

A focused rapid review of the role and impact of the general practice nurse and health care assistant within general practice

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Abbreviations

AfC	Agenda for Change
CDM	Chronic Disease Management
COPD	Chronic Obstructive Pulmonary Disease
DH	Department of Health
FE	Further Education
GP	General Practitioner
GPN	General Practice Nurse
HCA	Health Care Assistant
HEI	Higher Education Institution
KSF	Knowledge and Skills Framework
LMC	Local Medical Committee
LTC	Long Term Conditions
nGMS Contract	New General Medical Services Contract
NHS	National Health Service
NILSI	NHS Institute of Learning, Skills and Innovation
NMC	Nursing and Midwifery Council
NOS	National Occupational Standards
NVQ	National Vocational Qualification
NWC	National Workforce Competences
PCT	Primary Care Trusts
PEC	Professional Executive Committee
RCGP	Royal College of General Practitioners
RCN	Royal College of Nursing
SHA	Strategic Health Authority
WDC/D	Workforce Development Confederation/Directorate
WiPP	Working in Partnership Programme

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This review was undertaken as a preliminary component of the NHS Working in Partnership Programme (WiPP) general practice nursing and health care assistant projects. Further details about these projects can be found on the WiPP website www.wipp.nhs.uk.

1. Objective of the rapid review

To undertake a time limited national scoping exercise to inform the development of a support package to facilitate the recruitment, retention, employment, training, career development, skill mix and standards in general practice nursing that includes health care assistants, nurses and advanced nurse practitioners.

2. Expected audiences for the rapid review

The rapid review was conducted in a way that was mindful of the five likely audiences in England who would be accessing the WiPP General Practice Nursing Toolkit, Health Care Assistant Toolkit and Easy Guide.

1. NHS strategic and managerial staff (including the NHS workforce as a whole, PCTs, SHAs/WDDs, DH)
2. Practice employers (including general medical practice managers, varying seniority of general practice nurses, GPs)
3. General practice nurses and health care assistants themselves working in general practice, nurses working in other health settings, or those who aspire to the role or are considering a return to work as a general practice nurse or health care assistant
4. Lay people (including current patients, self-help or support groups and other community groups, non-executive directors of PCTs, the general public)
5. Educational providers in: Higher Education Institutions, Further Education Colleges, private training organizations, PCT/practice evolved in-house training teams, NHS training departments etc as well as public sector learning organizations e.g. Learning and Skills Council.

3. Methodology

A template was created to reflect the expected fields of the rapid review. This comprised 19 fields that covered the scope of the intended general practice nursing and health care assistant support materials, in line with the objectives of the review.

A team of people including undergraduate medical students who are science graduates were employed to undertake the scoping exercise.

4. Undertaking the search

Information was gathered from a variety of sources including published materials, grey literature and the general practice nursing/health care assistant initiatives application forms from PCTs and GP practices. On-line searching has continued since this time through the King's Fund Awareness Service.

4.1 On-line searching

A detailed literature search of specific on-line databases using search terms and keywords defined by the project team and associated advisers (see appendix XX) was undertaken.

The databases searched were:

Royal College of Nursing Website, Google Web search, PubMed – medline, CINAHL.

Documents were excluded from the search if they:

- did not originate in the UK
- did not add anything of value to the review or the toolkit
- were published earlier than 2000
- were hospital-based

The results were collated and publications requested from the appropriate sources.

4.2 Hand searching of publications

The hand search included:

- Trawling for relevant articles on-line and in hard copy from: NatPact – new @ networks weekly bulletins, RCGP Seven Days, Chief Executive Bulletins and a number of context papers that were available, 2000 – 2005.
- A search of the British Journal of General Practice, Family Practice, Education for Primary Care, and Quality in Primary Care was undertaken which identified articles relating to the 19 fields of the review template, 2000 – 2005.

4.3 Hand searching of general practice nursing/health care assistant WiPP initiative application forms

Primary Care Trusts and GP practices had been invited by WiPP to apply to become one of 5 pilot sites (see appendix 1) for the WiPP initiatives relating to the general practice nursing and health care assistant toolkits. Over 200 practices and primary care trusts applied. They were advised that any information provided would be used to inform the rapid review, and associated key outputs.

Examples of the information requested included details of:

- The practice /PCT profile
- Employment of general practice nurses and/or health care assistants in general practice
- Support available for training and development of general practice nurses and/or health care assistants in general practice
- Views and approach to the implementation of Agenda for change
- Approach to recruitment and retention of general practice nurses and/or health care assistants in general practice

Using the 19 field template (see appendix 2) an in-depth review was taken of each of the pilot sites' applications and an overview of the unsuccessful applications. See appendix 3 and appendix 4.

Specific examples of good or interesting practice were noted; relating to either PCTs or individual practices.

The limited scoping exercise took place during July, August and September 2005.

5. Key findings

Please note that many of the references cited under one field also provide information about other fields.

- 5.1 (i) Nature of clinical role (roles, responsibilities, practice) (e.g. nurse prescribing, delegation, team leadership, nurse-led clinics, triage, health assessment, chronic disease management).**
(ii) Whether or not risk management in place: issues of safety, appropriate delegation and accountability

Summary of findings from reference sources

- The range of role and roles and responsibilities within practice are very varied (PCT and practices).
- Job descriptions were provided in a number of the application forms and these together with those found on the internet showed a variety of roles for general practice nurses and health care assistants working in general practice.
- General practice nurses – are registered nurses whose roles include clinical responsibilities such as wound management, health promotion, screening, vaccination and immunisation, ear care, infection control, travel health, and may include added responsibility for chronic disease management, asthma and COPD or diabetes management according to the practice needs. They also have administrative and professional responsibilities which include the supervision of other staff such as HCAs and their own personal development.
- General practice nurses operate at different levels depending on their experience and the needs of the practice. Work undertaken by Torbay PCT identified the roles of general practice nurse, senior general practice nurse, advanced nurse practitioner and lead general practice nurse. The RCGP identified the duties as:
 - Practice nurse
 - Delivers nursing care
 - Runs clinics
 - Provides health promotion advice
 - Carries out immunisation and smear tests
 - Inducts new staff
 - has knowledge of chronic disease management, general health care, family planning and well woman care
 - Specialist practice nurse (has specialist clinical knowledge)
 - Delivers nursing care, including running specialist clinics
 - Educates patients
 - Carries out immunisations and smear tests
 - Inducts new staff
 - Highly specialised nurse (nurse practitioner)
 - Assesses patients
 - Plans and implements care
 - Provides specialist advice and maintains records
 - Is a lead specialist in a defined area of nursing care, also providing specialist education and training to other staff and students, and undertaking research and lead clinical audits in her own specialist area.
- General practice nurses - Audit commission in conjunction with RCN – 2000 GPNs surveyed in October 2003. Found:
 - 5 out of 9 study sites were developing new and expanded roles for GPNs / pharmacists in order that they could take on work from GPs.
 - Roles of GPNs: cervical smear (93%), ear syringing (90%), wound care (88%), patient registration assessments (78%), audit (61%), triage (50%).
 - Clinics that GPNs responsible for: Flu vaccination (86%), travel (75%), child immunisation (63%), well woman (62%), diabetes (61%), respiratory disease / asthma / COPD (59%), CHD (58%), family planning (47%), smoking cessation (41%), leg ulcer and Doppler testing (27%), cryocautery (14%).
 - 42% of GPNs had access to occupational health
 - 46% GPNs had been appraised in last 12 months
 - 90% GPNs had a contract of employment. Some significant gaps in contracts.
 - 78% GPNs had access to NHSnet.
 - 55% GPNs received IT training in last 12 months.
 - Skill mix: wide variation. Average GP:GPN was 2.4:1. Range 1:1 to 35:1. Variation was not associated with list size.
- Nurse prescribing – there was limited information about the impact of nurse prescribing. This was mainly concerned with education and training
- Almost all HCAs with training were undertaking standard duties such as venepuncture, new patient registrations, urinalysis, or acting as a chaperone for patients during GP consultations.

- Advanced duties (only some HCAs) include simple wound dressing, spirometry, helicobacter testing, diabetes foot checks, assisting in minor operations, data input onto the computer.
- Delegation/team leadership – the nature of responsibility for team leadership differed depending on the PCT or practice that nurses work within. All nurses have a responsibility when delegating work to HCAs in accordance with the NMC Professional Code of Conduct.
- Nurse-led clinics/chronic disease management (CDM)/long term conditions (LTC) clinics/sessions are run to cover a variety of conditions by nurses. Some are supported by HCAs who undertake delegated tasks.
- Laurent et al, found that nurse practitioners have no effect on the subjective workload of the GPs. Nurse practitioners supplement GPs and extend services but cannot substitute for GPs.
- **Risk management** - delegation of and accountability for tasks allocated to health care assistants is discussed in a number of articles. Registered practitioners and health care assistants are still looking for guidance and this affects the type of tasks that registered practitioners are willing to delegate.
- Delegation: The Code of Professional Conduct produced by the Nursing & midwifery Council (2002) gives guidance around delegation. It is recommended that practices take time to consider the level of supervision and support that may be needed by a HCA. Only when the primary Healthcare team are confident that these are in place should they proceed with appointing a HCA.
- Supervision: "There should be a formal arrangement for a health care professional to supervise the HCA on a regular basis. Supervision, including observation should include time built into the workload. All HCAs should be aware that they are accountable to the patient for any errors they may make, through civil law, and to their employer, through their contract. The GPN, or other professional, is however accountable for the appropriate delegation of any task or duty. The HCA cannot be *professionally* accountable as they are currently unregulated, apart from in social care settings." S. Hopkins, L. Young, Employing Health Care Assistants in General Practice, 2005, RCN publication.

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5.2 Nature of non-clinical role (e.g. clinical audit, QOF data monitoring, supervision of health care assistants).

Summary of findings from reference sources

- Nurses and health care assistants undertake a variety of non-clinical roles around quality, audit, developing teamworking within the practice.
- Roles are often poorly defined and extremely variable.
- Health care assistants have helped to support general practice teams in meeting QOF targets e.g. long term conditions by implementing robust recall systems for patients. (The Ridge, Bradford)
- Job descriptions include maintaining high standards of record keeping.
- General practice nurses are expected to maintain accurate records in line with practice policy and NMC guidelines, develop and update practice protocols.
- PCTs reported in the Audit Commission report that around one-half of the practice nurses participated in the practice nurse networks with greater proportions participating in other networks centred on their profession or general practices.
- HCA forums have been set up in some PCTs which have helped to support HCAs and give them a chance to discuss ideas and issues with peers. (e.g. Southwark PCT, Richmond and Twickenham PCT)

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5.3 Training and qualifications. Degree of involvement of NHS, NHS partner, voluntary and community sector organisations in the training and development of HCAs and other general practice nurses. That is, undergraduate / postgraduate training and award courses; PCT policy; statutory & mandatory training; HEI and Further Education College courses and awards; training options provided by the commercial sector, resources of the NHS Institute for Learning, Skills and Innovation (NILSI).

