy capacity for advising others on evidence-informed complex community nursing issues or to have management responsibilities for a defined team/section/department. They will have responsibility for a caseload, the size depending on their responsibilities, and be expected to provide training, support and supervision to staff.

## Advanced Community Nursing Practitioner: Skills for Health Career Framework Level 8

### Key responsibilities/Role description

In addition to level 7, this level 8 role will have achieved and consolidated Advanced Nurse Practitioner (ANP) status, demonstrating highly specialised knowledge in community nursing. Their role may differ in organisations, but is likely to entail key responsibilities with respect to research, advanced community nursing practice, service development and improvement and education. They will be expected to be at the forefront of developments in their field, usually undertaking original research or having responsibility for co-ordination and delivery of Research and Development in their organisation and the implementation of research and evidence into practice. As an ANP, they will continue to have clinical patient contact and may specialise in one area of practice but may use this in a consultancy capacity.

**There are core values, skills and competencies expected at all levels of community nursing and these are listed below.**

The role descriptions that follow articulate the expectations of these core values, skills and competencies.

District Nursing Team Education and Career Framework	Level 8	Level 7	Level 6	Level 5	Level 4	Level 3	Level 2	Level 1
	Confident in lone working, sometimes in unpredictable situations, and making autonomous decisions often without recourse to immediate backup.							
	Risk assessment and management strategies for working with patients in a range of home settings.							
	Recognising vulnerability in patients and families and being able to implement strategies for safeguarding or signposting of patients and families for further support.							
	Comprehensive holistic assessment skills that take account of the patient in their home environment and the many variables that impact on care.							
	Person-centered care that respects dignity, and is non-judgmental and value based encompassing the 6 Cs, with care focused on supporting patient self-management of their healthcare needs wherever possible.							
	Communication skills, both verbal and non-verbal, that articulate care that is negotiated, anticipatory and clearly documented.							
	Effective team working in situations where teams may not be co-located and cross professional and agency boundaries.							
	Adherence to relevant codes of conduct and ability to interpret the codes in the context of community nursing.							
	Able to reflect on practice and develop strategies for maintaining continuing professional development and ways of sharing learning despite not always being co-located in teams and working alone.							
	Utilise behaviour change strategies in supporting patients to self-care and manage their condition.							
	Reflection is a core skill across all nursing and healthcare but is particularly important for district nursing staff to enable learning from stressful situations that may be encountered whilst working alone.							
	As care is usually provided in the privacy of the patient's home, district nursing staff must place a greater emphasis on quality assurance and quality monitoring to demonstrate the quality, value and outcomes of their service as it is not immediately apparent as within a hospital setting.							
	All district nursing staff need enhanced awareness of mental health issues as many patients experience poor mental health alongside other physical conditions and may need signposting or support to manage their mental health.							
	Increasingly all district nursing and healthcare staff must be able to use a range of technology to support patient care.							

## District Nursing Career Framework – Level descriptors

### Pre-employment Level 1

Examples include: work experience, traineeship, pre-employment programme and cadetship.

#### Links

HEE Talent for Care

### Skills for Health Career Framework Level 2 – Health Care Assistant

#### Key responsibilities/Role description

The requirements of this role are likely to vary in organisations and may require one skill to be applied in a range of settings such as phlebotomy. Staff in this role work under the supervision of a registered practitioner, but supervision may be remote or indirect. It is highly recommended that they will have achieved the basic competencies of the Care Certificate and will be able to work alone in patients' homes or in clinic settings, taking responsibility for well-defined routine clinical and non-clinical duties delegated by a registered practitioner, including defined clinical or therapeutic interventions within the limits of their competence. Their work is guided by standard operating procedures, protocols or systems of work, but as the worker is working alone in a variety of community settings they may be expected to respond to patient questions and report these back to assist in patient care evaluation. They will be expected to demonstrate key behaviours consistent with the values identified for delivering compassionate care. If they are highly skilled in a specific clinical activity such as phlebotomy, they may be asked to support the development of this skill in other staff.

#### Minimum professional/educational requirements:

- Care Certificate (highly recommended) to include, or have as an addition, training for working alone in community settings and specific skills needed for the role<sup>22</sup>
- Hold or working towards Level 2 QCF Diploma in Clinical Healthcare Support or equivalent
- Maths and English functional skills qualification  
\*some of the requirements may change when the new NOS are published

#### In addition to level 1 the HCA at level 2:

- works under direct or indirect supervision in a structured context
- demonstrates self-directed development and practice
- presents self in a credible and competent manner
- works to agreed protocols and procedures in stable structured work areas
- solves routine problems using simple rules and tools, escalates when necessary
- makes judgements involving straightforward work-related facts or situations
- has responsibility for care of equipment and resources used by self or others
- supports change management
- contributes to the effectiveness of teams

#### Links

- RCN First Steps for HCAs
- RCGP HCA Competencies
- Health Care Support Workers Code of Conduct
- IT Skills <http://www.e-lfh.org.uk/programmes/it-skills-pathway/>
- Basic Skills <http://www.mhra.gov.uk/ConferencesLearningCentre/LearningCentre/Deviceslearningmodules/Basicobservations/>

<sup>22</sup> Health Education England: Care Certificate: <https://hee.nhs.uk/work-programmes/the-care-certificate-new/the-care-certificate/>

## Skills for Health Career Framework Level 3 – Health Care Assistant

### Key responsibilities/Role description

Staff in this role work under the supervision of a registered practitioner or may be supervised by a Level 4 AP, but supervision may be remote or indirect. It is highly recommended that they will have achieved the basic competencies of the Care Certificate and will be able to work alone in patients' homes or in clinic or surgery settings, taking responsibility for delegated activities, including defined clinical or therapeutic interventions within the limits of their competence. Their work is guided by standard operating procedures, protocols or systems of work, but as the worker is working alone in a variety of community and surgery settings they will be expected to make non-complex decisions and report these back to assist in patient care evaluation and in broader service development and quality assurance activities. They will be expected to answer simple patient queries and be flexible in supporting patients and carers and the wider team. They will be expected to demonstrate key behaviours consistent with the values identified for delivering compassionate care. Level 3 HCAs may take a role in engaging with students to experience community settings and the role of HCAs.

### Minimum professional/educational requirements

- Care Certificate (highly recommended) to include, or have as an addition, training for working alone in community settings and specific skills needed for the role<sup>23</sup>
- Level 2 brief intervention training (see NICE guidelines<sup>24</sup>)
- Level 3 apprenticeship or QCF level 3 diploma in clinical healthcare support or the equivalent
- Maths and English functional skills qualification

### In addition to level 2, level 3 staff:

- must have underpinning knowledge of key interventions and conditions cared for in community and general practice settings. They must be able to recognise factors that impact on health and be able to offer simple health advice and support strategies for patients and carers
- must understand the concepts of accountability and responsibility and be confident to accept delegated responsibility from a registered healthcare practitioner or level 4 AP and be accountable for the care provided, ensuring they have undergone the necessary preparatory training
- will be expected to understand basic reflective techniques to enhance their self-awareness and to develop resilience when facing adverse situations. They must be able to report back on any difficult situations encountered to enable support and guided learning to be offered
- will offer a range of care to patients in a variety of community and general practice settings. Examples may include undertaking simple dressings, preparing patients for complex dressings such as compression bandaging, administering eye drops, assisting patients to undertake activities linked to rehabilitation programmes and undertaking new patient checks in general practice
- must understand the principles of team working and actively contribute to the team.

<sup>23</sup> Health Education England: Care Certificate: <https://hee.nhs.uk/work-programmes/the-care-certificate-new/the-care-certificate/>

<sup>24</sup> <http://pathways.nice.org.uk/pathways/behaviour-change/training-in-behaviour-change-interventions#content=view-node%3Anodes-health-and-social-care-practitioners>

- will follow the care plan, undertaking defined clinical procedures or therapeutic interventions, recording care given appropriately and reporting back progress or deterioration to the registered practitioner
- will exercise a degree of autonomy as they are working alone whilst recognising the limits of their competence and working to the HCA Code of Conduct<sup>25</sup>
- must have an understanding of the concept of risk and be aware of how risk is assessed and managed within patients' homes and other settings and ensure any change in risk status is reported promptly according to agreed policies and protocols
- must be skilled in communicating with patients and carers, acting as advocates when necessary and recognising how to support level 2 brief intervention behaviour change and self-management for patients or refer on if this is beyond their competence
- must role model the values identified in Compassion in Practice<sup>26</sup> and evaluation of care should identify positive experiences of care from patients, families and carers
- within their delegated workload will be able to prioritise, plan and organise their work
- where appropriate, must participate in the support and teaching of students, new members of staff and other Health Care Assistants
- must have knowledge of a broad range of resources available in the community along with an understanding of the other agencies and professionals that support patients at home to ensure that these services are accessed and utilised appropriately
- must be able to work effectively in a team that may include disciplines other than nursing and participate in team development, design and development of service improvements and a range of quality assurance activities, including involvement with audits.

#### Links

- Skills for Health: Core competencies for healthcare support workers and adult social care workers in England: <http://www.skillsforhealth.org.uk/images/standards/care-certificate/Core%20Competences%20-%20Healthcare%20Support%20.pdf>
- Public Health Knowledge and Skills framework: [http://www.phorcast.org.uk/page.php?page\\_id=44](http://www.phorcast.org.uk/page.php?page_id=44)
- RCN First Steps for HCAs
- RCGP HCA Competencies
- Health Care Support Workers Code of Conduct
- IT Skills <http://www.e-lfh.org.uk/programmes/it-skills-pathway/>
- Basic Skills <http://www.mhra.gov.uk/ConferencesLearningCentre/LearningCentre/Deviceslearningmodules/Basicobservations/>
- Compassion in Practice <http://www.e-lfh.org.uk/programmes/compassion-in-practice/>

<sup>25</sup> Code of Conduct: <http://www.skillsforcare.org.uk/Document-library/Standards/National-minimum-training-standard-and-code/CodeofConduct.pdf>

<sup>26</sup> Compassion in Practice – two years on. (2014) Department of Health

## Skills for Health Career Framework Level 4 – Assistant Practitioner

### Key responsibilities/Role description

In addition to level 3, staff in this role work under the supervision of a registered healthcare practitioner, yet have received a level of educational preparation to enable them to take responsibility for delegated activity, including defined clinical or therapeutic interventions. Their work is guided by standard operating procedures, protocols or systems of work, but within this the worker will be expected to work alone in a variety of community and general practice settings and make decisions whilst reporting back objectively to assist in patient care evaluation and in broader service development and quality assurance activities. Depending on the skill mix of the team, they may allocate work to other HCAs of a lower grade and may supervise, develop, teach, mentor and assess other HCAs and may take a role in supporting students experiencing community placements and the roles within the nursing teams.

