

Unit Seven

Integration of general practice nurses in the community health care workforce from an education provider's perspective

Key messages

Once you have read this Unit, you should have an understanding of:

- *the use of care pathways in facilitating the crossing of inter-professional boundaries to improve patient care*
- *the common learning needs around issues such as long-term conditions.*

Recent policy documents have highlighted the need for improved partnership working across health services and local authorities,¹ across primary and secondary care,² and also across the different branches of community nursing.³ Education providers are in a prime position to facilitate closer working relationships between different health care professionals as they are likely to recruit students from different backgrounds who come together to study.

Education for integration

Education can lead the way in encouraging community nurses, such as district nurses and health visitors, to work closely with general practice nurses (GPNs), by emphasising the benefits of shared nursing services. The aim of all health care professionals is to provide the best care for their patients and this can be done most effectively by working in partnership and avoiding duplication of services. Instead of delivering separate courses that are attractive to particular branches of nursing, education providers should look to create learning experiences that attract diverse members of the health care team. Having a mix of students will add a richness and breadth of perspective to learning. Inter-professional education can be encouraged by the creation of problem-based scenarios, which are analysed and explored by students from a variety of backgrounds.

When looking to attract students to courses, it is useful to focus on generic topics that are relevant regardless of the professional background of each person, and so can be offered to mixed groups, such as:

- *skills for service review and planning – audit, understanding statistics, health-needs assessment, public health*
- *professional development skills – mentoring, management skills, clinical supervision, assessment, team development*
- *practice development skills – business planning, project management, influencing skills, evaluation*
- *skills for clinical practice – physical assessment, prescribing, case management, care coordination.*

The more students are encouraged to leave their professional silos and learn together, the more likely they are to require generic competences and to use each other more appropriately in practice.

Post-registration preparation for community nurses and GPNs

The introduction of nurse-led walk-in centres, the development of the role of community matron, and the expansion of independent nurse prescribing, are examples of policy-driven changes that have been supported by a more generic approach to post-registration education for nurses in primary care.

The Nursing and Midwifery Council's (NMC) outline curriculum for nurse-prescribing preparation focuses on the skills and knowledge needed by all nurse prescribers, with the specific, specialist knowledge of relevant conditions to be obtained elsewhere – or already held by the student through other qualifications. The development of courses for first-contact care focus on the acquisition of a specific set of skills for working in a walk-in centre or similar role, rather than preparing the student to join a particular specialism within nursing.

The shared modules of the current NMC specialist practitioner programmes of preparation for different branches of community nursing, including general practice nursing, have supported integration by bringing nurses from different parts of community nursing together to learn from each other, and to learn together. It now seems likely that this programme may be superseded in some places by the commissioning of a combination of skills-based programmes to produce a more diverse and flexible workforce. The full impact of this on traditional roles has yet to be felt. However, the model of generic skills acquired by a range of nurses from different backgrounds learning together, followed by individual acquisition of specialist skills, fits well with the modus operandi of integrated nursing teams, as well as the careers framework model for all practitioners.

The trend is towards providing generic education for commonly needed skills, supplemented by specialist education where condition or pathway-specific knowledge and skills are necessary. This pattern fits with the move away from functional groups – health visitors or practice nurses – towards a more flexible workforce that can accommodate a wider range of entrants, and deploy skilled practitioners in non-traditional ways. Some education commissioners have already ceased to commission traditional community nursing courses in favour of this approach.

Camden PCT initiated a local incentive scheme whereby GPs who took on the teaching of other students apart from medical students could gain additional incentive points linked to the *Quality and Outcomes Framework*. Post-registration, newly qualified nurses were then placed in the practice for 2 days a week for 30 weeks. The GPs were encouraged to see the value of the transferable skills that these novice nurses could bring (eg smoking cessation and wound management). Once GPs could see these nurses as a useful component of the practice – not just supernumerary students – they were far more receptive to the idea. The PCT initially saw practice managers to plant the ideas. All learning undertaken by these nurses was work-based, but the module was accredited by Middlesex University. The students had to produce a portfolio of clinical learning, which included competences matched to the *Knowledge and Skills Framework*.¹

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Central Liverpool PCT have introduced a new group of nurses into community nursing. The associate nurses are community nurses who have undertaken a 12-month programme that includes 16-week placements with a health visitor, district nurse team and practice nurse. This experience has been largely within the same geographical setting, thereby supporting the nurse and other nurses to assess the shared components of their role. The opportunity for these nurses to work in general practice has led to the development of a group of nurses with an understanding of and development of skills relevant to this area. 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. The experienced GPNs have welcomed the opportunity for nursing support that has enabled them to develop the knowledge, skills and capacity to undertake minor illness management and increased management of long-term conditions. Post-development programme, these nurses have moved into a number of new roles, including generic roles that continue to support the practice nurse.¹

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Reflecting trends in practice

As professional education needs to both prepare practitioners for the realities of practice, and respond to the needs of education and service commissioners, it is unsurprising that the trend towards a focus on care pathways instead of isolated episodes of care should be reflected in changes in education. Preparing a district nursing workforce to provide district nursing care requires a district nursing course: preparing practitioners to meet the range of needs of patients with cancer, for example, from health promotion to palliative care, requires a different approach. It also begins to break down the pattern of health professionals being identified, taught and employed by functional title. Instead, it requires both general practice employers and education providers to consider the skill sets that need to be made available to particular patient groups, and to commission and deploy teams of practitioners who can provide them. See the work of Skills for Health on a new career framework for the NHS that reflects this trend (www.skillsforhealth.org.uk/careerframework).

Care pathways

Care pathways work well in planning services, as they focus on the patient's need for treatment and care for a particular condition, and the need to ensure consistent, high quality, evidence-based care from start to finish of their journey through the health system. However, the sheer number of conditions for which care pathways exist or are being produced makes it impossible to match each with a separate and specific educational programme.

Placements

There is the opportunity now for practices to act as training practices for pre and post registration nurses (see Training and Educational Development for GPNs Unit).

References

1. Department of Health. *Our Health, Our Care, Our Say; A New Direction for Community Services*. London: Department of Health; 2006. Available at: <http://www.gov.uk/assetRoot/04/12/74/59/04127459.pdf>.
2. Department of Health. *The NHS Plan: A Plan for Investment, A Plan for Reform*. London: Department of Health; 2000. Available at: <http://www.dh.gov.uk/assetRoot/04/05/57/83/04055783.pdf>.
3. Department of Health. *Liberating the Talents, Helping Primary Care Trusts and Nurses to Deliver the NHS Plan*. London: Department of Health; 2002. Available at: <http://www.dh.gov.uk/assetRoot/04/07/62/50/04076250.pdf>.