Summary of findings from reference sources

- Access to training and education for general practice nurses and health care assistants varies across the country.
- Health care assistants have difficulty in accessing NVQ courses that provide the appropriate mix of units for general practice.
- Some PCTs have developed their own assessment centres or agreed with local training providers such as FE colleges common units for HCAs in general practice to undertake.
- Commitment to the delivery of training by PCTs varies across the country.
- Evidence from the application forms shows that practices value support from PCTs that take an active role in the commissioning, design and delivery of education and training for nurses and health care assistants in general medical practice
- Development of a practice nurse 'bank' in one PCT allows for backfill freeing practice nurses to attend training.
- There is no set educational requirements for nurses in general practice. Each HEI develops courses according to demonstrated needs e.g. introduction to practice nursing, in accordance with professional body guidance.
- There are certain courses that are recognised nationally for specific disease processes such as the Warwick course for diabetes.
- Access to funding for courses varies across the country.
- Funding for training is included within the global sum for general practice.

- Central funding for non-professionally qualified staff (NHS Learning Accounts) has now stopped.
- In-house training accounts for a large part of personal and professional development that takes place.

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5.4 Lessons learned by employers, nurse mentors, HCAs, GPNs, PCTs as employers and creators in relation to supportive training and development environments.

Summary of findings from reference sources

- Annual personal development reviews should include identification of training and development needs with action plans to address these needs. They should be linked to practice organisational objectives.
- Funding needs to be made available for nurse and health care assistant training and development.
- Good practice is to incorporate assessor and mentor time in the job description.
- Knowledge and skills are often taught in-house in a practice as many courses are too general.
- The Investor in People Award in a practice demonstrates commitment to training and developing staff.
- Development of information technology (computer) skills supports clinical activity and should be encouraged.
- It develops the practical skills of candidates and is a form of continuous assessment to ensure standards are maintained.
- NVQ processes are not always understood by qualified staff and this could create problems as to who can support candidates through the NVQ process.
- Other qualifications for health care assistants are available as an alternative to NVQs e.g. OU, Primary Care Training Centre.

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5.5 Perceived extent of choice of HCAs / GPNs in relation to their training and development (types of skills training, sources of information, access to networks etc)

Summary of findings from reference sources

- Choice of training and development varies across the country.
- Access to courses during work time varies across the country.
- Practice nurse or health care assistant forums give valuable opportunities for nurses and HCAs to meet together to discuss issues, ways of working and gather information. Some forums include an element of education within the meetings.
- Limited access for health care assistants wanting to undertake NVQs due to lack of health units offered.

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5.6 Training needs analyses reports recording extent of expertise of GPNs and HCAs (e.g. in clinical areas and non-clinical areas such as IT skills, coding of diseases, health and safety, equity and diversity).

Summary of findings from reference sources

- Little information in the application forms relating to this field.
- Training plans and professional development frameworks have been developed within PCTs and general practices to support the development and training of staff
- A number of specimen training plans were available but none were completed so it proved difficult to assess the extent of expertise of GPNs and HCAs.

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5.7 Career development (e.g. personal support, mentoring, supported career pathways, personal development or learning needs, opportunities for research or other academic work).

Summary of findings from reference sources

- Options available in some practices for research or other academic work e.g. teaching, consultancy, NVQ assessors.
- Varied roles and specialism in general practice means that it is difficult to identify one career route for general practice nurses and health care assistants. It depends on practice needs and individual interests.
- Local forums can help nurses and health care assistants (Southwark PCT, Richmond and Twickenham PCT)
- Mentor: A mentor from within the practice should be appointed to support the development of the HCA.
- The NHS Career Framework aims to help with the implementation of a flexible career and skills escalator concept. It needs to read across with the relevant pay scales and link with partner organisations such as social care.
- Thurrock PCT has implemented a framework for supporting nursing in general practice with emphasis on clinical and organisational quality
- With the implementation of the new GMS contract, the role and standing of the general practice nurse has changed e.g. development of nurse partnerships
- As roles change and expand for general practice nurses then more scope is available for the health care assistant role to change and they are now taking on tasks that were previously undertaken by health care professionals.
- Practice nurse need to pursue leadership opportunities and can be involved in government initiatives to direct the future of the primary care workforce.
- Appraisals and personal development reviews are an important part of career development
- Practices need to have in place clear protocols and competence checks when extending the role of health care assistants in general practice.
- Mid Hampshire PCT has 3 mentors who each have responsibility for several practices. Practices do not have to use a mentor but many welcome the additional professional resources to support the nurses.

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5.8 Resources invested in or available to the health care assistant or general practice nurse enabling their day to day work (e.g. consulting room, desk space, funds for training and/or development, equipment, library, internet access).

Summary of findings from reference sources

- Little information about resources invested in or available to nurses or health care assistants in general practice
- NHS Learning accounts now come to an end. Funding for education included in the global sum.
- In order to work effectively, general practice nurses and health care assistants need access to patient records, a computer with their own email address and password that is linked to the rest of the practice and gives access to the internet.. There needs to be sufficient consulting rooms to accommodate clinic sand consultations.
- A high proportion of nurses have access to a health library although there are regional differences. It is more difficult accessing libraries when working in general practice.
- There is a need for more information technology training for nurses and health care assistants.
- Nurses with best access to information are more likely to change practice as a result of research, which his likely to lead to improve patient care.
- Within the pilot sites support is given by the SHA and PCTs to fund Masters level Nurse Practitioner and specialist practitioner programmes. This is mirrored in other regions.

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5.9 Recruitment. Experience of recruitment of HCAs and GPNs. Ways that PCTs / practices increased numbers of HCAs / GPNs employed in general practice (examples –who, how, amount of support from PCTs including their communication team, media coverage,

degree of commitment from PCTs to recruitment of HCAs / GPNs including senior managers)

Summary of findings from reference sources

- Some PCTs assist practices in the recruitment process for HCAs and GPNs and advertise vacancies.
- Websites are available to give help and advice in recruitment techniques e.g. www.acas.org.uk
- Southwark PCT have encouraged general practice to employ health care assistants through use of the enhanced services budget.
- Job Centre Plus can help with the recruitment.
- Wide variation across England in the levels of activity in developing career routes.
- A key recommendation from the flexible entry to primary care nursing project was, "That PCTs and WDCs should ensure that their primary care workforce strategy includes a vision of a career pathway for nurses in primary care through their working lives, from newly qualified nurse to nurse consultant".
- There are few opportunities for student nurses to learn clinical skills in primary care rather than just observe.
- A key task identified is for PCTs, WDCs and universities to review their pre-registration courses for clinical skills acquisition in primary care and general practice setting for nurses.
- Practice nurse apprenticeship schemes helps registered nurses who are considering moving into primary care or general practice gain experience for accessing future general practice nurse posts.
- There is little evidence as to why nurses leave, remain in or choose to return to the primary care nursing workforce.
- Marketing different types of job opportunities, flexible working, flexible retirement may help to retain general practice nurses in primary care
- Recruiting nurses to "bank" or locum schemes keeps them linked to primary care
- When recruiting health care assistant sit is important to consider their current knowledge. Some general practices prefer to recruit people with little or no experience but appropriate personal qualities and train them in the ways of their particular practice.

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5.10 Employment information (e.g. job descriptions, competency frameworks, indemnity of

HCA/GPNs, contracts/terms and conditions, induction programme, appraisal/IPR, nature of line management, personal development plan template, KSF job outline, job evaluation, single employer/bank general practice nurse).

Summary of findings from reference sources

- Variety of example job descriptions available (see field 1). Each job description should include proposed job title, main purpose of the job, objectives of the job, the scope of the job, salary for the post, training and development and a person specification.
- Checklists of competence are developed individually by practices on the whole.
- Some PCTs are now developing competence frameworks (e.g. Torbay and Teignbridge PCTs)
- Skills for Health as the Sector Skills Council has developed National Occupational Standards and National Workforce Competences that can be used to develop competence role profiles for different jobs. These are mapped to the NHS Knowledge and Skills Framework (NHS KSF).
- Contracts of employment and terms and conditions vary from practice to practice.
- The Scottish Framework provides templates to follow.
- Agenda for Change is not compulsory for general practice, however it is recommended that general practice considers using this framework together with the NHS KSF. (DH, RCN)
- General practice must either adopt or not adopt Agenda for Change. It is not possible to say 'equivalent to' or 'like' Agenda for Change. (DH)
- The Advisory, Conciliation and Arbitration Service - ACAS provides a web based resource of up to date information for employers and employees around all aspects of employment giving details of policy changes, sample documents and offering free e-learning training packages on-line.
- Induction programmes vary from a simple introduction to health and safety and an introduction to the general practice team to full induction training programmes, especially for health care assistants. These can include introductions and shadowing of the wider primary care team and education programmes for people new to general practice.
- KSF job outlines were mainly mapped to version 6. Work has been undertaken by Torbay PCT to map to version 7 and will be available on the WiPP website www.wipp.nhs.uk
- Many PCTs have practice nurse 'banks' to cover sickness and holidays but there are few for health care assistants.
- A shortened induction programme is recommended for locum staff.
- Health care assistants need support from a clinical mentor and/or supervisor, preferably a registered nurse. Their line manager may be the practice manager.
- Many practice nurses have never had an appraisal and don't have an up to date job description which adequately reflect their diverse role. They are also concerned about how Agenda for change will affect them.

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5.11 Organisational policies and procedures relevant to the employment and support

of health care assistants and other general practice nurses (including HCAs: numbers of NVQ assessors, internal verifiers and nurse/AHP mentors - general practice or PCT based; including GPNs: access to clinical supervision, nurse/manager mentors - general practice or PCT based, keeping fully trained HCAs and other GPNs motivated), sustaining good practice in retention.

Summary of findings from reference sources

- Little mention of the number of NVQ assessors available in general practice. Through discussions with practices and PCTs this is a problem for the training and development of health care assistants as this role is often undertaken in addition to normal duties and is not included as part of the job role. HCAs therefore depend on the goodwill of the professionally qualified staff to complete their NVQs.
- There are external consultancy firms that can support practices in employment policies and procedures.
- Government emphasis to be placed on care within the community will mean new ways of working for general practice and community teams.
- There are considered to be two main driving forces to current recruitment and retention initiatives for PCTs and WDCs, a) maintenance of current levels of services, b) expansion of opportunities in primary care. Very few PCTs and WDCs reported a strategic approach to recruitment and retention or projecting future demands for nurses in primary care in line with local delivery plans.
- Finance for some initiatives is not mainstreamed so continuation is uncertain.
- PCT and GP employers of primary care nurses often had different perceptions of priorities

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5.12 Skill mix and schemes of delegation

Summary of findings from reference sources

- The development of skill mix is an integral feature of NHS reform and involves:

- Mix of disciplinary groups in the delivery of a service
- Mix of skills within a given disciplinary group
- And/or the mix of skills possessed by an individual.
- There are two different ways in which changes in skill mix may alter primary health care provision:
 - Delegation/substitution – where task(s) performed by one type or grade of professional are transferred to a different type or grade of professional. This is usually the transfer of task(s) from a highly qualified, expensive professional to a less highly qualified, less expensive professional or in appropriate cases a non-professionally qualified member of staff such as a health care assistant.
 - Diversification – where the range of services is enhanced by the addition of new types of professionals or the acquisition of new skills by existing professionals e.g. practice counsellors.
- There has been limited comprehensive assessment of the benefit of skill mix in general practice.
- Most of the studies focused on nurses substituting for doctors show that equivalent outcomes are achieved and patients are at least as satisfied with the outcome.
- The Cochrane Review found that there were no discernable differences between the performance of doctors and of appropriately trained nurses as measured by a range of outcomes. This may be because of the longer consultation in which nurses gave out more information. The length of the consultation resulted in the finding that the substitution was cost-neutral.
- For skill mix to be acceptable, there needs to be proof that it is
 - Cost effective
 - Safe
 - Satisfactory for both users and providers of health care
 These cannot be considered in isolation, since variation in one might have implications in another.
- Health care assistants work within the guidance of a registered practitioner.
- Delegation of a task by a registered professional to a health care assistant should include an assessment of the health care assistant's ability.
- Supervision of staff is an integral part of a nurse's role.
- The primary motivation for delegation is to serve the interests of the patient
- Workforce issues and questions of professional roles and boundaries will need to be resolved if patient needs are to be met in the future.