### Minimum professional/educational requirements

- Care Certificate (highly recommended)
- Foundation degree (level 5) to include level 2 brief intervention training (see NICE guidelines for descriptors of behaviour change interventions<sup>27</sup>)
- QCF level 5 diploma

### In addition to level 3, level 4 staff:

- must have underpinning knowledge of basic anatomy and physiology, key conditions cared for in community and general practice settings, organisational structures and resources available across health, social and third sector organisations. They must be able to recognise factors that impact on health and be able to offer health advice and support strategies for patients and carers
- must understand the concepts of accountability and responsibility and be confident to accept delegated responsibility from a registered practitioner and be accountable for the care provided, ensuring they have undergone the necessary preparatory training
- will be expected to use reflection to enhance their self-awareness and to develop resilience when facing adverse situations. They must recognise the personal impact on them of any difficult situations and have strategies to enable personal learning and development, recognising the limits of their competence and personal strengths
- will offer a range of care to patients in a variety of community settings. Examples may include phlebotomy, non-complex wound dressings, supporting and developing staff in residential homes to enhance basic care of patients, supporting patients in lifestyle and behaviour changes to meet agreed care plans, teaching patients to administer eye drops and supporting the development of level 3 Health Care Assistants
- will follow the care plan, undertaking defined clinical procedures or therapeutic interventions, recording care given appropriately and reporting back progress or deterioration to the registered practitioner
- will exercise a degree of autonomy as they are working alone whilst recognising the limits of their competence and working to the HCA Code of Conduct<sup>28</sup>
- must have an understanding of the concept of risk and be aware of how risk is assessed and managed within patients' homes and other settings and ensure any change in risk status is reported promptly according to agreed policies and protocols
- will be expected to use reflection to enhance their self-awareness and to develop resilience when facing adverse situations. They must recognise the personal impact on them of any difficult situations and have strategies to enable personal learning and development, recognising the limits of their competence and personal strengths

<sup>27</sup> NICE 2014 Behaviour change – Individual Approaches: <http://www.nice.org.uk/guidance/ph49/resources/guidance-behaviour-change-individual-approaches-pdf>

<sup>28</sup> Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England: <http://www.skillsforcare.org.uk/Document-library/Standards/National-minimum-training-standard-and-code/CodeofConduct.pdf>

- will offer a range of care to patients in a variety of community settings. Examples may include phlebotomy, non-complex wound dressings, supporting and developing staff in residential homes to enhance basic care of patients, supporting patients in lifestyle and behaviour changes to meet agreed care plans, teaching patients to administer eye drops and supporting the development of level 3 Health Care Assistants
- will follow the care plan, undertaking defined clinical procedures or therapeutic interventions, recording care given appropriately and reporting back progress or deterioration to the registered practitioner
- will exercise a degree of autonomy as they are working alone whilst recognising the limits of their competence and working to the HCA Code of Conduct
- must have an understanding of the concept of risk and be aware of how risk is assessed and managed within patients' homes and other settings and ensure any change in risk status is reported promptly according to agreed policies and protocols
- must be skilled in communicating with patients and carers, acting as advocates when necessary and recognising how to use and support level 2 brief intervention behaviour change and self-management for patients must role model the values identified in Compassion in Practice (NHSE 2014)<sup>29</sup> and evaluation of care should identify positive experiences of care from patients, families and carers within their delegated workload will be able to prioritise, plan and organise their work will be able to assess patients' and carers' learning needs and implement or support the implementation of teaching strategies to enable better understanding and management of their conditions for patients and carers and utilise basic behaviour change techniques where appropriate, must participate in the support and experience of students, new members of staff and other HCAs must have knowledge of a broad range of resources available in the community along with an understanding of the other agencies and professionals that support patients at home or in the surgery to ensure that these services are accessed and utilised appropriately are able to work effectively in a team that may include disciplines other than nursing and participate in team development, design and development of service improvements and a range of quality assurance activities, including involvement with audits.

#### Links

##### Public Health Knowledge and Skills Framework:

- [http://www.phorcast.org.uk/page.php?page\\_id=44](http://www.phorcast.org.uk/page.php?page_id=44)
- RCN First Steps for HCAs
- Health Care Support Workers Code of Conduct
- IT Skills <http://www.e-lfh.org.uk/programmes/it-skills-pathway/>
- Basic Skills <http://www.mhra.gov.uk/ConferencesLearningCentre/LearningCentre/Deviceslearningmodules/Basicobservations/>
- Alcohol screening <http://www.e-lfh.org.uk/programmes/alcohol/>
- Compassion in Practice <http://www.e-lfh.org.uk/programmes/compassion-in-practice/>
- Leadership for Clinicians <http://www.e-lfh.org.uk/programmes/leadership-for-clinicians/>

<sup>29</sup> Compassion in Practice – two years on. (2014) Department of Health

## Skills for Health Career Framework Level 5 – Community Staff Nurse

### Key responsibilities/Role description

This role requires consolidation of registrant standards of competence and developing confidence<sup>30</sup> to work alone without direct supervision, undertaking and reporting on autonomous decisions made in practice. It is expected that all newly registered staff or those moving to a community or general practice setting will have a period of preceptorship. Depending on the organisational structures of local areas, this role may work within a range of settings that may include general practice, clinics or home settings. This role requires a developing knowledge of community and practice nursing in the broadest sense, and excellent interpersonal and communication skills to support patients with a wide range of conditions to understand and, where possible, take on self-management of their condition. The role requires resilience and the ability to be flexible and adaptable whilst working in people's homes and other community settings. Level 5 nurses will be working as part of a primary/community nursing team and will have some responsibility for supervising less experienced or qualified staff and students in community placements. They will be expected to actively contribute to quality assurance processes and service development.

### Minimum professional/educational requirements

Registered on part 1 of the NMC register.

### May work towards:

- Degree level nursing qualification
- Level 3 Extended brief interventions (see NICE guidelines for descriptors of behaviour change interventions)
- Mentorship award
- Modules to support mentorship, prescribing or generic community nursing practice
- Community Practitioner Nurse Prescribing – V150

### Clinical practice

**Demonstrate developing competence and clinical skills in the assessment of patients in community and general practice settings, ensuring care plans are developed in partnership and all information is clearly and objectively recorded as required by local policies. This requires the following:**

- Ability to assess patients, taking into account their physical, mental and social states alongside the impact of their environment and social support available to them and negotiating care plans that are person centred and focused on self-care with clear objectives.
- Using a range of assessment tools pertinent to the patient's needs to inform the assessment and assess risk for both patients and staff.
- Articulation of risk and strategy for risk management.
- Knowledge of a broad range of conditions, local care pathways and evidence-based management experienced by patients in community and general practice settings. This will include LTCs, for example diabetes, coronary heart disease, heart failure, hypertension and stroke, COPD, arthritis, dementia and other common mental illnesses, frailty and palliative and end of life care.
- An understanding of the presentations of multiple pathology, depression and anxiety states and frailty, predominantly in older people.
- Knowledge of the management of uncomplicated symptoms in those patients with palliative or terminal care needs and enhanced communication skills to confidently manage uncertainty.
- Role model the values expected in Compassion in Practice (2014), ensuring patient, family and carer feedback supports that care received was compassionate.
- Ensuring information is recorded objectively and reported back to the community or general practice nursing team.
- Ability to plan ahead for potential scenarios to ensure anticipatory care needs are understood and met.
- Recognising signs of deterioration in patients and referring appropriately to ensure patient safety and avoid hospital admission.

<sup>30</sup> NMC Standards for Pre-Registration Nursing: <http://standards.nmc-uk.org/PreRegNursing/statutory/background/Pages/introduction.aspx>

- Collaborating effectively with other members of the multidisciplinary team or other agencies involved in the patient's care.
- Ability to recognise the patient's health beliefs and adapting behaviour change approaches to enable self-management using level 3 extended brief interventions.
- Utilise a range of IT applications and technology where appropriate.
- Ensuring care is value based and non-judgemental, and ensuring equality and diversity requirements are met.

#### **Facilitation of learning**

Able to recognise personal development needs and also facilitate learning for patients, carers, other staff and students. This requires:

- Ability to reflect on practice and utilise clinical supervision and other development opportunities and support.
- Emotional intelligence and the ability to support staff in levels 2, 3 and 4 to debrief and reflect on difficult situations experienced to improve learning and enhance self-awareness.
- Engagement with appraisal and the development and activation of a personal development plan.
- Providing effective mentorship for nursing students and the maintenance of a supportive learning environment with a range of learning opportunities.
- Creativity in developing learning materials for patients and adapting care to support individual needs in patients.
- Participation in educational audit.

#### **Leadership and management**

Is part of a community or general practice nursing team with delegated accountability and responsibility for patient care being accountable to the DN/GPN team leader. This requires the following:

- Ability to prioritise a delegated caseload/workload and effectively manage time and work effectively within the team.
- Knowledge of resource management to ensure care is clinically effective and signposted to the patient and family, ensuring principles of confidentiality and disclosure are maintained.
- Recognition of personal accountability and responsibility to monitor and evaluate care to ensure optimal practice.
- Using opportunities to suggest improvements to services or introduction of other innovations or evidence.
- Engage actively in data collection for quality assurance and take responsibility for ongoing evaluation of delegated care.
- Participation in personal development, appraisal and development of other team members and the links between organisation and team goals.
- Ability to recognise poor performance and take appropriate measures.
- Acting up for the team leader when absent.
- Assist the team leader in undertaking and reviewing needs assessments and community profiles (in district nursing) or other data in general practice that reflect the demographics and case management within the caseload and the broader public health issues within the local community and general practice populations.
- Have an awareness of and participate in public health campaigns aimed at addressing public health issues both locally and nationally.
- Collaborate effectively with a range of other healthcare professionals and agencies that may be involved in patients' interdependent care, ensuring awareness of their scope of practice, roles and responsibilities to ensure correct referral and ongoing relationships

#### **Evidence, research and development**

Has an enquiring approach to practice to ensure best quality care is offered within any constraints of the service. This requires the following:

- Ability to articulate the evidence underpinning patients' care plans and interventions.
- Ability to source evidence and to appraise it to underpin practice.
- Recognise any ethical implications of audit, research, clinical trial or service user involvement strategies.

### Links

- NMC Standards of competence for registrants: <http://standards.nmc-uk.org/PreRegNursing/statutory/background/Pages/introduction.aspx>
- Public Health Knowledge and Skills Framework: [http://www.phorcast.org.uk/page.php?page\\_id=44](http://www.phorcast.org.uk/page.php?page_id=44)
- Person-Centered Care
- Research and Audit
- Quality Improvement methodology
- Leadership Foundations
- Health informatics <http://www.e-lfh.org.uk/programmes/health-informatics/Cancer>
- Communication and Consultation Skills, The Safe Communication in Health Care resource: [http://elearning.scot.nhs.uk:8080/intralibrary/IntraLibrary?command=open-preview&learning\\_object\\_key=i369n883802t](http://elearning.scot.nhs.uk:8080/intralibrary/IntraLibrary?command=open-preview&learning_object_key=i369n883802t)
- Supporting self-care <http://www.e-lfh.org.uk/programmes/supporting-self-care/>
- Immunisation <https://www.gov.uk/government/publications/immunisation-training-national-minimum-standards>
- Ethical decision-making <http://www.e-lfh.org.uk/programmes/shared-decision-making/>
- Advanced Care Planning and End Of Life Care training
- IAPT Training

## Skills for Health Career Framework Level 6 – District Nurse

### Key responsibilities/Role description

In addition to the level 5 requirements, this role requires consolidation of specialist knowledge and skills in community nursing practice, demonstrating a depth of knowledge, understanding and competence that supports evidenced informed, complex, autonomous and independent decision-making and care in homes and other environments that are often complex and unpredictable. Those new to this role may need a period of preceptorship. This role will require personal resilience, management, clinical leadership, and supervision and mentorship of others in the district nursing team to enable the provision of an effective learning environment for staff and students in the wider team. The role will require an innovative approach in supporting and developing new models and strategies, usually incorporating inter-professional and inter-agency approaches to monitor and improve care. DNs deliver population-based services, either to a defined locality or a practice population, and therefore need to have an understanding of the public health profile and population needs in order to be proactive in ensuring services are, as far as possible, matched to need. This role requires the ability to work independently and collaboratively, using freedom to exercise judgement about actions while accepting professional accountability and responsibility. This requires:

- Enhanced critical thinking and ability to critically analyse a broad range of policies, literature and evidence to support clinical practice.
- Ability to analyse service provision both in relation to quality assurance and quality monitoring and to focus on patient outcomes wherever possible.
- Strong clinical leadership of the team and clarity of expectation of team members with respect to quality of care delivery and values inherent in nursing practice, demonstrating emotional intelligence to recognise pressures on staff and the development of mechanisms to support and develop staff to recognise the impact of caring for people alone in complex situations.
- Enhanced knowledge of the local community, needs and resources available and the ability to profile key aspects of the community and the district nursing caseload.
- Ability to work collaboratively with others to meet local public health needs for individuals, groups and the wider community. Build strong relationships with the secondary care teams particularly for patients receiving shared care to ensure an effective flow of patient information to ensure high-quality care.
- Ability to reflect in action and be actively engaged with the NMC revalidation process both for self and others.