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5.13 Integration of HCAs in the general practice nursing and other health professional teams: how successful networks of HCAs and / or mentors and / or NVQ assessors, and / or NVQ internal verifiers, can be formed; whether or not HCAs are integrated with professional colleagues and what it takes to achieve this; issues of inequity e.g. training and development opportunities with other colleagues and ways to overcome inequities.

Summary of findings from reference sources

- Various documents highlight the importance of a multi-disciplinary workforce.
- Very little information about how HCAs are integrated into practice teams.
- Southwark PCT holds monthly multidisciplinary clinical supervision groups.
- Thistlemoor Medical Centre, Peterborough have teams of HCAs who work together under the guidance of a practice nurse lead to manage chronic conditions.
- The Limes Medical Centre, Epping Forest offers an integrated, multi-disciplinary approach to health care based on health needs assessment. It involves traditional members of the primary health care team in addition to community pharmacists, optometrists, leisure personnel and social services.
- Membership has been widened within the Royal College of Nursing to include health care assistants.

Key references

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2. NMC News. Health care assistants to be regulated. 2004.

5.14 Anticipated future roles and responsibilities of health care assistants and general practice nurses: pilot or evaluative projects.

Summary of findings from reference sources

- Consultation around regulation and registration of non-professionally qualified staff is happening.
- The roles and practising boundaries of GPNs and HCAs are expanding e.g. in nurse prescribing, assistant practitioner role, with HCAs undertaking more advanced tasks. Discussions are taking place nationally around issues such as HCAs administering flu vaccines, cervical smear tests, ear syringing.
- There needs to be access to recognised training courses reflecting the needs of general practice, modular with accreditation and recognition of prior experience.
- Over recent years a wide range of extended nursing roles have been developed. Concern has been shown that core nursing skills may be lost. However, the RCN/DH report shows that nurses working in these roles see themselves as 'maxi nurses not mini doctors and 98% report that nursing skills are essential to the job that they do on a daily basis'.
- The number of nurses choosing practice nursing as a career option is rising.
- The RCN recognises three areas of action for the future development of nursing:

- Nurturing an inclusive family of nursing – recognising the contribution of others who deliver nursing care and recognising health care assistants as essential members of the nursing team
- Developing person-centred care – encouraging patients and their carers to become active participants in the type of care and treatment they receive and how they receive it
- Establishing integrated care across care settings – practicing without traditional boundaries of role or institutional settings.

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5.15 Views and perceptions of the GPN/HCA roles. Lay (patient, carer, the general public, trust non-Executive Director) perceptions of and views on the health care assistant and other general practice nursing role; health professional and manager perceptions of the health care assistant and other general practice nurse role. Extent to which patients are consulted / communicated with about introduction of and roles / responsibilities of HCAs/other GPNs.

Summary of findings from reference sources

- Patients generally regard HCAs as qualified ‘nurses’ despite efforts by HCAs and the practice team to explain the difference.
- Focus group outputs – (4 were held across Staffordshire and Shropshire).
 - Many of the members were unaware if their GP practice employed health care assistants
 - Most would be happy to see a HCA if they had initially been seen by a GP or practice nurse
 - Was some concern about the type of tasks that are delegated to an HCA – would staff be properly trained and supervised?
- Practice and PCT newsletters, websites and patient participation groups seen as good ways of communicating with patients.

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5.16 Case studies: conventional, innovative or specialized of health care assistant and other general practice nurses working in traditional and other general practice settings.

Summary of findings from reference sources

See Appendix 3. Case Studies from the application forms submitted by primary care trusts and general practice to become pilot sites for the Working in Partnership Programme (WiPP) GPN and HCA projects.

5.17 Impact of the employment of HCAs and other GPNs in general medical practice:

- I. impact of evolving skill mix re facilitating employment, training, development and integration of HCAs,
- II. identification of barriers to success re facilitating employment, training, development and integration of HCAs,
- III. identification of key lessons learnt re facilitating employment, training, development and integration of HCAs
- IV. on workload and case mix of GPs, other GPNs, other practice staff
- V. on achieving targets i.e. QOF, NSFs, waiting times / improved access at practice
- VI. on use of NHS services (e.g. GP consultations, OOH services, A&E visits etc)
- VII. extent to which interventions undertaken by HCAs meet criteria for appropriateness and / or safety.
- VIII. cost effectiveness in terms of costs versus benefits
- IX. monitoring and review of patients with long-term conditions

Summary of findings from reference sources

- Introduction of HCAs has reduced patient waiting time for appointments and helped practices to meet 24/48 hour access targets.
- Anecdotal evidence – training of nurse practitioners has led to increased job satisfaction for members of one practice team.
- In a randomised control trial, nurse practitioner consultations were significantly longer than those of the general practitioners. However, patients were more satisfied with nurse practitioner consultations. If nurse practitioners were able to maintain the benefits whilst reducing their return consultation rate or shortening consultation times, they could be more cost effective than general practitioners.
- A review to look at whether nurse practitioners could provide care at first point of contact equivalent to doctors in primary care settings found that increasing the availability of nurse practitioners in primary care is likely to lead to high levels of patient satisfaction and high quality care.
- Funding is likely to be a major problem as changes take place in primary care. Funding needs to be sufficient to cover all aspects of appropriate training and backfill for when the nurse or HCA is absent due to training commitments.
- There is an aging nursing workforce – one in five nurses on the general register are aged 50 or over (2001). This could have an impact on recruitment of nurses into general practice.
- The changing roles across professional boundaries can create a culture of uncertainty, which in turn could lead to a reduction in staff morale.
- The fragmented origins of practice nursing have meant that in the past there has not been a structured career pathway.
- Structured induction and training programmes offered by some PCTs means that practice nurses have a well established training programme for development.
- Adding nurse practitioners to general practice teams did not reduce the workload of general practitioners. This implies that nurse practitioners are used as supplements rather than substitutes for care given by general practitioners.

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5.18 Numbers of HCAs and other GPNs – baseline of numbers of HCAs employed in general practices (and preceding years) + taking up training outside their own practices.

Summary of findings from reference sources

Nil return. Unable to obtain reliable and current figures for health care assistants and general practice nurses working in general practice.

5.19 Methods of evaluation utilised for any aspect of the health care assistant and other general practice nursing role. Systems and processes to underpin data collection that enables evaluation of contribution of HCAs (e.g. own log in for the practice computer system).

Summary of findings from reference sources

- Little published information around methods of evaluation utilised for any aspect of the health care assistant and other general practice nursing role.
- QTDi (Quality Team Development) can be used by all practices irrespective of whether their primary care organisation has registered. It consists of a set of regularly updated criteria that a practice can assess their performance against.

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6. Toolkits

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2. Macdougall N, King P, Jones A et al. A Tool Kit for Practice Nurses. Aeneas Press, Chichester.
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7. Conclusion

General practice nursing has undergone a number of changes during the review period with the role of the health care assistant being used more widely in general practice.

The large amount of information that has been found during this review has been coherent rather than contradictory. For example, reviews concerning the substitution of doctors by appropriately trained nurses in patient consultations, as measured by a range of outcomes, resulted in the finding that the substitution was cost-neutral.

Many of the WiPP initiative application forms provide practical examples that are used in general practice for example, job descriptions. This shows the range of roles that are undertaken by general practice nurses depending on where they work, but also shows consistency in the types of basic duties that are undertaken.

The information gained through the searches undertaken has been used to develop the general practice nursing and health care assistant toolkits that can be found on the NHS WiPP website www.wipp.nhs.uk.

As the emphasis on provision of health care services moves from secondary to primary care settings and care in the community, the nature of the roles and responsibilities of the GP, general practice nurse and health care assistant within general practice has begun to change. Roles and responsibilities are being introduced or expanded in line with practice and community needs.

The rapid review has drawn together reference sources and articles that can be used to support a business case for change. It has highlighted good practice that has been included in the toolkits.

Case examples

Case Example 1.1 – Torbay PCT

- Name of PCT/ Practice: Torbay PCT
- Postal Address: Paignton Hospital,
Church Street
Paignton
Devon
TQ3 1RX
- Tel/ Fax: 01803 557 425
- E-mail of key contact: Jacquie.phare@torbay-pct.nhs.uk
- Type of Location (inner city, rural, mixed): mixed
- Size of PCT/ Practice: 143, 862
- GPN: GP ratio: 85:94 (includes HCAs)
N.B. WTE not specified
- Numbers of HCAs: 21
Other GPNs: 64 - 60 practice nurses, 4 nurse practitioners
GPs: 94
N.B. WTE not specified
- Case Study Description:

In 2002 a skill mix review known as the Primary Care Nurse Profiling exercise was undertaken. This demonstrated over 40 competences were required to deliver the vast care agenda in general practice. All nurses and support workers across the PCT completed a live working week and a questionnaire on employment terms and education undertaken. In some areas there were low levels of education and training to support their role and that there was true lack of equity in Terms and Conditions of service which until then had been anecdotal. Following this, one of the key recommendations was to develop a career framework for nurses in general practice as currently there are no nationally developed competences in General Practice Nursing

This work has been undertaken by the support of the Local Medical Committee (LMC) by a working party of professionals including General Practitioners, practice nurses, nurse practitioners, District Nurses Practice Managers and educationalists from SW Deanery. The competences were adopted and developed in 2004 by Avon Gloucestershire and Wiltshire SHA and S.W Deanery NHS and used with their agreement to facilitate standardization across the peninsula.