### Minimum professional/educational requirements

- Registered on Part 1 NMC register
- Educated to nursing degree level or have equivalent experience
- NMC Specialist Community Practitioner Qualification – District Nurse (or equivalent experience). Courses should be at a minimum of degree level (level 6) but by 2020 there should be significant progress towards all courses to be at postgraduate level (level 7). To include extended brief interventions level 3 (see NICE guidelines for descriptors of behaviour change interventions)
- NMC Mentorship qualification

### May work towards:

- Postgraduate level qualification
- Independent/Supplementary Nursing Prescribing – V300
- NMC practice teacher award

### In addition to level 5, level 6 staff require the following:

#### Clinical practice

**Demonstrate specialist competence, innovation and clinical leadership in the assessment, intervention and delivery of district nursing in all contexts appropriate to individual needs within the district nursing caseload/broader community settings. This requires:**

- Ability to undertake complex assessments using a variety of assessment tools and consultation models appropriate to the situation and application of physical and clinical examination skills to inform the objective assessment encompassing all aspects of the patient's needs.
- Advanced communication skills that encompass the ability to respond appropriately to patients in heightened emotional states without immediate recourse to backup. This includes skills of influencing and negotiation, both for patients and staff.
- Effective multidisciplinary and multi-agency team working, alongside the ability to work independently and accept professional accountability and responsibility and supporting and developing others in the community nursing team to collaborate effectively.
- Delivery and co-ordination of evidence-informed, person-centred and negotiated care across the age spectrum.
- Adaptability in working in unpredictable environments, autonomous decision-making, effective communication strategies for staff, patients, families and carers and use of technology to improve care management and patient self-care.
- Strong emphasis on supporting patient self-care and management and tailored health promotion and evidence-informed behaviour change strategies, ability to signpost patients and carers to suitable resources for their needs and supporting and developing this approach in other staff.
- Role modelling and embodiment of non-judgemental, value-based care encompassing the 6 Cs in practice and expectation and promotion of these values in other team members.
- Anticipatory care to be embedded in practice and utilisation and ongoing development of care pathways aiming for hospital admission avoidance and achievement of preferred place of care for patients.
- Use of technology to support independence and patient self-care at home to improve self-care and reduce exacerbations.
- Competence in working in partnership with patients with a wide range of acute conditions, long-term conditions and acute exacerbations of these and those patients needing palliative and terminal care.

### Facilitation of learning

- Actively contributing to a variety of professional networks and sharing learning from these.
- Development of effective team systems for ongoing supervision of all staff, preceptorship programmes and mentorship.
- Identify and support the learning needs of individuals or the team in response to personal development needs identified at appraisal or service need.
- Evaluate the impact of educational interventions.
- Where appropriate, participate in teaching and student selection in Higher Education Institutions and/or other education organisations.
- Develop a positive learning environment for students and the staff team, giving and receiving feedback in an open, honest and constructive manner.

### Leadership and management

#### **Leads a mixed skill/discipline team effectively, with delegated responsibility for resource management. This requires the following:**

- Clinical leadership of the team, recognising the stressors encountered in community nursing practice and developing systems to ensure team members continue to build resilience.
- Role modelling of the values expected in Compassion in Practice (2014) and the values and behaviours of effective leaders.
- Ability to manage the case/workload effectively and develop business cases where appropriate in response to changing demands.
- Display an innovative approach to practice, encouraging other team members and, where possible, patients and service users to contribute and where appropriate instigate and evaluate a managed change process.
- Ensuring the team is risk aware when working in unpredictable environments and develop regularly reviewed systems to ensure risk is managed safely and effectively. Develop a learning culture within the immediate team to improve patient safety and ensure staff are supported and can learn from and in future prevent untoward incidents.
- Ability to work independently but also to co-ordinate, delegate and supervise team members in delivering care.
- Articulation of the community nursing team's purpose and expectations of team members and undertaking performance management when appropriate. Management of the team within ethical and policy frameworks and knowledge and application of human resource law to enable effective staff management.
- Ensuring care and service delivery meets quality requirements but be actively involved in quality improvement strategies and service development innovations.
- Ability to demonstrate political awareness and translate policy into practice, demonstrating knowledge and awareness of healthcare commissioning and contracting mechanisms and systems, and awareness of health and social policy contexts and local variations, and be skilled in developing effective external relationships with a variety of health, social and third sector agencies, recognising the importance of working within a governance framework.
- Where appropriate, take delegated responsibility for the management of a budget that may include the purchasing of assets, equipment or other resources and staff costs.
- Where appropriate, participate in clinical trials and research projects.
- Ensure active management of the caseload, taking into consideration public health priorities and local community health needs and changing demographics.
- Participate in public health strategies where these are aligned to the community nursing and practice population and work collaboratively with others to undertake risk stratification, case management and other strategies developed to improve health or avoid hospitalisation.
- Awareness and application of appropriate legislation that informs nursing and healthcare delivery.

### Evidence, research and development

#### **Demonstrates underpinning knowledge of contemporary community nursing practice and the application and integration of research and other evidence into practice. This requires:**

- Ability to access databases and other information sources and critically appraise information.
- Contribution to the development of local guidelines and policy locally and regionally and nationally, where appropriate.
- Participation in research-related activity such as audit, data gathering and patient feedback.
- Sharing of information and practice development through a range of means, including writing for publication.

### Links

- QNI/QNIS voluntary standards for District Nurse Practice and Education (Appendix 4)
- Public Health Knowledge and Skills Framework:
- [http://www.phorcast.org.uk/page.php?page\\_id=44](http://www.phorcast.org.uk/page.php?page_id=44)
- CPD for Independent Non-Medical Prescribing
- National Institute for Health Research <http://www.nihr.ac.uk/>
- Information xGovernance Framework <http://www.england.nhs.uk/ourwork/tsd/ig/>
- Leadership and Management learning activities

### Key responsibilities/Role description

In addition to level 6, key responsibilities of staff at level 7 are to consolidate skills of critical analysis and evaluation to enable knowledge pertaining to complex contemporary community nursing practice to be critiqued. Level 7 staff must be able to use new knowledge in innovative ways and take responsibility for developing and changing practice in complex and sometimes unpredictable environments. They must recognise the complexity of operating in multi-agency environments and the need for interdependent decision-making and support staff to feel confident and competent in moving across agency and professional boundaries. At this level, the clinician will be highly experienced in their field and either continue to develop this expertise to be used in a consultancy capacity for advising others on evidence-informed complex community nursing issues or to have management responsibilities for a defined team/section/department. They will have responsibility for a caseload, the size depending on their responsibilities, and be expected to provide training, support and supervision to staff.

### Minimum professional/educational requirements

- Registered on Part 1 NMC register
- Educated to nursing degree level and working towards a Postgraduate level related qualification
- NMC Specialist Community Practitioner Qualification
- Practice teacher award (if appropriate) or mentorship award
- Independent/Supplementary Nursing Prescribing – V300

### May work towards:

Master's degree, including level 4 high-intensity interventions (see NICE guidelines for descriptors of behaviour change interventions<sup>31</sup>).

### In addition to level 6, level 7 staff require the following:

#### Clinical practice

- Able to undertake complex community nursing interventions for a wide range of community nursing issues and teach and develop other staff to enhance their practice to manage future situations. This will entail being able to demonstrate not only practical knowledge but a critical understanding of the range of theories and principles that underpin the community nursing approach.

<sup>31</sup> NICE 2014 Behaviour change – Individual Approaches: <http://www.nice.org.uk/guidance/ph49/resources/guidance-behaviour-change-individual-approaches-pdf>

- Assess capacity for informed consent and support other staff to develop this skill.
- Is able to respectfully challenge practice, systems and policies in an objective and constructive manner.
- Participate in opportunities to influence national and local policy.
- Is able to develop, deliver and evaluate training and education packages, for individual and groups, across a broad range of community nursing needs and in collaboration with other disciplines and agencies to facilitate inter-professional/agency learning.
- Build capacity and capability to support learning in practice settings and collaborate with education service providers and education commissioners to ensure workforce and student needs are met.
- Able to display originality of thought and utilise this in innovative service development and delivery, and safe implementation of new policies and guidelines for practice.
- Able to work from an assets-based approach to working with individuals and local communities, ensuring approaches that emphasise how people can be supported to maximise their health and wellbeing at home, alongside helping to build community capacity.

#### **Facilitation of learning**

- Demonstrate problem-solving skills underpinned from perspectives, for example in research processes, service and quality improvement techniques, educational theory or leadership and management theory.
- Focus on the improvement of patient safety by developing systems to disseminate learning from incidents and follow up to ensure best practice is embedded in delivery of care.

#### **Leadership and management**

The size of the team being led will depend on local area needs, however the leadership and management requirements of this role over that of level 6 are as follows:

- Able to assimilate information from a range of sources and ensure complex decisions reflect the analysis of these different perspectives, even when limited information is available.
- Able to participate in strategic level thinking and development, but also to ensure this translates into practice development to improve the quality of care.
- Able to apply the theoretical perspectives of change management to create an environment for successful change and practice development.
- Demonstrate an evaluative and outcomes-based approach to practice and develop strategies to share this with a wider audience.
- Able to appreciate the broadest context of clinical governance and initiate and support others to be involved in a range of quality assurance and monitoring activities. Ensure that quality and audit cycles are completed and results and learning fed back into practice.
- Where required, undertake significant event auditing (or equivalent) and be skilled in undertaking objective investigations and in writing objective reports following the completion of the investigation.
- Able to work effectively with a wide range of professionals and agencies and participate in multi-professional/agency strategies.

#### **Evidence, research and development**

Develops at least on special area of expertise to be seen as a local expert able to articulate the most contemporary evidence, and approaches to practice and management.

#### **Links**

- Standards to support learning and assessment in practice: <http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Standards-to-support-learning-assessment.pdf>
- Public Health Knowledge and Skills Framework: [http://www.phorcast.org.uk/page.php?page\\_id=44](http://www.phorcast.org.uk/page.php?page_id=44)

## Skills for Health Career Framework Level 8 – Advanced Community Nurse Practitioner

### Key responsibilities/Role description

In addition to level 7, this level 8 role will have achieved and consolidated Advanced Nurse Practitioner (ANP) status, demonstrating highly specialised knowledge in community nursing. Their role may differ in organisations but is likely to entail key responsibilities with respect to research, advanced community nursing practice, service development and improvement and education. They will be expected to be at the forefront of developments in their field, usually undertaking original research or having responsibility for co-ordination and delivery of Research and Development in their organisation and the implementation of research and evidence into practice. As an ANP, they will continue to have clinical patient contact and may specialise in one area of practice, but may use this in a consultancy capacity.

### Minimum professional/educational requirements

- Registered on Part 1 NMC register
- NMC Specialist Community Practitioner Qualification
- Postgraduate diploma to include level 8 high-intensity interventions (see NICE guidelines for descriptors of behaviour change interventions<sup>32</sup>)
- Masters degree in a nursing related subject
- Practice Educator award if role focused in education
- Independent/Supplementary Nursing Prescribing – V300

### May work towards:

- Professional Doctorate (Clinical Practice)
- PhD (Research)
- Educational Doctorate (Education)

### In addition to level 7, level 8 staff require the following:

#### Clinical practice

- Able to work clinically, acting in a consultancy capacity for complex community nursing interventions. This may be in a broad range of community nursing interventions or the level 8 staff may be specialised in a key area of community nursing practice and teach and develop other staff to enhance their practice to manage future situations. This will entail being able to demonstrate not only practical knowledge but a critical understanding of the range of theories and principles that underpin the community nursing approach and the ability to use advanced assessment, diagnostic reasoning skills and a range of other diagnostic support tools.
- Able to respectfully challenge practice, systems and policies in an objective and constructive manner.
- Proactively develops opportunities to influence national and local policy and strategy.
- Able to develop, deliver and evaluate training and education packages, for individual and groups, across a broad range of community nursing needs and in collaboration with other disciplines and agencies to facilitate inter-professional/agency learning.
- Build capacity and capability to support learning in practice settings and collaborate with education service providers and education commissioners to ensure workforce and student needs are met.
- Able to display originality of thought and utilise this in innovative service development and delivery and safe implementation of new policies and guidelines for practice.
- Able to work from an assets-based approach to working with individuals and local communities, ensuring approaches that emphasise how people can be supported to maximise their health and wellbeing at home alongside helping to build community capacity.

<sup>32</sup> NICE 2014 Behaviour change – Individual Approaches: <http://www.nice.org.uk/guidance/ph49/resources/guidance-behaviour-change-individual-approaches-pdf>

### Facilitation of learning

- Demonstrate problem-solving skills underpinned from perspectives, for example in research processes, service and quality improvement techniques, educational theory or leadership and management theory.
- Lead on the development and implementation of research projects related to community nursing and build effective working relationships between practice and higher education institutions.
- Collaborate proactively with public health agencies and local authorities to ensure community nursing is actively engaged in the health improvement strategies for the local community.