The Professional and Educational Career Framework for Nurses and Support Workers in General Practice, is a comprehensive framework that:

- supports the ongoing development and training of both HCAs and Nurse Practitioners in Primary Care and commissions training for needs identified in the profiling
- provides a clear career pathway for primary care based nurses demonstrating that primary care can offer exciting career progression and prospects
- standardises terms and conditions for primary care based nurses, leading to an equitable system to encourage both recruitment and retention into general practice
- delivery of high standards of health care across the PCT

The Framework contains specific sections on:

- Job description/ specification template
- Individual professional and personal development plan and development cycle
- SWOT analysis

- Appraisal
- Clinical supervision
- Education and Training Provision accessible to General Practice
- Contracts, costs, level of education/ achievable qualifications and duration of any courses

It was launched in April 2005 and will be evaluated by repeating the Primary Care Nurse Profiling (originally carried out 2002)

- Match to Rapid Review Template: 1 – Nature of Clinical Role, 6 – Training Needs Analysis Reports, 7 - Career Development, 9 – Recruitment, 10 Employment, 11 – Organisational Policies, 12 – Skill Mix and Schemes of Delegation
- Original Source Material: Application Form For PCTs – General Practice Nursing Project

Case Example 1.2 – Torbay PCT

- Name of PCT/ Practice: Torbay PCT
- Postal Address: Paignton Hospital,
Church Street
Paignton
Devon
TQ3 1RX
- Tel/ Fax: 01803 557 425
- E-mail of key contact: Jacquie.phare@torbay-pct.nhs.uk
- Type of Location (inner city, rural, mixed): mixed
- Size of PCT/ Practice: 143, 862
- Numbers of HCAs: 21
Other GPNs: 64 - 60 practice nurses, 4 nurse practitioners
GPs: 94
N.B. WTE not specified
- GPN: GP ratio: 85:94 (includes HCAs)
- Case Study Description:
Over the last 4 years following the 2002 Primary Care Nurse Profiling exercise Practice Nurse Professional Lead Jacqueline Phare has developed courses locally to ensure high standards of health care which include:

Name	Purpose	Number involved	Funding
Foundation in GPN Programme¹ – two Level 3 modules accredited by Plymouth University	To develop core skills/ competences for nurses new to GP (new GPNs) – ensure fit for purpose	All GPNs employed in the PCT are encouraged to complete this – 7 at present	£1200 per student from Workforce Learning Directorate £400 from the general practice employer
NVQ3 in Care (Primary Care)		18 in 2003 cohort 12 in 2004 cohort 3 start Oct 2005	By Government £500 from the general practice if none of their practice nurses are

¹ Developed in conjunction with the South West Deanery

			qualified NVQ assessors
Peripatetic Team as the PCT	Trained to assess the above		
Masters Level Nurse Practitioner Course		2 nurses	PCT assist with fees
BSC Specialist Practitioner (Practice Nursing)		2 nurses recruited in Sept 2004	By Workforce Learning Directorate, PCT supports 2 nurses a year through this
Essential Training and Education for all practice based nurses 1. Cervical cytology training (university credits) 2. Resus adult and paed/ anaphylaxis and shock box 3. Immunisation 4. Ear care 5. Child Protection	Essential, core training No previous provision for local training – pilot scheme Most frequent cause of litigation against nurses – core competency A requirement	14 this year, 25 updating All 120 places locally – all practice based nurses have had training in this All	PCT assists with the costs incurred by the practice
Extended Independent and Supplementary Prescribing	Huge benefits for recruiting in the future	4 EISP (2 Nurse Practitioners, 1 District Nurse/ Nurse Practitioner, 1 Health Visitor)	

- She notes that the PCT recognise the importance of this training and see it as essential. Also, that the skill mix development needs valuing and supporting to achieve success.
- Match to Rapid Review Template: 2 – Training and Qualifications, 3 – Lessons Learnt, 7 - Career Development, 8 – Resources Invested or Available, 14 – Anticipated Future Roles and Responsibilities of HCAs/ GPNs
- Original Source Material: Application Form For PCTs – General Practice Nursing Project

Case Example 1.3 – Torbay PCT

- Name of PCT/ Practice: Torbay PCT

- Postal Address: Paignton Hospital,
Church Street
Paignton
Devon
TQ3 1RX
- Tel/ Fax: 01803 557 425
- E-mail of key contact: Jacquie.phare@torbay-pct.nhs.uk
- Type of Location (inner city, rural, mixed): mixed
- Size of PCT/ Practice: 143, 862
- GPN: GP ratio: 85:94 (includes HCAs)
N.B. WTE not specified
- Numbers of HCAs: 21
Other GPNs: 64 - 60 practice nurses, 4 nurse practitioners
GPs: 94
N.B. WTE not specified
- Case Study Description: Assisting with implementing Agenda for Change

There was a recent meeting between the PCT and a group of GPs and Practice Managers regarding the support that the PCT can provide to assist with implementing the Agenda for Change. This has been agreed around Human Resources support and advice. The role of the Practice Nurse Professional Lead links to the HR service provided to the PCT to support practice staff. They are also currently setting up a group comprising of a GP, Practice Manager, HR, Practice Nurse Lead, PCT Primary Care Assistant Director to support general practice with the HR issues around AfC (a work in progress). There may also be possibility of an external panel for job evaluation, which is also a work in progress. The success of this support will be evaluated this year by a repeat of the Primary Care Nurse Profiling work that was carried out in 2002 which included a questionnaire on annual leave, sick pay and hourly rate.

- Match to Rapid Review Template: 10 - Employment
- Original Source Material: Application Form For PCTs – General Practice Nursing Project

Case Example 2.1 – North, Central and South Liverpool PCT

- Name of PCT: North, Central and South Liverpool PCT
- Postal Address: South Liverpool PCT
Pavilion 6
The Matchworks
Speke Road
Garston
Liverpool
L19 2PH
- Tel/ Fax: 0151 234 1028
- E-mail of key contact: Lynda.Carey@centralliverpoolpct.nhs.uk
- Type of Location (inner city, rural, mixed): inner city
- Size of PCT: 478, 742
- Numbers of HCAs: 40
Other GPNs: 222.5 - 14.5 Nurse Practitioners, 208 Practice Nurses
GPs: 295

(Total of those employed by practices in the area and of those employed by the PCT and working in practices) (WTE not specified, but can be assumed, as there are 10.5 nurse practitioners)

- GPN: GP ratio 262.5:295 (includes HCAs) = 0.89: 1
- Case Study Description:

North, Central and South Liverpool PCT value the development of nurses in general practice. Driven on a local level by nurses recognizing the need to discuss nursing practice and access the local knowledge base, a Practice Nurse Development Team has been created. It has a core function in the PCT to provide support to new and existing nurses in mentorship and supportive roles. For example, new nurses in the formal learning process (Practice Nurses) are able to access and participate in the Practice Nurse Development Team education sessions. These are fortnightly 2 hour sessions offering the opportunity for nurses to discuss key clinical issues pertinent to their practice. Specialist Nurses and nurses with a proven area of expertise are also brought in to discuss clinical management. This peer support learning enables nurses to apply theory into practice and encourages them to adopt a reflective approach to their practice. Hence, the team's core functions include:

- Provision of Practice Nursing Services to those who would otherwise not have access to a Practice Nurse (including vacancies, long-term sickness and maternity leave)
- Mentorship to nurses into Practice Nursing
- Supervision and support to nurses where there are concerns relating to performance
- Clinical sessions to General Practices in order to enable permanent Practice Nurses to training and education, First Contact training, Nurse Prescribing

General Practices are only recharged for this service if they are not currently using their budget to pay for a Practice Nursing service. This approach has increased existing Practice Nurses access to education programmes across the PCT.

The Practice Nurse Development Team has been fundamental in supporting nurses to develop competency based care provision within General Practice.

- Match to Rapid Review Template: 1 – Nature of Clinical Role, 7 – Career Development, 11 – Organisational Policies and Procedures Relevant to Employment
- Original Source Material: Application Form for PCTs – General Practice Nursing Project for North, Central and South Liverpool PCT, Section E.

Case Example 2.2 – North, Central and South Liverpool PCT

- Name of PCT: North, Central and South Liverpool PCT
- Postal Address: South Liverpool PCT
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- Tel/ Fax: 0151 234 1028
- E-mail of key contact: Lynda.Carey@centralliverpoolpct.nhs.uk
- Type of Location (inner city, rural, mixed): inner city
- Size of PCT: 478, 742

- Numbers of HCAs: 40
 Other GPNs: 222.5 - 14.5 Nurse Practitioners, 208 Practice Nurses
 GPs: 295

(Total of those employed by practices in the area and of those employed by the PCT and working in practices) (WTE not specified, but can be assumed, as there are 10.5 nurse practitioners)

- GPN: GP ratio 262.5:295 (includes HCAs)
- Case Study Description: Approach to Agenda for Change

The PCT have adopted an inclusive approach to Agenda for Change (AfC) and provide support and knowledge to all PCT employed and independent contractors, through an Agenda for Change Office. Specific information on the impact and process of AfC has been shared on an LMC and PEC level and through Practice Nurse, Practice Manager and GP forums, which has been offered to all practices, though there has not been any formal training as yet.

Clinicians and non-clinical staff with an understanding of, or background in general practice have been trained in job evaluation and the job matching scheme. All staff employed by the PCT, participate in the job evaluation process, supported by Senior Nurses in the presentation of their cases to the job matching panel. Job descriptions were updated in 2004 and are available to all practices, and the process of job evaluation should be complete by August 2005. Some practices are currently considering the use of job matched job descriptions as a basis of employment of nurses.

The PCT is supportive of general practices and is aiming to adopt an approach which supports provision and assimilation of Practice Nursing skills across the PCT.

It will evaluate the support for AfC through its' forums, and monitor the number of practices moving towards contracts of employment based on AfC principles. Evaluation will be primarily centred upon realising the benefits of an inclusive approach, which supports nurses to continue working within this setting.

With regards to the KSF, this is being developed within the PCT, with nurses undertaking the requisite training, enabling practitioners to develop frameworks which are meaningful and applicable to practice. A standardized framework for all GPNs should be completed by September 2005, when it will be discussed and distributed to all general practices.

- Match to Rapid Review Template: 10 – Employment, 11 – Organisational Policies and Procedures
- Original Source Material: Application Form for PCTs – General Practice Nursing Project for North, Central and South Liverpool PCT, Section F, 14a.

Case Example 2.3 – North, Central and South Liverpool PCT

- Name of PCT: North, Central and South Liverpool PCT
- Postal Address: South Liverpool PCT
 Pavilion 6
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 Speke Road
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- Tel/ Fax: 0151 234 1028
- E-mail of key contact: Lynda.Carey@centralliverpoolpct.nhs.uk
- Type of Location (inner city, rural, mixed): inner city
- Size of PCT: 478, 742

- Numbers of HCAs: 40
 Other GPNs: 222.5 - 14.5 Nurse Practitioners, 208 Practice Nurses
 GPs: 295

(Total of those employed by practices in the area and of those employed by the PCT and working in practices) (WTE not specified, but can be assumed, as there are 10.5 nurse practitioners)

- GPN: GP ratio 262.5:295 (includes HCAs) = 0.89:1

Case Study Description: Development of new roles to aid recruitment

The approach to recruitment is PCT wide, focused on the development of nursing knowledge and skills that will enable the delivery of patient focused care. This has led to the recruitment into new nursing roles as well as the increase in nursing provision across all nursing disciplines. New nursing roles within the PCT include:

The Associate Nurse – recruitment to this role has enabled 56 nurses from secondary care to be recruited into general practice. The 12 month development programme (see case example on training and development) has supported nurses into new roles and significantly increased the number and skill mix of nurses working in general practice, as working within GMS practices during their training, has enabled them to develop requisite skills to enable skill mix to be developed. In addition, the experience of working with nurses at this level has supported general practices to identify the potential of skill mixing the nursing team

Modern Matron equivalent role – the focus of this role has been the development of nurses to meet the patient focused agenda, ensuring delivery of high quality nursing. They work in small geographical localities and provide support and clinical leadership to all GPNs. This has led to increased engagement of nurses, decreased isolation and their access to training and development.