### Leadership and management

- The management role of a level 8 practitioner will vary according to the employer expectations of the role.
- Able to assimilate information from a range of sources and ensure complex decisions reflect the analysis of these different perspectives, even when limited information is available.
- Leads the development of strategy and ensures collaborative working with others to translate this into practice development to improve the quality of care.
- Represent community nursing at local, regional and national political, strategic or policy events.
- Able to apply the theoretical perspectives of change management to create an environment for successful change and practice development.
- Demonstrate an evaluative and outcomes-based approach to practice and develop strategies to share this with a wider audience.
- Able to lead on key aspects of quality assurance to develop robust outcome indicators for community nursing and other aspects of clinical governance.
- Ensures others in community nursing practice recognise the importance of data collection and quality assurance and ensures that findings and other results are disseminated in meaningful ways to staff.
- Where required, undertake significant event auditing (or equivalent) and be skilled in undertaking objective investigations and in writing objective reports following the completion of the investigation.
- Able to work effectively with a wide range of professionals and agencies and participate in multi-professional/agency strategies.

### Evidence, research and development

- Develops at least on special area of expertise to be seen as a local expert able to articulate the most contemporary evidence, and approaches to practice and management.
- Involvement with review and monitoring of clinical policies to ensure they are based on contemporary evidence.
- Involvement in clinical policy and research communities to identify deficits in evidence and identification of potential funding sources for practice or research development.
- Contribute to the development of implementation of research and development strategies.
- Collaborate with local research partners and universities to understand new projects, developments and findings and ensure frameworks for research governance are applied appropriately.
- Where appropriate, undertake research as a principal investigator.
- Support the development of staff in research and practice development activities.
- Present research findings in peer reviewed journals, conferences and at other dissemination events or via electronic mechanisms.

### Links

- Dept of Health: Advanced level nursing – a position statement: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215935/dh\\_121738.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215935/dh_121738.pdf)
- Public Health Knowledge and Skills Framework: [http://www.phorcast.org.uk/page.php?page\\_id=44](http://www.phorcast.org.uk/page.php?page_id=44)

# *Developing people for health and healthcare*



General Practice Nursing Service }

# General Practice Nursing Service Education and Career Framework

	Minimum professional and educational requirements for the role
<b>Advanced Community Nurse Practitioner Level 8</b>	Registered with the Nursing and Midwifery Council. Postgraduate diploma meeting ANP requirements and to include level 8 high intensity interventions (see NICE guidelines for descriptors of behaviour change interventions). Masters degree. Independent and supplementary prescribing – V300. NMC Mentorship or practice educator qualification.
<b>Senior General Practice Nurse Level 7</b>	Registered with the Nursing and Midwifery Council. First degree and working towards postgraduate level qualification. NMC Mentorship qualification Independent and Supplementary prescribing – V300. NMC Mentorship qualification.
<b>General Practice Nurse Level 6</b>	Registered on Part 1 of the Nursing and Midwifery Council register. Degree level qualification/equivalent experience. NMC Specialist Community Practitioner Qualification – Practice Nurse/relevant experience. NMC Mentorship qualification.
<b>General Practice Nurse Level 5</b>	Registered on Part 1 of the Nursing and Midwifery Council register.
<b>Assistant Practitioner Level 4</b>	Higher Care Certificate (currently under development). Hold or working towards Foundation degree at level 5.
<b>Health Care Assistant Level 3</b>	Care Certificate (highly recommended) to include, or have as an addition, training for working alone in community settings and specific skills needed for the role Level 2 brief intervention training (see NICE guidelines ), Level 3 apprenticeship or QCF level 3 diploma in clinical healthcare support or the equivalent, Maths and English functional skills qualification.
<b>Health Care Assistant Level 2</b>	Care Certificate (highly recommended) to include, or have as an addition, training for working alone in community settings and specific skills needed for the role . Hold or working towards Level 2 QCF Diploma in Clinical Healthcare Support or equivalent. Maths and English functional skills qualification – some of the requirement may change when new NOS are published.
<b>Pre-employment Level 1</b>	Examples: work experience, traineeship, pre-employment programme, cadetship.

## Overview of levels 2-8 key responsibilities/role description

### Pre-employment Level 1

Examples include: work experience, traineeship, pre-employment programme and cadetship.

#### Links

HEE Talent for Care

### Health Care Assistant: Skills for Health Career Framework Level 2

#### Key responsibilities/Role description

The requirements of this role are likely to vary in organisations and may require one skill to be applied in a range of settings such as phlebotomy. Staff in this role work under the supervision of a registered practitioner but supervision may be remote or indirect. They will have achieved the basic competencies of the Care Certificate, but will need induction to working as part of the practice nursing team or in community settings. It is expected that level 2 staff proceed to level 3 as a minimum when working in primary care.

HCA's undertake responsibility for routine clinical and non-clinical duties as delegated by a registered practitioner including defined clinical or therapeutic interventions within the limits of their competence. Their work is guided by standard operating procedures, protocols or systems of work but the worker may be expected to respond to patient questions and report these back to assist in patient care evaluation. They will be expected to demonstrate key behaviours consistent with the values identified for delivering compassionate care. If they are highly skilled in a specific clinical activity such as phlebotomy they may be asked to support the development of this skill in other staff.

### Health Care Assistant: Skills for Health Career Framework Level 3

#### Key responsibilities/Role description

In addition to level 2 staff in this role work under the supervision of a registered practitioner or may be supervised by a Level four AP but supervision may be remote or indirect. They will have achieved the basic competencies of the Care Certificate, but will need induction to work as part of the practice nursing team or in community settings. This is the recommended level for HCA's working in primary care.

HCA's undertake responsibility for routine clinical and non-clinical duties as delegated by a registered practitioner including defined clinical or therapeutic interventions within the limits of their competence. Their work is guided by standard operating procedures, protocols or systems of work but the worker is expected to exercise some autonomy within their delegated area of responsibility, to make non-complex decisions and report these back to assist in patient care evaluation and in broader service development and quality assurance activities. They will be expected to answer simple patient queries and be flexible in supporting patients and carers and the wider team. They will be expected to demonstrate key behaviours consistent with the values identified for delivering compassionate care. Level 3 HCA's may take a role in engaging with students and other health and social care staff to experience community settings and the role of HCA's.

## Assistant Practitioner: Skills for Health Career Framework Level 4

### Key responsibilities/Role description

In addition to level 3, staff in this role work under the supervision of a registered practitioner but have received a level of educational preparation to enable them to take responsibility for delegated activity including defined clinical or therapeutic interventions. Their work is guided by standard operating procedures, protocols or systems of work but within this the worker will be expected to exercise some autonomy within their delegated area of responsibility and make decisions whilst reporting back objectively to assist in patient care evaluation and in broader service development and quality assurance activities. APs may manage their own work and case load and implement programmes of care in line with current evidence, taking action relative to an individual's health and care needs.

Depending on the skill mix of the team they may allocate work to other HCAs of a lower grade and may supervise, develop, teach, mentor and assess other HCAs, and may take a role in supporting students, engaging with them and other health and social care staff experiencing placements within the practice teams.

## General Practice Nurse: Skills for Health Career Framework Level 5

### Key responsibilities/Role description

This role requires consolidation of registrant standards of competence<sup>33</sup> and developing confidence to work alone without direct supervision, undertaking and reporting on autonomous decisions made in practice. It is expected that all newly registered staff or those moving to a primary or community setting will have a period of preceptorship. Depending on the organisational structures of local areas this role may work within a range of settings that may include general practice, clinics or home settings. This role requires a developing knowledge of community nursing in the broadest sense, and excellent interpersonal and communication skills to support patients with a wide range of conditions to understand and where possible take on self-management of their condition. The role requires resilience and the ability to be flexible and adaptable whilst working in people's homes and other community settings. Level 5 nurses will be working as part of a primary/community nursing team and will have some responsibility for supervising less experienced or qualified staff and students in community placements. They will be expected to actively contribute to quality assurance processes and service development and preceptorship, and be actively engaged with the NMC revalidation process both for themselves and for others.

## General Practice Nurse: Skills for Health Career Framework Level 6

### Key responsibilities/Role description

In addition to the level 5 requirements this role requires consolidation of specialist knowledge and skills in specific areas of nursing practice demonstrating a depth of knowledge, understanding and competence that supports evidenced informed, complex, autonomous and independent decision-making and care in homes and other environments that are often complex and unpredictable. This role will require personal resilience, management, clinical leadership and supervision and mentorship of others in the community nursing team and providing an effective learning environment for staff and students in the wider team. The role will require an innovative approach in supporting and developing new models and strategies, usually incorporating inter-professional and inter-agency approaches to monitor and improve care. GPNs deliver population-based services, either to a defined locality or a practice population, and therefore need to have an understanding of the public health profile and population needs in order to be proactive in ensuring services are, as far as possible, matched to need.

<sup>33</sup> NMC Standards for Pre-Registration Nursing: <http://standards.nmc-uk.org/PreRegNursing/statutory/background/Pages/introduction.aspx>

This role requires the ability to work independently and collaboratively using freedom to exercise judgement about actions while accepting professional accountability and responsibility. This requires: Enhanced critical thinking and ability to critically analyse a broad range of policies, literature and evidence to support clinical practice.

- Ability to analyse service provision both in relation to quality assurance and quality monitoring and to focus on patient outcomes wherever possible.
- Strong clinical leadership of the team, including robust preceptorship of new staff, and clarity of expectation of team members with respect to quality of care delivery and values inherent in nursing practice, demonstrating emotional intelligence to recognise pressures on staff.
- Enhanced knowledge of the local community, its needs and the resources available.
- Ability to work collaboratively with others to meet local public health needs for individuals, groups and the wider community. Ability to build strong relationships with the secondary care teams, particularly for patients receiving shared care, to ensure an effective flow of patient information to ensure high-quality care.
- Ability to reflect in action and be actively engaged with the NMC revalidation process both for themselves and for others.

## Senior General Practice Nurse: Skills for Health Career Framework Level 7

### Key responsibilities/Role description

In addition to level 6, key responsibilities of staff at level 7 are to consolidate skills of critical analysis and evaluation to enable knowledge pertaining to complex, contemporary general practice nursing practice to be critiqued. Level 7 staff must be able to use new knowledge in innovative ways and take responsibility for developing and changing practice in complex and sometimes unpredictable environments. They must recognise the complexity of operating in multi-professional and multi-agency environments and the need for interdependent decision-making and support staff to feel confident and competent in delivering care within these contexts. At this level the practitioner will be highly experienced in their field and either continue to develop this expertise for managing complex cases or supporting less experienced staff, or may have more management responsibilities for the general practice team whilst retaining a clinical component to their role. They will be expected to provide training, support and supervision to staff and to participate at local and national levels in relation to general practice nursing.

## Advanced Nurse Practitioner: Skills for Health Career Framework Level 8

### Key responsibilities/Role description

In addition to level 7, at level 8 they will have achieved and consolidated ANP status, demonstrating highly specialised knowledge in general practice nursing. Their role may differ in organisations but is likely to entail key responsibilities with respect to research, advanced nursing practice, service development and improvement and education. They will be expected to be at the forefront of developments in their field, usually undertaking original research or having responsibility for co-ordination and delivery of Research and Development in their organisation and the implementation of research and evidence into practice. As an ANP they will continue to have clinical patient contact and may specialise in one area of practice but may use this in a consultancy capacity.

**There are core values, skills and competencies expected at all levels of general practice nursing teams and these are listed below.**

The role descriptions that follow articulate the expectations of these core values, skills and competencies.

District Nursing Team Education and Career Framework	Level 8	Level 7	Level 6	Level 5	Level 4	Level 3	Level 2	Level 1
	Confident in lone working, sometimes in unpredictable situations, and making autonomous decisions, sometimes without recourse to immediate back-up.							
	Risk assessment and management strategies for working with patients with a range of conditions managed in a variety of environments.							
	Recognising vulnerability in patients and families and being able to implement strategies for safeguarding or signposting of patients and families for further support.							
	Comprehensive holistic assessment skills that take account of the patient who will be managing their condition in their home environment and the many variables that impact on care.							
	Person-centred care that respects dignity, is non-judgemental and value based, encompassing the 6 Cs with care focused on supporting patient self-management of their healthcare needs wherever possible.							
	Communication skills, both verbal and non-verbal, that articulate care that is negotiated, anticipatory and clearly documented.							
	Effective team working in situations where teams may not be co-located and cross professional and agency boundaries.							
	Adherence to relevant codes of conduct and ability to interpret the codes in the context of general practice nursing.							
	Able to reflect on practice and develop strategies for maintaining continuing professional development and ways of sharing learning despite not always being co-located in teams and working alone.							
	Utilise behaviour change strategies in supporting patients to self-care and manage their condition.							
	Reflection is a core skill across all nursing and healthcare but is particularly important for practice nursing staff to enable learning from stressful situations that may be encountered whilst working alone.							
	As care is usually provided alone in the consultation room, practice nursing staff must place a greater emphasis on quality assurance and quality monitoring to demonstrate the quality, value and outcomes of their service as it is not immediately apparent as within a hospital setting.							
	All practice nursing staff need enhanced awareness of mental health issues as many patients experience poor mental health alongside other physical conditions and may need signposting or support to manage their mental health.							
	Increasingly all practice nursing staff must be able to use a range of technology to support patient care.							