Public Health Nurses – work across the PCT supporting nurses to develop a public health approach to care delivery, which is a vital role in an area with high levels of economic deprivation. They have supported the development of nursing services in identifying inequity in the provision of services (especially Health Visitor service provision), but has the potential to impact on the identification of nursing resources across the city. This is important in assessing the requirement of GPN numbers and skill mix which has not been based on population health need before.

- Match to Rapid Review Template: 7 – Career Development, 9 – Recruitment, 11 – Organisational Policies, 12 – Skill Mix,
- Original Source Material: Application Form for PCTs – General Practice Nursing Project for North, Central and South Liverpool PCT, Section H

Case Example 2.4 – North, Central and South Liverpool PCT

- Name of PCT: North, Central and South Liverpool PCT
- Postal Address: South Liverpool PCT
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 Speke Road
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- Tel/ Fax: 0151 234 1028
- E-mail of key contact: Lynda.Carey@centralliverpoolpct.nhs.uk
- Type of Location (inner city, rural, mixed): inner city
- Size of PCT: 478, 742
- Numbers of HCAs: 40

Other GPNs: 222.5 - 14.5 Nurse Practitioners, 208 Practice Nurses
GPs: 295

(Total of those employed by practices in the area and of those employed by the PCT and working in practices) (WTE not specified, but can be assumed, as there are 10.5 nurse practitioners)

- GPN: GP ratio 262.5:295 (includes HCAs) = 0.89:1

Case Study Description: Models of recruitment/ employment

The recruitment of Practice Nurses has increased significantly in the PCT in the last 2 years, including recruitment of nurses to E grade, F grade, Specialist Practitioner nurses. Recruitment of nurses for the skill mix, introduction of the First Contact programme, and support for nurses undertaking an MSc Clinical Nursing, have all enabled the identification of a career pathway in practice. The structured learning (see training and development Case Example) and support has been significant in increasing recruitment to General Practice.

In order to support recruitment, the PCT has 3 models of employment for nurses:

1. Supporting recruitment for independent general practices – these practices are given access to PCT job descriptions, competency frameworks, interview questions, supported by local nurse leads in the actual recruitment process. This has provided clarity to nurses as well as standardized recruitment of nurses into posts.
 2. PCT Employment – of a number of nurses as part of the Practice Nurse Development Team, or within the 10 PCTMS practices alongside salaried GPs
 3. PCT employed nurses working with a GMS practice – although employed by the PCT these nurses work with a specified general practice through a Service Level Agreement, mirroring salaried GP recruitment. This has been successful as nurses feel supported whilst developing and maintaining the close working relationship of general practice. As nurses are increasingly attracted to a PCT held contract, this model has enabled the recruitment and support of appropriately trained nurses to previously hard to recruit general practices.
- Match to Rapid Review Template: 7 – Career Development, 9 – Recruitment, 11 – Organisational Policies, 12 – Skill Mix,
 - Original Source Material: Application Form for PCTs – General Practice Nursing Project for North, Central and South Liverpool PCT, Section H

Case Example 2.5 – North, Central and South Liverpool PCT

- Name of PCT: North, Central and South Liverpool PCT
- Postal Address: South Liverpool PCT
Pavilion 6
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Speke Road
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L19 2PH
- Tel/ Fax: 0151 234 1028
- E-mail of key contact: Lynda.Carey@centralliverpoolpct.nhs.uk
- Type of Location (inner city, rural, mixed): inner city
- Size of PCT: 478, 742
- Numbers of HCAs: 40
Other GPNs: 222.5 - 14.5 Nurse Practitioners, 208 Practice Nurses
GPs: 295

(Total of those employed by practices in the area and of those employed by the PCT and working in practices) (WTE not specified, but can be assumed, as there are 10.5 nurse practitioners)

- GPN: GP ratio 262.5:295 (includes HCAs) = 0.89:1

- Case Study Description : Example of Retention

Retention rates of nurses in General Practice is increasing across the PCT. They believe this is due to:

- Regular protected time for meetings
- Support for development
- Distinct career opportunities especially career pathways for nurses and HCAs in general practice
 - Nurses have the opportunity to move from E grade practitioner to either Specialist Practitioner status, First Contact, or to Nurse Clinician (Nurse Practitioner)
 - Through NVQ training and widening access scheme, HCAs can move forward to undertake new roles

- Match to Rapid Review Template: 11 – Organisational Policies

- Original Source Material: Application Form for PCTs – General Practice Nursing Project for North, Central and South Liverpool PCT, Section H

Case Example 2.6 – North, Central and South Liverpool PCT

- Name of PCT: North, Central and South Liverpool PCT

- Postal Address: South Liverpool PCT
Pavilion 6
The Matchworks
Speke Road
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L19 2PH

- Tel/ Fax: 0151 234 1028
- E-mail of key contact: Lynda.Carey@centralliverpoolpct.nhs.uk

- Type of Location (inner city, rural, mixed): inner city
- Size of PCT: 478, 742

- Numbers of HCAs: 40
Other GPNs: 222.5 - 14.5 Nurse Practitioners, 208 Practice Nurses
GPs: 295

(Total of those employed by practices in the area and of those employed by the PCT and working in practices) (WTE not specified, but can be assumed, as there are 10.5 nurse practitioners)

- GPN: GP ratio 262.5:295 (includes HCAs) = 0.89: 1

- Case Study Description: Work load Analysis Tool

In a number of general practices there has been a pilot project to develop and utilize a workload analysis tool for GPNs. This work has built upon existing workload analysis tools developed and implemented within the Health Visiting and District Nurse service within the PCT.

With regards to GPNs a workload analysis tool has only been completed within the Practice Nurse Development Team and where there are new vacancies. It is a review of Practice Nursing needs in relation to total population size, numbers of patients in each major disease group,

Health Prevention Activity – numbers of patients requiring cervical cytology per month including uptake rates, immunizations, new patient medicals, treatment room activity, issues relating to access - proportion of add in patients per week to nurse clinics, number of extras to GPs surgery, number of GP patients attending for basic Practice Nurse activity. This enables an analysis of the skill and grade of nurses to be provided within the general practice.

A skill mix review planned for the future will also include a plan for the transfer of workload from GPs to GPNs and GPNs to HCAs.

(Background of the Workload Tool

The Health Visitor equity tool assessment assesses the Health Visitor case load capacity in relation to deprivation indices, allocating resources accordingly. The deprivation scores used in this specific tool are low birth weight, SMR public health data and multiple deprivation indices. The information provided by the tool, is relevant to the allocation of Practice Nurses to ensure nurse resources are allocated appropriately.

In a review of District Nursing (DN) workload, a new data analysis tool has been developed within the city to measure and identify the nature, context, and volume of work for each DN

Team. The tool enables comparative analysis of DN workload, as well as facilitates the exploration of the nature of work as the shift towards management of patient in long-term conditions is increased and the changes in the nature of secondary care impact.

The information is collected quarterly by the DN Team.

On a weekly basis a basic workload analysis tool is completed that identifies the ratio of available nursing hours against expected patient contact, using a simple traffic light system to support the management of patient care across the PCT with the Teams nursing resources used to support areas experiencing heavy workloads.

A retrospective record of the weeks' actual activity is also completed on a weekly basis, which enables identification of unplanned activity for the DN service.

Only a basic tool but has been very successful in the planning of patient care against the skills of the team, and lead to a change in the approach to recruitment with a greater emphasis on the skills and knowledge required for the Team with a subsequent move away from a focus on the numbers of nurses.)

- Match to Rapid Review Template: 18 – Impact of HCAs/ GPNs, 20 – examples of Evaluating HCA/ GPN role
- Original Source Material: Application Form for PCTs – General Practice Nursing Project for North, Central and South Liverpool PCT, Section I.

Case Example 2.7 – North, Central and South Liverpool PCT

- Name of PCT: North, Central and South Liverpool PCT
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- Tel/ Fax: 0151 234 1028
- E-mail of key contact: Lynda.Carey@centralliverpoolpct.nhs.uk

- Type of Location (inner city, rural, mixed): inner city
- Size of PCT: 478, 742

- Numbers of HCAs: 40
 - Other GPNs: 222.5 - 14.5 Nurse Practitioners, 208 Practice Nurses
 - GPs: 295

(Total of those employed by practices in the area and of those employed by the PCT and working in practices) (WTE not specified, but can be assumed, as there are 10.5 nurse practitioners)

- GPN: GP ratio 262.5:295 (includes HCAs) = 0.89: 1

- Case Study Description: Skill Mix

As a direct response to the need to modernize and support nurses in this area, to achieve their potential in relation to meeting the health needs of the local population, a skill mix review was undertaken focusing on the identification of nursing skills in relation to the GMS2 contract.

The nurses were sent questionnaires to identify current levels of provision of services provided and their knowledge base in relation to these areas.

The findings identified a wide range of nurses managing different conditions who may require additional training and education. The information was fed back to the PCTs training and education committee and has enabled the commissioning of additional educational programmes from the local providers.

Their proposed model of nursing care provision supports the development of nurses to work at levels appropriate to patients' needs, from core nursing to advanced nursing care within the generalists' role. The skill mix review also identified that the HCA's are increasingly undertaking an active role in supporting nurses in the management of long-term conditions.

A more robust approach to a skill mix review with an explicit set of criteria was highlighted and planned for the future, including a plan for the transfer of workload from GPs to GPNs and GPNs to HCAs.

- Match to Rapid Review Template: 6 – Training Needs Analysis, 12 – Examples of skill mix, 18 – Impact of HCAs /GPNs, 20 – Methods of Evaluation for any aspect of the HCA/ GPN role

- Original Source Material: Application Form for PCTs – General Practice Nursing Project for North, Central and South Liverpool PCT, Section I.

Case Example 2.8 – North, Central and South Liverpool PCT

- Name of PCT: North, Central and South Liverpool PCT

- Postal Address: South Liverpool PCT
 - Pavilion 6
 - The Matchworks
 - Speke Road
 - Garston
 - Liverpool
 - L19 2PH

- Tel/ Fax: 0151 234 1028
- E-mail of key contact: Lynda.Carey@centralliverpoolpct.nhs.uk

- Type of Location (inner city, rural, mixed): inner city
- Size of PCT: 478, 742

- Numbers of HCAs: 40

Other GPNs: 222.5 - 14.5 Nurse Practitioners, 208 Practice Nurses
GPs: 295

(Total of those employed by practices in the area and of those employed by the PCT and working in practices) (WTE not specified, but can be assumed, as there are 10.5 nurse practitioners)

- GPN: GP ratio 262.5:295 (includes HCAs) = 0.89: 1

- Case Study Description: Minor Illness Clinics

Minor Illness Clinics run on a daily basis, by GPNs with additional training in clinical examination, or First Contact Practitioners, have enabled the management of the daily demand for General Practitioners appointments.

A competency based framework has been developed to support nurses to manage a broad range on minor illness – URTI, UTI, ENT conditions, minor skin conditions. The nurses, both PCT and Practice employed, are supported through the funding of the necessary requisite higher education courses.

An evaluation of these clinics has led to the identification in the change in working practice for all clinicians within general practice and a significant improvement in management of patient care.

For the last few months another model used to support the development of minor illness clinics has been the identification of patients needs as planned or unplanned care. Here the clinician focuses on planned care, LTC management with equal weight to managing minor illness and unplanned care. This re-organization of care has supported all staff, including GPNs and GPs, to work differently.

It has led to a significant improvement in access, care provision, utilization of skills with an increased opportunity to manage patients effectively in general practice and prevent hospital admissions.

Care at the Chemist is another innovative scheme, maximising the clinical resource of the pharmacist and reducing the number of GP appointment required, though this does not relate specifically to GPN involvement/ examples of best practice use of GPNs.

- Match to Rapid Review Template: 12 – Examples of good skill mix and schemes of delegation, 18 – Impact of HCAs /GPNs, 20 – Methods of Evaluation for any aspect of the HCA/ GPN role
- Original Source Material: Application Form for PCTs – General Practice Nursing Project for North, Central and South Liverpool PCT, Section I.

Case Example 2.9 – North, Central and South Liverpool PCT

- Name of PCT: North, Central and South Liverpool PCT
- Postal Address: South Liverpool PCT
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Speke Road
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- Tel/ Fax: 0151 234 1028
- E-mail of key contact: Lynda.Carey@centralliverpoolpct.nhs.uk
- Type of Location (inner city, rural, mixed): inner city
- Size of PCT: 478, 742
- Numbers of HCAs: 40
Other GPNs: 222.5 - 14.5 Nurse Practitioners, 208 Practice Nurses
GPs: 295

(Total of those employed by practices in the area and of those employed by the PCT and working in practices) (WTE not specified, but can be assumed, as there are 10.5 nurse practitioners)

- GPN: GP ratio 262.5:295 (includes HCAs) = 0.89: 1
- Case Study Description: Model of Nursing Care

The North Central and South Liverpool PCT suggest a significant role re design is required in response to their case management review – Strategy for Care. In this model, Community Matrons will be complete but proactive generalists rather than reactive specialists, but that this is what is required to manage their case load. They must be highly skilled, competent, experienced individuals involved in all stages of case management of individual patients in collaboration with MDT and MAT. They believe the generalists' role best meets the patient needs.

The specialist nurse provides specialist care. The senior leadership role has been developed to co-ordinated resources and skills to meet the population health need. They will work with senior nurses, GPs, directors to develop an effective patient centred service and a framework based on leadership skills, clinical supervision, mentoring and education across all levels of practice. Each Head of Nursing has a cluster responsibility for nursing and contributes to the re-design and long term conditions specifically practice nursing, health visiting and specialist nurses.

There is also a Head of Nursing who will have responsibility for long term conditions and district nursing who also insures all areas of nursing are coordinated. The framework will enable the active engagement of practice nurses in the development of clear standards in the clear standards for care including standards for health and clinical benchmarking.

The model of nursing care provision necessitates a clear definition of nurses' roles and responsibilities in meeting patient needs as well as quality and clinical governance agenda for nurses.

Match to Rapid Review Template: 1 – Nature of Clinical Role, 7 – Career Development, 11 – Organisational Policies and Procedures Relevant to Employment

- Original Source Material: Application Form for PCTs – General Practice Nursing Project for North, Central and South Liverpool PCT, Section E.

Case Example 3.1 – The Limes Medical Centre

- Name of Practice: The Limes Medical Centre (Epping Forest PCT)
- Postal Address: The Plain
Epping
Essex
CM16 6TL
- Tel/ Fax: 01992 566 555
- E-mail of key contact: debbie.thornton@gp-f81043.nhs.uk
- Contact: Debbie Thornton
- Type of Location (inner city, rural, mixed): mixed
- Size of Practice: 15,500
- Numbers of HCAs: 5 – part time
Other GPNs: 8 (6 – practice nurses (3 FT, 3 PT), 2 – FT nurse practitioners (1 is also the nurse lead))
GPs: 12

(WTE not specified – assistant/ associated practitioners are included in the 12)

- GPN: GP ratio 13:12 (includes HCAs) = almost 1:1
- Case Study Description: Nursing Roles and Skill Mix

The Limes Medical Centre operates an integrated multi-disciplinary team approach, to both clinical and non-clinical areas. With a tremendous skill mix they aim to provide high standards of health care supported by ongoing research, training and education. The team has a charter, are interdependent and committed to working together as a group to arrive at more effective decision. With regards to the nursing staff, the following are lead by the Nurse Practitioners.

- Secondary Care Diabetes Service by Primary Care Professionals – comprehensive provision for all types of diabetes, run by Nurse Practitioner with patient involvement and Optometry based screening programme for Diabetic Eye Disease
- Secondary Care Colorectal services within the primary care team (CDM clinics)
- Cardiovascular and Heart Failure Care Clinic
- Highly developed Well Woman Clinic
- Nurse Practitioner Minor Surgery clinic
- Minor illness/ CDM clinics especially for asthma and COPD (Nurse Practitioner has a special interest in allergies)
- The Practice Nurse manages a mixed open clinic
- Exercise Prescription Scheme (it is not clear what part in this is played by the nursing staff, if any, however, see end for details)

One of the Nurse Practitioners is also the Nurse Manager and functions almost as a salaried GP.

Other roles and responsibilities attributed to all the nursing staff includes:

- Lead and participate in quality assurance audit programmes with regular audit of the diabetic clinic
- Responsible for the management of resources
- Contribute to the evaluation of proposed changes to service or systems of working
- Responsible for the development of nursing practice
- Must maintain high standards of record keeping
- Develop and update protocols

The Nurse Manager/ Nurse Lead also:

- Acts as professional leader of the nursing team and takes responsibility for ensuring staff competence
- Provides a high level of clinical skills and first line assessment to the designated client group
- Participates in inter-professional training, as well as maintains their own practice and development initiatives
- Supports research and development in clinical and professional practice, hence, develops, implements, monitors and evaluates
 - standards of care,
 - policies and protocols
 - training mechanisms

Practice Nurse and Nurse Practitioners also lead on key projects and provide supervision to individuals as identified and agreed with the Nurse Manager, and must also proactively advise the Nurse Manager of any identified development needs

As a Beacon Practice for training Nurse Practitioners, patient wait times for an appointment have been reduced, increased job satisfaction for GPs, nurses, NPs and reception have improved morale and made a stronger practice team.

The role of HCA is also to be expanded to incorporate more CDM in line with Enhanced Services the practice has taken on with the new GP contract.

Exercise Prescription Scheme –

This has been developed with Epping Forest Leisure since 1996, with disease areas such as hypertension, stress, obesity, heart disease and diabetes being referred. The quality of this GP

referral scheme, the fitness consultants and premises were assessed and approved in 1997 and it continues to expand receiving referrals from dieticians, cardiac rehab professionals and many other health professionals. The following services are now available:

- Exercise and Weight Management Course
- Smoking Cessation
- Fitness Assessment and Lactate Testing
- Health Appraisal, Well Woman and Well Man Clinics

- Match to Rapid Review Template: 1 – Nature of the Clinical Role, 2 - Nature of the Non-Clinical Role, 13 – Integration of HCA in GPN and other Professional Teams

- Original Source Material: Application Form for Practice – General Practice Nursing Project, and the attached Job Descriptions and Practice Profile

Case Example 3.2 – The Limes Medical Centre

- Name of Practice: The Limes Medical Centre (Epping Forest PCT)

 - Postal Address: The Plain
Epping
Essex
CM16 6TL

 - Tel/ Fax: 01992 566 555
 - E-mail of key contact: debbie.thornton@gp-f81043.nhs.uk
 - Contact: Debbie Thornton

 - Type of Location (inner city, rural, mixed): mixed
 - Size of Practice: 15,500

 - Numbers of HCAs: 5 – part time
Other GPNs: 8 (6 – practice nurses (3 FT, 3 PT), 2 – FT nurse practitioners (1 is also the nurse lead))
GPs: 12
- (WTE not specified – assistant/ associated practitioners are included in the 12)
- GPN: GP ratio 13:12 (includes HCAs) = almost 1:1

 - Case Study Description: Skill Mix

The Limes Medical Centre operates an integrated multi-disciplinary team approach, to both clinical and non-clinical areas. With a tremendous skill mix they aim to provide high standards of health care supported by ongoing research, training and education. The team has a charter, are interdependent and committed to working together as a group to arrive at more effective decision. Examples of this development:

- MDT approach to evidence based medicine, Education and Training Ventures
- RGCP accreditation for its Primary Care Research Team – MDT research course
- Nurse Practitioner Vocational Training scheme, HCA training practice, Ancillary staff training
- Regular MDT clinical meetings
- Personal PDP
- Medical students from Barts and the London and UCL
- Developed in-house physiotherapy and Macmillan Primary Care oncology nurse
- Close relationship with Social Services
- Patient teaching and information
- Range of consultancy services to general practice

All of the above are managed or supported by the non-clinical team working along side clinicians and assessment, audit, evidence base, financial and operational viability are developed by the non-clinical team through their partnership with clinicians.

- Match to Rapid Review Template: 1 – Nature of the Clinical Role, 2 - Nature of the Non-Clinical Role, 13 – Integration of HCA in GPN and other Professional Teams
- Original Source Material: Application Form for Practice – General Practice Nursing Project, and the attached Job Descriptions and Practice Profile

Case Example 4.1 Horden Group Practice

- Name of Practice: Horden Group Practice
- Postal Address: The Surgery
Sunderland Road
Horden
Co. Durham
SR8 4QP
- Tel/ Fax: 0191 587 0808
- E-mail of key contact: Angela.Fisher@GP-A83044.nhs.uk
- Type of Location (inner city, rural, mixed): mixed
- Size of Practice: 7481
- Numbers of HCAs: 3
Other GPNs: 4 - 3 practice nurses, 1 nurse practitioner
GPs: 4

(WTE not specified)

- GPN: GP ratio 7:4 = 1.75:1 (includes HCAs)
- Case Study Description:

The Practice carries out an annual multi-disciplinary SCOT analysis which produces the Practice Development Plan. This in turn highlights the Personal Development Plans, which are further explored during annual appraisal meetings. All members of staff at the Practice, as well as attached staff, are involved in this process of developing the Practice offering a great diversity of insight into the services that can and need to be developed for both staff and patient satisfaction. The next three years see the proposed development of a Weight Management Service (run by both GPN and HCA jointly), further skill development for HCAs of Spirometry and ear syringing, as well as in Chronic Disease Management for a new staff member.

- Match to Rapid Review Template: 7 – Career Development, 10 – Employment Issues
- Original Source Material: Application Form for Practice – General Practice Nursing Project, Section E

Case Example 4.2 Horden Group Practice

- Name of Practice: Horden Group Practice
- Postal Address: The Surgery
Sunderland Road
Horden
Co. Durham
SR8 4QP
- Tel/ Fax: 0191 587 0808
- E-mail of key contact: Angela.Fisher@GP-A83044.nhs.uk
- Type of Location (inner city, rural, mixed): mixed
- Size of Practice: 7481
- Numbers of HCAs: 3
Other GPNs: 4 - 3 practice nurses, 1 nurse practitioner
GPs: 4

(WTE not specified)

- GPN: GP ratio 7:4 = 1.75:1 (includes HCAs)
- Case Study Description:

The implementation of Agenda for Change (AfC) at this practice has taken place since April 2005. The PCT Lead Practice Nurse arranged a meeting for all Practice Nurses to discuss the elements included in AfC. The individual nurses then took this information to their practices. At this practice, a number of meetings have taken place with the Admin and Nursing staff to explain the implications of adopting AfC.