## Healthcare Support Worker (Apprenticeship) Level 2

Under further development

### Links

HEE Talent for Care

## Health Care Assistant – Skills for Health Career Framework Level 2

### Key responsibilities/Role description

The requirements of this role are likely to vary in organisations and may require one skill to be applied in a range of settings such as phlebotomy. Staff in this role work under the supervision of a registered practitioner but supervision may be remote or indirect. They will have achieved the basic competencies of the Care Certificate and will be able to work alone in patients' homes or in clinic settings, taking responsibility for well-defined routine clinical and non-clinical duties delegated by a registered practitioner including defined clinical or therapeutic interventions within the limits of their competence. Their work is guided by standard operating procedures, protocols or systems of work but as the worker is working alone in a variety of community settings they may be expected to respond to patient questions and report these back to assist in patient care evaluation. They will be expected to demonstrate key behaviours consistent with the values identified for delivering compassionate care. If they are highly skilled in a specific clinical activity such as phlebotomy they may be asked to support the development of this skill in other staff.

### Minimum professional/educational requirements

- Care Certificate (highly recommended) to include, or have as an addition, training for working alone in community settings and specific skills needed for the role<sup>34</sup>
- Hold or working towards level 2 QCF Diploma in Clinical Healthcare Support or equivalent
- Maths and English functional skills qualification

\*some requirements may change when new NOS are published

### The Health Care Assistant at level 2

- Works under direct or indirect supervision in a structured context
- Demonstrates self-directed development and practice
- Presents themselves in a credible and competent manner
- Works to agreed protocols and procedures in stable, structured work areas
- Solves routine problems using simple rules and tools, escalates when necessary
- Makes judgements involving straightforward work-related facts or situations
- Has responsibility for care of equipment and resources used by themselves or others
- Supports change management
- Contributes to the effectiveness of teams

### Links

- RCGP HCA Competencies
- RCN First Steps for HCAs
- Health Care Support Workers Code of Conduct
- IT Skills <http://www.e-lfh.org.uk/programmes/it-skills-pathway/>
- Basic Skills <http://www.mhra.gov.uk/ConferencesLearningCentre/LearningCentre/Deviceslearningmodules/Basicobservations/>
- Alcohol screening <http://www.e-lfh.org.uk/programmes/alcohol/>
- Compassion in Practice <http://www.e-lfh.org.uk/programmes/compassion-in-practice/>

<sup>34</sup> Health Education England: Care Certificate: <https://hee.nhs.uk/work-programmes/the-care-certificate-new/the-care-certificate/>

## Health Care Assistant – Skills for Health Career Framework Level 3

### Key responsibilities/Role description

Staff in this role work under the supervision of a registered practitioner or may be supervised by a Level four AP but supervision may be remote or indirect. They will have achieved the basic competencies of the Care Certificate and will be able to work alone in patients' homes or in clinic or surgery settings, taking responsibility for delegated activities including defined clinical or therapeutic interventions within the limits of their competence. Their work is guided by standard operating procedures, protocols or systems of work but as the worker is working alone in a variety of community and surgery settings they will be expected to make non-complex decisions and report these back to assist in patient care evaluation and in broader service development and quality assurance activities. They will be expected to answer simple patient queries and be flexible in supporting patients and carers and the wider team. They will be expected to demonstrate key behaviours consistent with the values identified for delivering compassionate care. Level 3 HCAs may take a role in engaging with students to experience community settings and the role of HCAs.

### Minimum professional/educational requirements

- Care Certificate (highly recommended) to include, or have as an addition, training for working alone in community settings and specific skills needed for the role<sup>35</sup>
- Level 2 brief intervention training (see NICE guidelines<sup>36</sup>)
- QCF level 3 diploma in Clinical Healthcare Support or the equivalent

### In addition to level 2, level 3 staff require the following:

- Have underpinning knowledge of key interventions and conditions cared for in community and general practice settings. They must be able to recognise factors that impact on health and be able to offer simple health advice and support strategies for patients and carers.
- Must understand the concepts of accountability and responsibility and be confident to accept delegated responsibility from a registered healthcare practitioner or level 4 AP and be accountable for the care provided, ensuring they have undergone the necessary preparatory training.
- Will be expected to understand basic reflective techniques to enhance their self-awareness and to develop resilience when facing adverse situations. They must be able to report back on any difficult situations encountered to enable support and guided learning to be offered.
- Will offer a range of care to patients in a variety of community and general practice settings. Examples may include undertaking simple dressings, preparing patients for complex dressings such as compression bandaging, administering eye drops, assisting patients to undertake activities linked to rehabilitation programmes, undertaking new patient checks in general practice.
- Must understand the principles of team working and actively contribute to the team.
- Will follow the care plan, undertaking defined clinical procedures or therapeutic interventions, recording care given appropriately and reporting back progress or deterioration to the registered practitioner.
- Will exercise a degree of autonomy as they are working alone whilst recognising the limits of their competence and working to the HCA Code of Conduct<sup>37</sup>.
- Must have an understanding of the concept of risk and be aware of how risk is assessed and managed within patients' homes and other settings and ensure any change in risk status is reported promptly according to agreed policies and protocols.
- Must be skilled in communicating with patients and carers, acting as advocates when necessary and recognising how to support level 2 brief intervention behaviour change and self-management for patients or refer on if this is beyond their competence.

<sup>35</sup> Health Education England: Care Certificate: <https://hee.nhs.uk/work-programmes/the-care-certificate-new/the-care-certificate/>

<sup>36</sup> <http://pathways.nice.org.uk/pathways/behaviour-change/training-in-behaviour-change-interventions#content=view-node%3Anodes-health-and-social-care-practitioners>

<sup>37</sup> Code of Conduct: <http://www.skillsforcare.org.uk/Document-library/Standards/National-minimum-training-standard-and-code/CodeofConduct.pdf>

- Must role model the values identified in Compassion in Practice<sup>38</sup>, and evaluation of care should identify positive experiences of care from patients, families and carers.
- Within their delegated workload they will be able to prioritise, plan and organise their work. Where appropriate they must participate in the support and teaching of students, new members of staff and other HCAs.
- Must have knowledge of a broad range of resources available in the community along with an understanding of the other agencies and professionals that support patients at home to ensure that these services are accessed and utilised appropriately.
- Are able to work effectively in a team that may include disciplines other than nursing and participate in team development, design and development of service improvements and a range of quality assurance activities, including involvement with audits.

#### Links

- Skills for Health: Core Competences for Healthcare Support Workers and Adult Social Care Workers in England: <http://www.skillsforhealth.org.uk/images/standards/care-certificate/Core%20Competences%20-%20Healthcare%20Support%20.pdf>
- Public Health Knowledge and Skills framework: [http://www.phorcast.org.uk/page.php?page\\_id=44](http://www.phorcast.org.uk/page.php?page_id=44)
- RCN First Steps for HCAs
- RCGP HCA Competencies
- Health Care Support Workers Code of Conduct
- IT Skills <http://www.e-lfh.org.uk/programmes/it-skills-pathway/>
- Basic Skills <http://www.mhra.gov.uk/ConferencesLearningCentre/LearningCentre/Deviceslearningmodules/Basicobservations/>
- Alcohol screening <http://www.e-lfh.org.uk/programmes/alcohol/>
- Compassion in Practice <http://www.e-lfh.org.uk/programmes/compassion-in-practice/>

## Assistant Practitioner – Skills for Health Career Framework Level 4

### Key responsibilities/Role description

In addition to level 3, staff in this role work under the supervision of a registered healthcare practitioner but have received a level of educational preparation to enable them to take responsibility for delegated activity including defined clinical or therapeutic interventions. Their work is guided by standard operating procedures, protocols or systems of work but within this the worker will be expected to work alone in a variety of community and general practice settings and make decisions whilst reporting back objectively to assist in patient care evaluation and in broader service development and quality assurance activities. Depending on the skill mix of the team they may allocate work to other HCAs of a lower grade and may supervise, develop, teach, mentor and assess other HCAs and may take a role in supporting students experiencing community placements and the roles within the nursing teams.

### Minimum professional/educational requirements

- Higher Care Certificate (currently under development)
- Hold or working towards Foundation degree at level 5
- QCF level 5 diploma

### In addition to level 3, level 4 staff require the following:

- Have underpinning knowledge of basic anatomy and physiology, key conditions cared for in community and general practice settings, organisational structures and resources available across health, social and third sector organisations. They must be able to recognise factors that impact on health and be able to offer health advice and support strategies for patients and carers.

<sup>38</sup> Department of Health (2014) Compassion in Practice – two years on

- Must understand the concepts of accountability and responsibility and be confident to accept delegated responsibility from a registered practitioner and be accountable for the care provided, ensuring they have undergone the necessary preparatory training.
- Will be expected to use reflection to enhance their self-awareness and to develop resilience when facing adverse situations. They must recognise the personal impact on them of any difficult situations and have strategies to enable personal learning and development, recognising the limits of their competence and personal strengths. Level 4 staff will offer a range of care to patients in a variety of community and surgery settings. Examples may include phlebotomy, non-complex wound dressings, supporting and developing staff in residential homes to enhance basic care of patients, supporting patients in lifestyle and behaviour changes to meet agreed care plans, teaching patients to administer eye drops, and supporting the development of level 3 HCAs.
- Will follow the care plan, undertaking defined clinical procedures or therapeutic interventions, recording care given appropriately and reporting back progress or deterioration to the registered practitioner.
- Will exercise a degree of autonomy as they are working alone whilst recognising the limits of their competence and working to the HCA Code of Conduct<sup>39</sup>.
- Must have an understanding of the concept of risk and be aware of how risk is assessed and managed within patients' homes and other settings and ensure any change in risk status is reported promptly according to agreed policies and protocols.
- Must be skilled in communicating with patients and carers, acting as advocates when necessary and recognising how to use and support level 2 brief intervention behaviour change and self-management for patients.
- Must role model the values identified in Compassion in Practice (NHSE 2014)<sup>40</sup> and evaluation of care should identify positive experiences of care from patients, families and carers.
- Within their delegated workload they will be able to prioritise, plan and organise their work.
- Will be able to assess patients' and carers' learning needs and implement or support the implementation of teaching strategies to enable better understanding and management of their conditions for patients and carers and utilise basic behaviour change techniques.
- Where appropriate, they must participate in the support and experience of students, new members of staff and other HCAs.
- Must have knowledge of a broad range of resources available in the community along with an understanding of the other agencies and professionals that support patients at home to ensure that these services are accessed and utilised appropriately.
- Be able to work effectively in a team that may include disciplines other than nursing and participate in team development, design and development of service improvements, and a range of quality assurance activities, including involvement with audits.