Individual meetings were then set up to discuss re-evaluation of job descriptions linked to the new banding system. Flexible working (job share options) has also been looked at as well as other KSF related issues such as terms and conditions, as well as annual appraisals and personal developmental plans. Adoption of holiday entitlement issues will occur in April 2006. Regular meetings and annual appraisal are used to raise any HR issues and there are no formal plans to evaluate the implementation of AfC.

- Match to Rapid Review Template: 7 – Career development, 10 – Employment, 11 – Organisational policies
- Original Source Material: Application Form for Practice – General Practice Nursing Project, Section F

Case Example 4.3 Horden Group Practice

- Name of Practice: Horden Group Practice
- Postal Address: The Surgery
Sunderland Road
Horden
Co. Durham
SR8 4QP
- Tel/ Fax: 0191 587 0808
- E-mail of key contact: Angela.Fisher@GP-A83044.nhs.uk
- Type of Location (inner city, rural, mixed): mixed
- Size of Practice: 7481

- Numbers of HCAs: 3
 Other GPNs: 4 - 3 practice nurses, 1 nurse practitioner
 GPs: 4

(WTE not specified)

- GPN: GP ratio 7:4 = 1.75:1 (includes HCAs)
- Case Study Description: Skill Mix/ Transfer of Workload/ Anticipated Future

Under nGMS the Practice must offer appointments within 48 hrs (GP) and 24hrs (Health Professional). The annual SCOT analysis and the introduction of regular meetings involving GPs, HCAs, GPNs, Admin Staff and the whole Primary Care Team, has allowed analysis of who was carrying out what work, and if they were the most appropriate person to be doing so.

In order to tackle the high volume of home visits being requested, a Nurse-Led Triage Service was set up to offer clinical support and advice to patients requesting home visits and emergency same day appointments. This has led to a decline in inappropriate requests and appointments.

Where Practice Nurse Clinics were often busy with patients needing blood tests and BP recordings, HCA hours were increased from 17 to 29 hours, with more phlebotomy services, and for routine BP recordings. This has released approximately 40 additional appointment slots with the Practice Nurses per day.

When the Senior Partner retired 5 years ago, and the Practice were unable to recruit a replacement GP, all Chronic Disease Management screening moved from GP to Specialist Nurse. This has been successfully achieved by setting up Nurse-Led Clinics and with GPs agreeing to send patients for routine health checks to the Practice Nurse. This has further evolved with routine health promotion screening being delegated to the role of HCA including routine bloods which are taken prior to CDM Clinics so that all results will be available at the appointment.

The Specialist Nurse leads on all Chronic Disease Management clinics have trained the HCAs to review records when a patient attends for routine checks and to highlight when a patient is due for a blood test. This has reduced the amount of admin work needed to invite CDM patients to clinic, as most are identified by the HCAs and booked to see the Specialist Nurse directly.

HCAs now also see patients for routine pill checks following a protocol for this transfer of work, drawn up jointly by the Practice Nurses and HCAs.

- Match to Rapid Review Template: 12 – Skill Mix, 14 – Anticipated Future Roles and Responsibilities, 16 – Case Studies, 20 – Methods of Evaluating HCA/ GPN role
- Original Source Material: Application Form for Practice – General Practice Nursing Project, Section I and J

Case Example 4.4 Horden Group Practice

- Name of Practice: Horden Group Practice
- Postal Address: The Surgery
 Sunderland Road
 Horden
 Co. Durham
 SR8 4QP
- Tel/ Fax: 0191 587 0808
- E-mail of key contact: Angela.Fisher@GP-A83044.nhs.uk
- Type of Location (inner city, rural, mixed): inner city

- Size of Practice: 7481
- Numbers of HCAs: 3
 - Other GPNs: 4 - 3 practice nurses, 1 nurse practitioner
 - GPs: 4

(WTE not specified)

- GPN: GP ratio 7:4 = 1.75:1 (includes HCAs)
- Case Study Description:

The Horden Practice is involved in the Medicines Management Collaborative. It works as a team with the PCT Practice Pharmacist and other pilot sites trying out small changes in prescribing and sharing the successful results. It has led to the development of a Nursing Home Review initiative. This incorporates a medication review as well as Chronic Disease Management review, resulting in patients only requiring blood to be taken once. The results have been presented to all the practices in Eastington PCT, at the MMS collaboration meeting in Blackpool (Sept 04) and practices in Northumberland PCT.

- Match to Rapid Review Template: 14 – Anticipated Future Roles/ Responsibilities – Pilot Projects
- Original Source Material: Application Form for Practice – General Practice Nursing Project, Section K

Case Example 5.1 – Thistle Moor Medical Centre

- Name of Practice: Thistle Moor Medical Centre
- Postal Address: 6-14 Thistle Moor Road
Peterborough
PE1 3HP
- Tel/ Fax: 01733 707 705
- E-mail of key contact: Nalini.Modha@gp-d81625.nhs.uk
- Contact: DR Nalini J Modha (GP Principal)
- Type of Location (inner city, rural, mixed): inner city
- Size of Practice: 6,800 patients
- Numbers of HCAs: 9
 - Other GPNs: 4 - 3 Nurse Practitioners, 1 Practice Nurse
 - GPs: 2.5

(WTE not specified but assumed as 2.5 GPs)

- GPN: GP ratio 13:2.5 (includes HCAs) = 5.2:1
- Case Study Description: Recruitment and Retention

Recruitment:

The PCP (Primary Care Partnership) assists the practices in identifying practice need, person specification, advertising and interviewing of staff.

The practice has a well established HR team (a GP Partner, a Lead Nurse, Practice Administrators), that meets on a regular basis to consider effects of practice, local and national initiatives that may impact on staff and service provision. They consider implications of projected workload on these and make strategic decisions on future HR to ensure the right staff are in place to meet service requirement, in order to create a flexible and diverse workforce

Retention:

The PCP provide a rolling programme of induction and support for practice nursing, with training days on specific treatment room procedures and have a parachute team which can be deployed in cases of unplanned staff vacancies.

The HR team understand the importance of retaining and developing the huge potential of talent that already exists. They recognise and reward enterprise with work related pay structure. They believe improved working lives of staff occur by developing their skills and finding the right jobs for their level of skills and knowledge thereby reducing their stress. Support and encouragement for career progression in line with practice and personal needs and an infrastructure to enable staff to work to their maximum capacity promote retention. The HR team provides clinical support and back up and are available to all staff to discuss and work related issues. The staff are involved in creating practice policies especially those that reduce stress on the work force e.g. transferring chaperoning work from treatment room to HCA. Role redesign has allowed for a satisfying job mix for staff using their skills effectively by skill matching, improving overall job satisfaction, productivity and retention.

- Match to Rapid Review Template: 9 – Recruitment, 11 – Organisational Policies and Procedures
- Original Source Material: Application Form for Practice – General Practice Nursing Project

Case Example 5.2 – Thistlemoor Medical Centre

- Name of Practice: Thistlemoor Medical Centre
- Postal Address: 6-14 Thistlemoor Road
Peterborough
PE1 3HP
- Tel/ Fax: 01733 707 705
- E-mail of key contact: Nalini.Modha@gp-d81625.nhs.uk
- Contact: DR Nalini J Modha (GP Principal)
- Type of Location (inner city, rural, mixed): inner city
- Size of Practice: 6,800 patients
- Numbers of HCAs: 9
Other GPNs: 4 - 3 Nurse Practitioners, 1 Practice Nurse
GPs: 2.5
(WTE not specified but assumed as 2.5 GPs)
- GPN: GP ratio 13:2.5 (includes HCAs) = 5.2:1

Case Study Description: Induction Programmes

Thistlemoor Medical Centre has a detailed and thorough Induction Programme.

They have an initial training plan which starts with the first week induction plan, where specific training courses or on the job training that are required are noted, and the level of practice skills is recorded. There is a set of health and safety induction areas e.g. what to do when the alarms sound, terms and conditions e.g. sickness, notice, payment and general orientation. There is then an on the job training plan, a 4 week and 12 week review. The Personal Development Interview covers their main areas of work, objectives and achievements, the most pleasant and frustrating areas of the job, training and development, performance and knowledge assessment with agreed objectives for the following 12 months.

The Peterborough Primary Care Trust and South Peterborough Primary Care Trust in Partnership (Greater Peterborough Primary Care Partnership) have produced a Practice Nurse Induction Course . This provides a rolling programme of induction and support for practice nurses. The 59 page document is set around a robust set of competences. Training is based on a framework which includes formal assessment.

The Learning Contract identifies the individuals' Learning Needs which are divided into the areas of Clinical Areas of Learning, Administration Areas of Learning, Visits and External Session needs identifies those that are considered mandatory . It is intended as a planning aid for any training and assessment that may be needed. All areas of learning are split into intended learning outcomes, suggested resources and methods of fulfilling the learning objectives e.g. shadowing, self assessment and practice under supervision. New Practice Nurses have theory training sessions for the core competences and are assigned trainers. At the end of the Induction Course a trainer has to assess the individual and approve them for award of the Practice Nurse Induction Certificate.

- Match to Rapid Review Template: 1 – Nature of Clinical Role, 2 – Nature of Non- Clinical Role, 7 – Career Development, 10 – Employment, 11 – Organisational Policies and Procedures
- Original Source Material: Application Form for Practice – General Practice Nursing Project – See Induction Plan, Practice Nurse Induction Course both attached to Application Form

Case Example 5.3 – Thistle Moor Medical Centre

- Name of Practice: Thistle Moor Medical Centre
- Postal Address: 6-14 Thistle Moor Road
Peterborough
PE1 3HP
- Tel/ Fax: 01733 707 705
- E-mail of key contact: Nalini.Modha@gp-d81625.nhs.uk
- Contact: DR Nalini J Modha (GP Principal)
- Type of Location (inner city, rural, mixed): inner city
- Size of Practice: 6,800 patients
- Numbers of HCAs: 9
Other GPNs: 4 - 3 Nurse Practitioners, 1 Practice Nurse
GPs: 2.5
(WTE not specified but assumed as 2.5 GPs)
- GPN: GP ratio 13:2.5 (includes HCAs) = 5.2:1
- Case Study Description: Career Pathway

Directed by the National drive for personal and professional development to achieve and maintain service quality, the pathway is structured to focus on individual development of every staff member hence there are personal development plans for all, covering the areas of competency, objectives, benefits, action plans with review dates. The PDP identifies the key learning and development needs as part of a continuous process. Thistle Moor has a robust Guide to Appraisal and Personal Development Planning for Healthcare Assistants and Nurses as well as a Learning Needs Questionnaire to assist with this. The pathways are to support planned and systemic development and by developing extended roles, as first contact nurses, option to train as NVQ assessors/ facilitators, teaching medical students. The idea is to encourage staff to progress by taking on roles/ responsibilities as identified by the competency assessment.

The Career Pathways are underpinned by clinical supervision provided by doctors and encouraging reflective practice of learning; competency framework for core skills; opportunities for developing

expertise in their own fields of interest/ experience; information regarding educational opportunities; providing education and learning opportunities for nurses to develop teaching , training, appraisal skills, management, leadership skills through mentoring HCAs, sitting on HR teams.