## Links

### Public Health Knowledge and Skills framework:

- [http://www.phorcast.org.uk/page.php?page\\_id=44](http://www.phorcast.org.uk/page.php?page_id=44)
- RCN First Steps for HCAs
- RCGP HCA Competencies
- Health Care Support Workers Code of Conduct
- IT Skills <http://www.e-lfh.org.uk/programmes/it-skills-pathway/>
- Basic Skills <http://www.mhra.gov.uk/ConferencesLearningCentre/LearningCentre/Deviceslearningmodules/Basicobservations/>
- Alcohol screening <http://www.e-lfh.org.uk/programmes/alcohol/>
- Compassion in Practice <http://www.e-lfh.org.uk/programmes/compassion-in-practice/>
- Leadership for Clinicians <http://www.e-lfh.org.uk/programmes/leadership-for-clinicians/>

<sup>39</sup> Code of Conduct for Health Care Support Workers and Adult Social Care Workers in England: <http://www.skillsforcare.org.uk/Document-library/Standards/National-minimum-training-standard-and-code/CodeofConduct.pdf>

<sup>40</sup> Department of Health (2014) Compassion in Practice – two years on

## General Practice Nurse Skills for Health Career Framework Skills Level 5

### Key responsibilities/Role description

This role requires consolidation of registrant standards of competence<sup>41</sup> and developing confidence to work alone without direct supervision, undertaking and reporting on autonomous decisions made in practice. It is expected that all newly registered staff or those moving to a community or general practice setting will have a period of preceptorship. Depending on the organisational structures of local areas this role may work within a range of settings that may include general practice, clinics or home settings. This role requires a developing knowledge of community and practice nursing in the broadest sense, and excellent interpersonal and communication skills to support patients with a wide range of conditions to understand and, where possible, take on self-management of their condition. The role requires resilience and the ability to be flexible and adaptable whilst working in people's homes and other community settings. Level 5 nurses will be working as part of a primary/community nursing team and will have some responsibility for supervising less experienced or qualified staff and students in community placements. They will be expected to actively contribute to quality assurance processes and service development.

### Minimum professional/educational requirements

- Registered on Part 1 of the Nursing and Midwifery Council (NMC) register
- Hold or working towards first degree

### May work towards:

- Level 3 Extended brief interventions (see NICE guidelines for descriptors of behaviour change interventions<sup>42</sup>)
- Mentorship award
- Modules to support mentorship, prescribing or generic community nursing practice
- Foundation graduate certificate (L6) or postgraduate certificate (L7) as locally defined.

### Clinical practice

Demonstrate developing competence and clinical skills in the assessment of patients in community and general practice settings, ensuring care plans are developed in partnership and all information is clearly and objectively recorded as required by local policies. This requires the following:

- Ability to assess patients, taking into account their physical, mental and social states alongside the impact of their environment and social support available to them and negotiating care plans that are person centred and focused on self-care with clear objectives.
- Using a range of assessment tools pertinent to the patient's needs to inform the assessment and assess risk for both patients and staff.
- Articulation of risk and strategy for risk management.
- Knowledge of a broad range of conditions, local care pathways and evidence-based management experienced by patients in community and general practice settings. This will include LTCs, for example diabetes, coronary heart disease, heart failure, hypertension and stroke, COPD, arthritis, dementia and other common mental illnesses, frailty, and palliative and end of life care.
- An understanding of the presentations of multiple pathology, depression and anxiety states and frailty predominantly in older people.
- Knowledge of the management of uncomplicated symptoms in those patients with palliative or terminal care needs and enhanced communication skills to confidently manage uncertainty.
- Role model the values expected in Compassion in Practice (2014), ensuring that patient, family and carer feedback supports that care received was compassionate.
- Ensuring information is recorded objectively and reported back to the community or general practice nursing team.

<sup>41</sup> NMC Standards for Pre-Registration Nursing: <http://standards.nmc-uk.org/PreRegNursing/statutory/background/Pages/introduction.aspx>

<sup>42</sup> NICE (2014) Behaviour change – Individual Approaches: <http://www.nice.org.uk/guidance/ph49/resources/guidance-behaviour-change-individual-approaches-pdf>

- Ability to plan ahead for potential scenarios to ensure anticipatory care needs are understood and met.
- Recognising signs of deterioration in patients and referring appropriately to ensure patient safety and avoid hospital admission.
- Collaborating effectively with other members of the multidisciplinary team or other agencies involved in patients' care.
- Ability to recognise patients' health beliefs and adapting behaviour change approaches to enable self-management using level 3 extended brief interventions.
- Utilise a range of IT applications and technology where appropriate.
- Ensuring care is value based and non-judgemental.

### **Facilitation of learning**

Able to recognise personal development needs and also facilitate learning for patients, carers, other staff and students. This requires:

- Ability to reflect on practice and utilise clinical supervision and other development opportunities and support.
- Emotional intelligence and the ability to support staff in levels 2, 3 and 4, to debrief and reflect on difficult situations experienced to improve learning and enhance self-awareness.
- Engagement with appraisal and the development and activation of a personal development plan.
- Providing effective mentorship for nursing students and the maintenance of a supportive learning environment with a range of learning opportunities.
- Creativity in developing learning materials for patients and adapting care to support individual needs in patients.

### **Leadership and management**

Is part of a community or general practice nursing team with delegated accountability and responsibility for patient care, being accountable to the General Practice Nurse team leader. This requires:

- Ability to prioritise a delegated caseload/workload and effectively manage time and work effectively within the team.
- Knowledge of resource management to ensure care is clinically effective and signposted to the patient and family, ensuring principles of confidentiality and disclosure are maintained.
- Recognition of personal accountability and responsibility to monitor and evaluate care to ensure optimal practice.
- Using opportunities to suggest improvements to services or introduction of other innovations or evidence.
- Engage actively in data collection for quality assurance and take responsibility for ongoing evaluation of delegated care.
- Participation in personal development, appraisal and development of other team members and the links between organisation and team goals.
- Ability to recognise poor performance and take appropriate measures.
- Acting up for the team leader when absent.
- Assist the team leader in undertaking and reviewing needs assessments and community profiles (in district nursing) or other data in general practice that reflect the demographics and case management within the caseload and the broader public health issues within the local community and practice populations.
- Have an awareness of and participate in public health campaigns aimed at addressing public health issues both locally and nationally.
- Collaborate effectively with a range of other healthcare professionals and agencies that may be involved in patients' interdependent care, ensuring awareness of their scope of practice, roles and responsibilities to ensure correct referral and ongoing relationships.
- Participate in educational audit

### Evidence, research and development

Has an enquiring approach to practice to ensure best quality care is offered within any constraints of the service. This requires:

- Ability to articulate the evidence underpinning patients' care plans and interventions.
- Ability to source evidence and to appraise it to underpin practice.
- Recognise any ethical implications of audit, research, clinical trial or service user involvement strategies.

### Links

#### NMC Standards of Competence for Registrants:

- <http://standards.nmc-uk.org/PreRegNursing/statutory/background/Pages/introduction.aspx>

#### RCGP Practice Nurse competencies:

- [http://www.rcgp.org.uk/membership/practice-team-resources/~media/1E0765D171B44849876EA38FC97E96F1.ashx](http://www.rcgp.org.uk/membership/practice-team-resources/~/media/1E0765D171B44849876EA38FC97E96F1.ashx)

#### Public Health Knowledge and Skills framework:

- [http://www.phorcast.org.uk/page.php?page\\_id=44](http://www.phorcast.org.uk/page.php?page_id=44)
- Person Centred Care
- Research and Audit
- Quality Improvement Methodology
- Leadership Foundations
- Health informatics: <http://www.e-lfh.org.uk/programmes/health-informatics/>
- Cancer
- Healthy Child Programme: <http://www.e-lfh.org.uk/programmes/healthy-child-programme/>
- Communication and Consultation Skills: The Safe Communication in Health Care resource: [http://elearning.scot.nhs.uk:8080/intralibrary/IntraLibrary?command=open-preview&learning\\_object\\_key=i369n883802t](http://elearning.scot.nhs.uk:8080/intralibrary/IntraLibrary?command=open-preview&learning_object_key=i369n883802t)
- Supporting self-care: <http://www.e-lfh.org.uk/programmes/supporting-self-care/>
- Immunisation: <https://www.gov.uk/government/publications/immunisation-training-national-minimum-standards>
- Travel Health and RCN Travel Health Nursing Competencies
- Ethical decision making: <http://www.e-lfh.org.uk/programmes/shared-decision-making/>
- Advanced Care Planning, End of Life Care training IAPT Training

## General Practice Nurse – Skills for Health Career Framework Level 6

### Key responsibilities/Role Description

In addition to the level 5 requirements this role requires consolidation of specialist knowledge and skills in general practice nursing demonstrating a depth of knowledge, understanding and competence that supports evidenced informed, complex, autonomous and independent decision-making, and care in general practice and related settings. Those new to this role will need a period of preceptorship. This role will require personal resilience, management, clinical leadership and supervision and mentorship of others in the general practice nursing team and providing an effective learning environment for staff and students in the wider team. The role will require an innovative approach in supporting and developing new models and strategies for service delivery, usually incorporating inter-professional and inter-agency approaches to monitor and improve care. General Practice Nurses deliver care to the practice population, but also need to have an understanding of the public health profile and population needs in order to be proactive in ensuring services are, as far as possible, matched to need.

This role requires the ability to work independently and collaboratively, using freedom to exercise judgement about actions while accepting professional accountability and responsibility. This requires:

- Enhanced critical thinking and ability to critically analyse a broad range of policies, literature and evidence to support clinical practice.
- Ability to analyse service provision in relation to both quality assurance and quality monitoring, and to focus on patient outcomes wherever possible.
- Strong clinical leadership of the team and clarity of expectation of team members with respect to quality of care delivery and values inherent in nursing practice. Emotional intelligence to recognise pressures on staff and the development of mechanisms to support and develop staff to recognise the impact of caring for people who may be experiencing complex healthcare issues.
- Enhanced knowledge of the local community and needs and resources available, and the ability to signpost people to appropriate resources.
- Ability to work collaboratively with others to meet local public health needs for individuals, groups and the wider community. Build strong relationships with the secondary care teams, particularly for patients receiving shared care, to ensure an effective flow of patient information to ensure high-quality care.
- Ability to reflect in action and be actively engaged with the NMC revalidation process both for themselves and for others.

### Minimum professional/educational requirements

- Registered on Part 1 NMC register
- NMC Specialist Community Practitioner Qualification – Practice Nurse
- NMC Mentorship qualification
- Educated to degree level or have equivalent experience
- NMC Specialist Community Practitioner Qualification – Practice Nurse or equivalent training/experience)
- Successful completion of post registration accredited foundation course in general practice nursing at level 6 or 7 and able to meet RCGP Practice Nurse competencies – courses should be at a minimum of degree level (level 6) but by 2020 all courses to be at postgraduate level (level 7). To include extended brief interventions level 3 (see NICE guidelines for descriptors of behaviour change interventions<sup>43</sup>)

### May work towards

- Postgraduate level qualification
- Independent/Supplementary Nursing Prescribing – V300
- NMC practice teacher award

<sup>43</sup> NICE (2014) Behaviour Change – Individual Approaches: <http://www.nice.org.uk/guidance/ph49/resources/guidance-behaviour-change-individual-approaches-pdf>

### In addition to level 5, level 6 staff require the following

#### Clinical practice

**Demonstrate specialist competence, innovation and clinical leadership in the assessment, intervention in and delivery of general practice nursing in all contexts appropriate to individuals' needs across the whole age range for the general practice population. This requires:**

- Ability to assess and manage the range of conditions encountered in general practice using a variety of assessment tools and consultation models appropriate to the patient and situation using physical and clinical examination skills to inform the assessment and decision-making for the ongoing management of the patient.
- Advanced communication skills that include skills of influencing and negotiation to enable information to be delivered in understandable formats for patients and behaviour change supported where necessary.
- Effective multidisciplinary and multi-agency team working, alongside the ability to work independently and accept professional accountability and responsibility for the delivery of whole episodes of care, and supporting and developing others in the general practice nursing team to collaborate effectively, ensuring nursing care is guided by precedent and clearly defined policies, procedures and protocols.
- Delivery and co-ordination of evidence-informed, person-centered and negotiated care across the age spectrum.
- Use of technology to support independence and patient self-care at home to improve self-care and reduce exacerbations
- Role modelling and embodiment of non-judgemental, value-based care encompassing the 6Cs<sup>44</sup> in practice and expectation and promotion of these values in other team members.
- Competence in delivering evidence-informed care across a wide range of minor acute and LTCs, ensuring effective evaluation of therapeutic and other approaches to condition management alongside ability to assess patient concordance.

#### Facilitation of learning

- Actively contributing to a variety of professional networks and sharing learning from these.
- Development of effective team systems for ongoing supervision and promotion of clinical reflection for all staff, preceptorship programmes and mentorship.
- Identify and support the learning needs of individuals or the team in response to personal development needs identified at appraisal or service need.
- Evaluate the impact of educational interventions.
- Where appropriate, participate in teaching and student selection in higher education institutions and/or other education organisations.
- Develop a positive learning environment for students and the staff team, giving and receiving feedback in an open, honest and constructive manner.

#### Leadership and management

**Leads a mixed-skill team effectively. This requires:**

- Clinical leadership of the team, recognising the stressors encountered in general practice nursing and developing systems to ensure team members continue to build resilience.
- Work effectively across professional and agency boundaries, actively involving and respecting others' contributions.
- Role modelling of the values expected in Compassion in Practice (2014) and the values and behaviours of effective leaders.
- Enhanced and advanced general practice nursing clinical expertise to guide the nursing team in the management of patients with complex needs.
- Ability to manage the workload effectively and develop business cases where appropriate in response to changing demands.

<sup>44</sup> NHS England, *Compassion in Practice (2012) and Compassion in Practice – two years on (2014)*

- Display an innovative approach to practice, encouraging other team members and, where possible, patients and service users, to contribute and, where appropriate, instigate and evaluate a managed change process.
- Ensuring the team is risk aware when working with patients, and health and safety aware within the surgery. Develop regularly reviewed systems to ensure risk is managed safely and effectively. Develop a learning culture within the immediate team to improve patient safety and ensure staff are supported and can learn from and in future prevent untoward incidents.
- Awareness and application of appropriate legislation that informs nursing and healthcare delivery.
- Ability to work independently but also to co-ordinate, delegate and supervise team members for a designated group of patients.
- Undertaking performance management when appropriate. Management of the nursing team within ethical and policy frameworks and knowledge and application of human resource law to enable effective staff management.
- Ensuring care and service delivery meets quality requirements but be actively involved in quality improvement strategies and service development innovations.
- Ability to demonstrate political awareness and translate policy into practice, demonstrating knowledge and awareness of healthcare commissioning and contracting mechanisms and systems, awareness of health and social policy contexts and local variations, and be skilled in developing effective external relationships with a variety of health, social and third sector agencies, recognising the importance of working within a governance framework.
- Where appropriate take delegated responsibility for the management of a budget that may include the purchasing of assets, equipment or other resources and staff costs.
- Where appropriate participate in clinical trials and research projects.
- Ensure active management of the workload, taking into consideration public health priorities and local community health needs and changing demographics.
- Participate in public health strategies where these are aligned to the practice population and work collaboratively with others to undertake risk stratification, case management and other strategies developed to improve health or avoid hospitalisation.

#### **Evidence, research and development**

##### **Demonstrates underpinning knowledge of contemporary general practice nursing and the application and integration of research and other evidence into practice. This requires:**

- Ability to access databases and other information sources and critically appraise information.
- Contribution to the development of local guidelines and policy locally and regionally, and nationally where appropriate.
- Participation in research-related activity such as audit, data gathering and patient feedback.
- Sharing of information and practice development through a range of means including writing for publication.
- CPD for Independent Non Medical Prescribing
- National Institute for Health Research: <http://www.nihr.ac.uk/>
- Information Governance Framework: <http://www.england.nhs.uk/ourwork/tsd/ig/>
- Leadership and Management learning activities

## Senior General Practice Nurse – Skills for Health Career Framework Level 7

### Key responsibilities/Role description

In addition to level 6, key responsibilities of staff at level 7 are to consolidate skills of critical analysis and evaluation to enable knowledge pertaining to complex, contemporary general practice nursing practice to be critiqued. Level 7 staff must be able to use new knowledge in innovative ways and take responsibility for developing and changing practice in complex and sometimes unpredictable environments. They must recognise the complexity of operating in multi-professional and multi-agency environments and the need for interdependent decision-making and support staff to feel confident and competent in delivering care within these contexts. At this level the clinician will be highly experienced in their field and either continue to develop this expertise for managing complex cases or supporting less experienced staff, or may have more management responsibilities for the general practice team whilst retaining a clinical component to their role. They will be expected to provide training, support and supervision to staff and to participate at local and national levels in relation to general practice nursing.

### Minimum professional/educational requirements

- Registered on Part 1 of NMC Register
- First degree and working towards a Postgraduate qualification
- Independent/Supplementary Nursing Prescribing – V300
- NMC Mentorship qualification

### May work towards:

Master's Level Award including level 4 high intensity interventions (see NICE guidelines for descriptors of behaviour change interventions<sup>45</sup>)

### In addition to level 6, level 7 staff require the following:

#### Clinical practice

- Able to undertake complex general practice nursing interventions for a wide range of general practice issues and teach and develop other staff to enhance their practice to manage future situations. This will entail being able to demonstrate not only practical knowledge but also a critical understanding of the range of theories and principles that underpin the general practice nursing approach.
- Assess capacity for informed consent and support other staff to develop this skill.
- Highly developed specialist knowledge and understanding of LTCs, health behaviours, minor illness and interventions to improve health outcomes, including the use of technologies to support patients at home.
- Advanced knowledge and skills in therapeutics to prescribe effective pharmacological and non-pharmacological approaches for the management of specific acute and LTCs and assess patient concordance.
- Is able to respectfully challenge practice, systems and policies in an objective and constructive manner.
- Participate in opportunities to influence national and local policy
- Is able to develop, deliver and evaluate training and education packages, for individual and groups, across a broad range of general practice nursing needs and in collaboration with other disciplines and agencies to facilitate inter-professional/agency learning.
- Build capacity and capability to support learning in practice settings and collaborate with education service providers and education commissioners to ensure workforce and student needs are met.
- Able to display originality of thought and utilise this in innovative service development and delivery and safe implementation of new policies and guidelines for practice.

<sup>45</sup> NICE (2014) Behaviour Change – Individual Approaches: <http://www.nice.org.uk/guidance/ph49/resources/guidance-behaviour-change-individual-approaches-pdf>

### Facilitation of learning

- Demonstrate problem-solving skills underpinned from perspectives, for example in research processes, service and quality improvement techniques, educational theory, or leadership and management theory.
- Design, plan, implement and evaluate learning and development programmes.
- Focus on the improvement of patient safety by developing systems to disseminate learning from incidents and follow up to ensure best practice is embedded in delivery of care.
- Act as an experienced work-based learning educator/assessor by providing advice and support to other practitioners and build capability and capacity to support learning in practice settings.

### Leadership

The size of the team being led will depend on local practice needs; however, the leadership and management requirements of this role over that of level 6 are:

- Able to assimilate information from a range of sources and ensure complex decisions reflect the analysis of these different perspectives even when limited information is available.
- Is able to participate in strategy development, presenting a positive role model for general practice nursing, and ensuring this translates into practice development to improve the quality of care.
- Able to apply the theoretical perspectives of change management to create an environment for successful change and practice development and utilise conflict management and resolution strategies where appropriate.
- Demonstrate an evaluative and outcomes-based approach to practice and develop strategies to share this with a wider audience.
- Is able to appreciate the broadest context of clinical governance and initiate and support others, including service users, to be involved in a range of quality assurance and monitoring activities. Ensure that quality and audit cycles are completed and results and learning are fed back into practice.
- Develop processes for monitoring clinical effectiveness and efficiency to enhance management of resources.
- Where required undertake significant event auditing (or equivalent) and be skilled in undertaking objective investigations and in writing objective reports following the completion of the investigation and in presenting this information orally if required.
- Able to work effectively with a wide range of professionals and agencies and participate in multi-professional/agency strategies.
- Oversee the appraisal process for the nursing team, ensuring organisational objectives are reflected in personal and team objectives.

### Evidence, research and development

- Develop at least one special area of expertise to be seen as a local expert and role model able to articulate the most contemporary evidence, approaches to practice and management.
- Identify and utilise skills and knowledge of staff to support or undertake research-related activity such as audit, evaluation and wider research for the benefit of the organisation.
- Monitor impact of evidence utilisation.
- Adults with Incapacity: The assessment of capacity for Health Care Professionals
- Patient Safety: <http://www.npsa.nhs.uk/>
- Knowledge of Quality Improvement Cycle: <http://www.england.nhs.uk/ourwork/qual-clin-lead/nhsiq/>
- Advanced Management and Leadership programmes

## Advanced Nurse Practitioner – Skills for Health Career Framework Level 8

### Key responsibilities/Role description

In addition to level 7 this level 8 role will have achieved and consolidated ANP status, demonstrating highly specialised knowledge in general practice nursing. The role may differ between organisations but is likely to entail key responsibilities with respect to research, advanced nursing practice, service development and improvement, and education. They will be expected to be at the forefront of developments in their field, usually undertaking original research or having responsibility for co-ordination and delivery of Research and Development in their organisation and the implementation of research and evidence into practice. As an ANP they will continue to have clinical patient contact and may specialise in one area of practice but may use this in a consultancy capacity.

### Minimum professional/educational requirements

- Registered on Part 1 NMC register
- NMC Specialist Community Practitioner Qualification
- Meet RCGP/RCN ANP competencies
- Postgraduate diploma to include level 8 high-intensity interventions (see NICE guidelines for descriptors of behaviour change interventions)
- NMC Mentorship training
- Masters degree in a nursing related subject
- Practice Educator award if role focused in education
- Independent/Supplementary Nursing Prescribing – V300

### May work towards:

- Professional Doctorate (Clinical Practice)
- PhD (Research)
- Educational Doctorate (Education)

### Clinical practice

- Able to work clinically acting in a consultancy capacity for complex general practice nursing interventions. This may be in a broad range of general practice nursing interventions or the level 8 staff may have specialised in a key area of general practice nursing and teach and develop other staff to enhance their practice to manage future situations. This will entail being able to demonstrate not only practical knowledge but also a critical understanding of the range of theories and principles that underpin the approach in general practice and the ability to assess patients presenting with undifferentiated, undiagnosed presentations and use advanced assessment, diagnostic reasoning skills and a range of other diagnostic support tools to manage, treat or refer these patients.
- Is able to respectfully challenge practice, systems and policies in an objective and constructive manner.
- Proactively develops opportunities to influence national and local policy and strategy.
- Is able to develop, deliver and evaluate training and education packages, for individuals and groups, across a broad range of community nursing needs and in collaboration with other disciplines and agencies to facilitate inter-professional/agency learning.
- Build capacity and capability to support learning in practice settings and collaborate with education service providers and education commissioners to ensure workforce and student needs are met.
- Able to display originality of thought and utilise this in innovative service development and delivery and safe implementation of new policies and guidelines for practice.

### Facilitation of learning

- Demonstrate problem-solving skills underpinned from perspectives, for example in research processes, service and quality improvement techniques, educational theory or leadership and management theory.
- Lead on the development and implementation of research projects related to general practice nursing and build effective working relationships between practice and higher education institutions.
- Collaborate proactively with public health agencies and local authorities to ensure general practice nursing is actively engaged in the health improvement strategies for the local community

### Leadership

The management role of a level 8 practitioner will vary according to the employer expectations of the role:

- Able to assimilate information from a range of sources and ensure complex decisions reflect the analysis of these different perspectives even when limited information is available.
- Lead the development of strategy and ensures collaborative working with others to translate this into practice development to improve the quality of care.
- Represent general practice nursing at local, regional and national political, strategic or policy events.
- Able to apply the theoretical perspectives of change management to create an environment for successful change and practice development.
- Demonstrate an evaluative and outcomes-based approach to practice and develop strategies to share this with a wider audience.
- Able to lead on key aspects of quality assurance to develop robust outcome indicators for general practice nursing and other aspects of clinical governance.
- Ensure others in general practice nursing recognise the importance of data collection and quality assurance and ensure that findings and other results are disseminated in meaningful ways to staff.
- Where required undertake significant event auditing (or equivalent) and be skilled in undertaking objective investigations and in writing objective reports following the completion of the investigation.
- Able to work effectively with a wide range of professionals and agencies and participate in multi-professional/agency strategies.

### Evidence, research and development

- Develop at least one special area of expertise to be seen as a local expert able to articulate the most contemporary evidence, approaches to practice and management.
- Involvement with review and monitoring of clinical policies to ensure they are based on contemporary evidence.
- Involvement in clinical policy and research communities to identify deficits in evidence and identification of potential funding sources for practice or research development.
- Contribute to the development of implementation of research and development strategies and applications for funding.
- Collaborate with local research partners and universities to understand new projects, developments and findings and ensure frameworks for research governance are applied appropriately.
- Where appropriate undertake research as a principal investigator.
- Support the development of staff in research and practice development activities.
- Present research findings in peer reviewed journals, at conferences and at other dissemination events or via electronic mechanisms.