Succession planning for nurses, HCAs and admin staff is enabled by creating an environment where staff are able to develop their skills to face future challenges, and plans are put in place to ensure that key positions are filled appropriately with a minimum of disruption to the organisation. This helps to identify talent from the existing staff, allowing them to prepare staff for the next level of development to take their career forward and prevent recruitment and retention issues.

- Match to Rapid Review Template: 1 – Nature of Clinical Role, 2 – Nature of Non- Clinical Role, 7 – Career Development, 10 – Employment, 14 – Anticipated Future Roles and Responsibilities
- Original Source Material: Application Form for Practice – General Practice Nursing Project – See Induction Plan attached to Application Form, Guide to Appraisal and Personal Development Planning for Healthcare Assistance and Nurses, Learning Needs Questionnaire

Case Example 5.4 – Thistlemoor Medical Centre

- Name of Practice: Thistlemoor Medical Centre
- Postal Address: 6-14 Thistlemoor Road
Peterborough
PE1 3HP
- Tel/ Fax: 01733 707 705
- E-mail of key contact: Nalini.Modha@gp-d81625.nhs.uk
- Contact: DR Nalini J Modha (GP Principal)
- Type of Location (inner city, rural, mixed): inner city
- Size of Practice: 6,800 patients
- Numbers of HCAs: 9
Other GPNs: 4 - 3 Nurse Practitioners, 1 Practice Nurse
GPs: 2.5
(WTE not specified but assumed as 2.5 GPs)
- GPN: GP ratio 13:2.5 (includes HCAs) = 5.2:1

Case Study Description: Competency

Separate from the PCP lead Induction Programme, Thistlemoor has a Competency and Professional Development Framework for Nurses and Health Care Assistants. Competency themes are:

1. Communication and Team Work
2. Patient Care
3. Personal and Professional Conduct
4. Resource/ Change Management
5. Education and Research

These themes are divided into levels of competence with positive and negative indicators and suggested methods for achieving these targets. The assessment of competence to practice using the competency framework takes place on an annual basis between January and April. The individual is given 8 weeks notice and must provide the assessor with evidence to support the competences, though they are expected to self assess against these competences throughout the year.

The aim is a learning cycle of continuous personal development and annual appraisal.

- Match to Rapid Review Template: 1 – Nature of Clinical Role, 2 – Nature of Non- Clinical Role, 7 – Career Development, 10 – Employment
- Original Source Material: Application Form for Practice – General Practice Nursing Project – See Induction Plan attached to Application Form, Guide to Appraisal and Personal Development Planning for Healthcare Assistance and Nurses, Learning Needs Questionnaire

Case Example 5.5 – Thistlemoor Medical Centre

- Name of Practice: Thistlemoor Medical Centre
- Postal Address: 6-14 Thistlemoor Road
Peterborough
PE1 3HP
- Tel/ Fax: 01733 707 705
- E-mail of key contact: Nalini.Modha@gp-d81625.nhs.uk
- Contact: DR Nalini J Modha (GP Principal)
- Type of Location (inner city, rural, mixed): inner city
- Size of Practice: 6,800 patients
- Numbers of HCAs: 9
Other GPNs: 4 - 3 Nurse Practitioners, 1 Practice Nurse
GPs: 2.5

(WTE not specified but assumed as 2.5 GPs)

- GPN: GP ratio 13:2.5 (includes HCAs) = 5.2:1

Case Study Description: Workload Analysis/ Skill Mix

Workload analyses are carried periodically for all staff groups to improve their working lives and delivery of care to the patient. The last review was prompted by high numbers of patients attending morning surgery, bottlenecks in the waiting room, long waiting times for examinations, procedures, and for those that are acutely ill/ children/ elderly, high work loads for practice nurses and the want to organise chronic disease management more holistically at one or two visits a year.

Acute care planning:

Open access surgeries are run every morning, with a nurse providing rapid assessment for children, elderly, emergencies and those who appear too ill to wait their turn.

One HCA is on duty every day to provide opportunistic health checks and health promotion (smoking cessation referrals, monitoring obese patients, BP checks) to all patients attending for whatever reason so they don't have to wait. A second HCA sees patients when more than 2 are waiting. Practice nurse workload has been reduced by conducting patient examinations with reception and HCAs as chaperones (14 members of staff have undergone training and assessment for chaperoning). This second, and a third HCA, are called upon to chaperone with doctors/ nurses, take photographs for clinical conditions.

As a lot of the doctor's time was spent reviewing electronic x-rays and path lab results the third HCA views all electronic results daily, makes notes for the doctor as to who ordered them and why, any medication changes preceding the investigation ready for the doctor to check them at the end of morning surgery.

Chronic disease management

Nurses are responsible for the management of a very comprehensive chronic disease management system which needs 2,500 appointments per year. The call/ recall system they had for the 11 chronic conditions often meant duplication of effort and several reviews over the year for patients. The system has been revamped and now patients are reviewed rather than a disease. A named nurse has case management responsibilities for a portion of patients and this workload is shared with each nurse having access to a team of HCA and administrative staff to arrange call and recall for checks. This has provided nurses with leadership, delegation and team building opportunities.

This has all lead to reduced waiting times, better patient flow and decreased workload for both nurses and doctors.

- Match to Rapid Review Template: 1 – Nature of Clinical Role, 2 – Nature of Non-Clinical Role, 13 – Integration of HCAs, 15 – Lay Perceptions, 16 – Case studies of Conventional, Innovative or Specialised HCA/ GPN, 18 – Impact of HCAs/ GPNs
- Original Source Material: Application Form for Practice – General Practice Nursing Project

Case Example 5.6 – Thistlemoor Medical Centre

- Name of Practice: Thistlemoor Medical Centre
- Postal Address: 6-14 Thistlemoor Road
Peterborough
PE1 3HP
- Tel/ Fax: 01733 707 705
- E-mail of key contact: Nalini.Modha@gp-d81625.nhs.uk
- Contact: DR Nalini J Modha (GP Principal)
- Type of Location (inner city, rural, mixed): inner city
- Size of Practice: 6,800 patients
- Numbers of HCAs: 9
Other GPNs: 4 - 3 Nurse Practitioners, 1 Practice Nurse
GPs: 2.5

(WTE not specified but assumed as 2.5 GPs)

- GPN: GP ratio 13:2.5 (includes HCAs) = 5.2:1

Case Study Description: Transfer of Workload

Becoming a PMS practice 4 years ago, Thistlemoor received funding for one nurse practitioner. They were employed to improve the care of the elderly, provide an in-depth assessment of medical, social, psychological needs seeing them once a year. This programme was very successful and prompted the development of protocols and guidelines for her to see patients for some well defined conditions, which patients accepted whole-heartedly. At the time Thistlemoor was having difficulty replacing 2 retired GPs and wanted to continue with open access surgeries, hence, explored the possibility of delegation of work and role redesign.

Four nurses were employed (with 15-20 years experience) and a set of protocols and clinical templates were developed based on best practice and risk management to help nurses see patients with certain conditions with out the need for a doctors input. They started by seeing minor ailments and then progressed to seeing all patients as first point on contact in surgery. They thought of all the conditions for which a patient might present to surgery and any questions that would be required to deal with these conditions appropriately e.g. presentation, as well as clinically relevant history and examination components. The templates are attached to read codes to guide them in history taking and data collection. These clinical guidelines can be accessed if needed during the consultation.

They also have a practice formulary to cover all minor illnesses so nurses feel confident to prescribe and complete consultations.

Two doctors see patients in open surgery and one doctor does not see any patients, being available solely for consultation with the nurses. They are available for advice on the phone, to complete the consultation, though may not be needed at all. The protocol recommends a doctor's involvement for all patients presenting twice for the same illness.

The nurses receive on site training and have demonstrated competency. They have a chance to use their skill base and expand their knowledge all the time by learning from doctors in joint consultations. This works well for the patients too as they feel more at ease coming to see a nurse for conditions where they have felt they were wasting a doctor's time, but also know they can see a doctor if they need to.

For doctors, this has meant unhurried consultations with patients that really need a doctor's time and diagnostic skills. They are able to see patients that need to see a doctor the day they are ill. This has also had implications for the use of out of hours and emergency services use.

The role redesign and delegation has been successful as the whole team works as one. The staff meet twice a week. One is a clinical meeting where clinical protocols, practice formulary changes, interesting or significant events are discussed and in house training, presentations occur. They also have a staff meeting when practice policy, training issues, significant events are discussed. Decisions made are put into effect immediately. Meetings are compulsory and overtime paid.

- Match to Rapid Review Template: 1 – Nature of Clinical Role, 2 – Nature of Non-Clinical Role, 13 – Integration of HCAs, 15 – Lay Perceptions, 16 – Case studies of Conventional, Innovative or Specialised HCA/ GPN, 18 – Impact of HCAs/ GPNs
- Original Source Material: Application Form for Practice – General Practice Nursing Project

Case Example 5.7 – Thistlemoor Medical Centre

- Name of Practice: Thistlemoor Medical Centre
- Postal Address: 6-14 Thistlemoor Road
Peterborough
Cambridgeshire
PE1 3HP
- Tel: 01733 707705
- Name of key contact: Dr Nalini J Modha
- Type of Location (inner city, rural, mixed): inner city
- List size: 6800
- Numbers of HCAs: 7
Other GPNs: 4 Nurse Practitioners, 1 Practice Nurse
GPs: 2.5
- GPN: GP ratio 12:2.5 (includes HCAs) = 4.8: 1
- Case Study Description:
 -

Nurses are responsible for the management of a very comprehensive chronic disease management (CDM) system which needs 2,500 appointments per year. Finding enough appointment time with nurses was difficult. They therefore introduced the concept of health care assistants. The PCT did not have a training programme in place, so invited specialists in each field to teach blood pressure checks, ECGs, Spirometry, and Doppler technique to our reception staff. Nurses also have teaching certificates, so they volunteered to supervise and provide mentorship and assess skills and competence in defined tasks.

- Match to Rapid Review Template: 1 – Nature of Clinical Role, 3 – Training, 7 – Career Development
- Original Source Material: Application Form for Practices – Health Care Assistant project

Case Example 6.1 – Southwark PCT

- Name of PCT: Southwark PCT
- Postal Address: Mabel Goldwin House,
49 Grange Walk,
London, SE1
- Tel: 020 75270424
- Name of key contact: Kate Moriarty, Kate.moriarty@southwarkpct.nhs.uk
- Type of Location (inner city, rural, mixed): inner city
- List size: 250,000
- Numbers of HCAs: 23
Other GPNs: 7 Nurse Practitioners, 86 Practice Nurse
GPs: 166
- GPN: GP ratio 116:166 (includes HCAs) = 0.7: 1
- Case Study Description:
-

“Our PCT piloted the introduction of health care assistants into primary care in 2002. The aims of the project were to address issues of skill mix, access, recruitment and retention to provide the support for senior nursing staff to develop more complex nurse-led services. Following the successful evaluation of the pilot, the PCT committed additional monies to extend and mainstream the pilot, creating an additional 17 posts across the PCT area. These monies have been ring fenced for the sole purpose of employing HCAs. Criteria for the employment of HCAs by practices was developed along with a 9 week training programme along with South East London Shared Services Partnership Learning and Development Department.”

- Match to Rapid Review Template: 3 – Training and qualifications, 7 – Career Development, 11 – Organisational policies
- Original Source Material: Application Form for PCTs – Health Care Assistant project