## Appendix 1

### Career Framework Model

The diagram outlines the Career Framework levels, the appropriate clinical level title, a brief clinical level descriptor and, for illustration, some possible non-clinical role examples.



## Appendix 2

### Articulation Of Career Framework With Credit And Qualification Framework

Qualification and Credit Framework (QCF) qualifications are used in England, Wales and Northern Ireland.

Skills for Health works closely with employers and awarding organisations to develop QCF Awards, Certificates and Diplomas which measure occupational competence. The QCF qualifications that replaced the NVQs in 2010/11 form the basis of Apprenticeships.

The Quality Assurance Agency for Higher Education (QAA) provides advice on quality and standards in higher education.

Learning required at each level will vary according to the occupational groups into which the role falls and the Knowledge and Skills Framework outline for each particular role. However, in general, the following level(s) of qualification (in areas related to the work being undertaken) might be expected for roles which appear at the same level of the Career Framework. The learning required for each role should be considered in conjunction with the Career Framework level descriptors

[www.skillsforhealth.org.uk/page/career-framework](http://www.skillsforhealth.org.uk/page/career-framework)

Career Framework level	Indicative academic levels	Example qualifications
Level 9	8	Master's Degree Doctorate
Level 8	7/8	Master's Degree Doctorate
Level 7	6/7	Postgraduate Certificate/Diploma Master's Degree
Level 6	6	Ordinary or Honours Degree Graduate Diploma
Level 5	5	Diploma HE Ordinary or Honours Degree
Level 4	4/5	Foundation Degree HND, HNC, Care Certificate
Level 3	QCF 3/4	HNC Care Certificate
Level 2	QCF 2/3	Care Certificate
Level 1	QCF 1/2 Apprenticeships	Induction Standards Care Certificate

## Appendix 3

Suggested matching of the four central themes identified in this document against the Core and Specific Dimensions of the NHS Knowledge and Skills Framework (NHS KSF). Post outlines based in the NHS KSF will set out the actual requirements of a post, the dimensions and levels required.

Central Themes of Career and Development Framework for Public Health Nurses	Core and Specific Dimensions of the NHS Knowledge and Skills Framework
<b>Clinical Practice</b>	<ul style="list-style-type: none"> <li>• Core 1 Communication</li> <li>• Core 2 People and personal development</li> <li>• Core 3 Health, safety and security</li> <li>• Core 4 Service improvement</li> <li>• Core 5 Quality</li> <li>• Core 6 Equality and Diversity</li> <li>• HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing</li> <li>• HWB2 Assessment and care planning to meet health and wellbeing needs</li> <li>• HWB3 Protection of health and wellbeing</li> <li>• HWB4 Enablement to address health and wellbeing needs</li> <li>• HWB5 Provision of care to meet health and wellbeing needs</li> <li>• HWB6 Assessment and treatment planning</li> <li>• HWB7 Interventions and treatments</li> <li>• IK2 Information collection and analysis</li> </ul>
<b>Facilitation of Learning</b>	<ul style="list-style-type: none"> <li>• Core 1 Co Core 1 Communication</li> <li>• Core 2 People and personal development</li> <li>• Core 5 Quality</li> <li>• Core 6 Equality and Diversity</li> <li>• G1 Learning and development</li> <li>• G2 Development and innovation</li> <li>• HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing</li> </ul>
<b>Leadership</b>	<ul style="list-style-type: none"> <li>• Core 1 Communication</li> <li>• Core 4 Service improvement</li> <li>• Core 5 Quality</li> <li>• Core 6 Equality and Diversity</li> <li>• G5 Services and project management</li> <li>• G6 People management</li> <li>• G7 Capacity and capability</li> </ul>
<b>Research and Development</b>	<ul style="list-style-type: none"> <li>• Core 1 Communication</li> <li>• Core 6 Equality and Diversity</li> <li>• IK1 Information processing</li> <li>• IK2 Information collection and analysis</li> <li>• IK3 Knowledge and information resources</li> </ul>

## Appendix 4



### The QNI/QNIS Voluntary Standards for District Nurse Education and Practice 2015

Domains	
<b>Domain One</b>	Clinical Care
<b>Domain Two</b>	Leadership and Operational Management
<b>Domain Three</b>	Facilitation of Learning
<b>Domain Four</b>	Evidence, Research and Development

Domain	Practice Standards
<b>Domain One: Clinical Care</b>	<b>1.1</b> Demonstrate a broad range of specialist district nursing clinical expertise that supports high quality person-centred care for the caseload population in a variety of community settings*.
	<b>1.2</b> Use appropriate physical and clinical examination skills to undertake the assessment of individuals with complex health care needs or those presenting with more acute illnesses, using a range of evidence based assessment tools and consultation models to enable accurate diagnostic decision making and recognition of other potential differential diagnoses.
	<b>1.3</b> Assess the health related needs of families and other informal carers, developing therapeutic relationships and using creative problem solving that enables shared decision making for the development of care plans, anticipatory care and delivery of care packages.
	<b>1.4</b> Supervise the delivery of person centred care plans by the district nursing team ensuring regular evaluation of care and develop systems to support staff interventions and care quality.
	<b>1.4.1</b> Support all staff to use tools to identify changes in health status and maximise the skills of the District Nurse to support complex assessment where the patient is showing signs of deteriorating health or new symptoms.
	<b>1.5</b> Assess when additional expertise is necessary and make objective and appropriate referrals, whilst maintaining overall responsibility for management and co-ordination of care.
	<b>1.5.1</b> Ensure clear lines of accountability with respect to delegation, supervision and mechanisms for the assurance of clinical and care governance including antimicrobial stewardship.

\* This includes people living in supported living, residential care as well as their own homes and any other appropriate setting where district nursing services are provided

Domain	Practice Standards
<b>Domain One: Clinical Care</b>	<b>1.6</b> Source and utilise eHealth technology and technology assisted learning systems to support self-care and improve efficiency and effectiveness of the district nursing service.
	<b>1.6.1</b> Work collaboratively with others to identify individuals who would benefit from technology, with ongoing support and management.
	<b>1.7</b> Promote the mental health and well-being of people and carers in conjunction with mental health professionals and GPs, identifying needs and mental capacity, using recognised assessment and referral pathways and best interest decision making and providing appropriate emotional support.
	<b>1.8</b> Apply the principles of risk stratification and case management to enable identification of those at most risk of poor health outcomes.
	<b>1.8.1</b> Where appropriate, undertake the case management of people with complex needs, with the support of the multidisciplinary team, to improve anticipatory care, self-management, facilitate timely discharges and reduce avoidable hospital admissions to enable care to be delivered closer to, or at home.
	<b>1.9</b> Assess and evaluate risk using a variety of tools across a broad spectrum of often unpredictable situations, including staff, and people within their home environments.
	<b>1.9.1</b> Develop and implement risk management strategies that take account of people's views and responsibilities, whilst promoting patient and staff safety and preventing avoidable harm to individuals, carers and staff.
	<b>1.10</b> Work in partnership with individuals, formal and informal carers and other services to promote the concept of self-care and patient-led care where possible, providing appropriate education and support to maximise the individual's independence and understanding of their condition(s) in achieving their health outcomes.
	<b>1.11</b> Analyse and use appropriate approaches to support the individual's health and well-being and promote self-care in addressing their short or long term health conditions.
	<b>1.11.1</b> Support the team to facilitate behaviour change interventions for individuals.
	<b>1.12</b> Explore and apply the principles of effective collaboration within a multi-agency, multi-professional context facilitating integration of health and social care and services, ensuring person-centred care is co-ordinated and anticipated across the whole of the person's journey.
	<b>1.13</b> Demonstrate advanced communication skills engaging and involving people and their carers that foster therapeutic relationships and enable confident management of complex interpersonal issues and conflicts between individuals, carers and members of the caring team.
	<b>1.14</b> Prescribe from the appropriate formulary relevant to the type of prescribing being undertaken, following assessment of patient need and according to legislative frameworks and local policy.

Domain	Practice Standards
<b>Domain Two: Leadership and Management</b>	<b>2.1</b> Contribute to public health initiatives and surveillance, working from an assets based approach** that enables and supports people to maximise their health and well-being at home, increasing their self-efficacy and contributing to community developments.
	<b>2.2</b> Lead, support, clinically supervise, manage and appraise a mixed skill/ discipline team to provide community nursing interventions in a range of settings to meet known and anticipatory needs, appraising those staff reporting directly to the District Nurse whilst retaining accountability for the caseload and work of the team.
	<b>2.2.1</b> Enable other team members to appraise, support and develop others in the team and develop strategies for addressing poor practice.
	<b>2.3</b> Manage the district nursing team within regulatory, professional, legal, ethical and policy frameworks ensuring staff feel valued and developed.
	<b>2.4</b> Facilitate an analytical approach to the safe and effective distribution of workload through delegation, empowerment and education which recognises skills, regulatory parameters and the changing nature of district nursing whilst establishing and maintaining the continuity of caring relationships.
	<b>2.5</b> Lead, manage, monitor and analyse clinical caseloads, workload and team capacity to assure safe staffing levels in care delivery, using effective resource and budgetary management.
	<b>2.6</b> Manage and co-ordinate programmes of care, for individuals with acute and LTCs, ensuring their patient journey is seamless between mental and physical health care, hospital and community services and between primary and community care.
	<b>2.7</b> Collaborate with other agencies to evaluate public health principles, priorities and practice and implement these policies in the context of the district nursing service and the needs of the local community.
	<b>2.8</b> Participate in the collation of a community profile, nurturing networks that support the delivery of locally relevant resources for health improvement and analysing and adapting practice in response to this.
	<b>2.9</b> Articulate the role and unique contribution of the district nursing service in meeting health care needs of the population in the community and the evidence that supports this in local areas.
	<b>2.10</b> Ensure all staff are able to recognise vulnerability of adults and children and understand their responsibilities and those of other organisations in terms of safeguarding legislation, policies and procedures.
<b>2.11</b> Use knowledge and awareness of social, political and economic policies and drivers to analyse how these may impact on district nursing services and the wider health care community. Where appropriate participate in organisational responses and use this knowledge when advocating for people or resources.	

\*\* [http://www.gcph.co.uk/assets/0000/2627/GCPH\\_Briefing\\_Paper\\_CS9web.pdf](http://www.gcph.co.uk/assets/0000/2627/GCPH_Briefing_Paper_CS9web.pdf)

Domain	Practice Standards
<b>Domain three: Facilitation of Learning</b>	<b>3.1</b> Promote and model effective team working within the district nursing team and the wider multi-disciplinary team and primary care.
	<b>3.1.1</b> Use creative problem-solving to develop a positive teaching/learning environment and workplace for supporting disciplines and professions learning about caring for people in the community and the interdependency of integrated service provision.
	<b>3.2</b> Demonstrate the values of high quality, compassionate nursing and support the ongoing development of these values in others, whilst demonstrating resilience and autonomy in the context of increasing demand, managing change to meet the evolving shape of services through flexibility, innovation and strategic leadership.
	<b>3.3</b> Lead and foster a culture of openness and recognition of duty of candour in which each team member is valued, supported and developed, inspiring a shared purpose to support the delivery of high quality effective care.
	<b>3.4</b> Contribute to the development, collation, monitoring and evaluation of data relating to service improvement and development, quality assurance, quality improvement and governance, reporting incidents and developments related to district nursing ensuring that learning from these, where appropriate, is disseminated to a wider audience to improve patient care.

Domain	Practice Standards
<b>Domain three: Facilitation of Learning</b>	<b>4.1</b> Ensure care is based on all available evidence/research or best practice.
	<b>4.1.1</b> Demonstrate high level skills in discerning between different forms of evidence and managing uncertainty in clinical practice.
	<b>4.2</b> Identify trends in the characteristics and demands on the district nursing service and use this, where appropriate, to inform workload and workforce planning and strategic decision making.
	<b>4.2.1</b> Produce operational plans, supported objectively by data that identify key risks and future management strategies.
	<b>4.3</b> Use a range of change management, practice development, service and quality improvement methodologies, evaluating the underpinning evidence of successful approaches that support the implementation of service developments to improve patient care.
	<b>4.3</b> Participate in the development and implementation of organisational systems to enable individuals, family and carers to share their experiences of care confidentially. Develop processes for systematically improving services in response to feedback.
	<b>4.4</b> Apply the principles of project management to enable local projects to be planned, implemented and evaluated.

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