

Unit Two

Employment of general practice nurses from a strategic perspective

Key messages

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

- *how human resource (HR) departments can extend their skills and expertise to benefit general practice nurses (GPNs)*
- *guidance that will help practices to achieve high employment standards, which will inevitably improve staff recruitment and retention*
- *how best to facilitate the adoption of Agenda for Change (AfC).*

Although some primary care trusts (PCTs) employ GPNs, particularly within personal medical service (PMS) practices, the majority are employed directly by practices. PCTs will therefore have less contact with GPNs than mainstream employees; however, they are still responsible for the following:

- *providing professional guidance and maintaining professional standards for GPNs*
- *patient safety and care provided by GPNs.*

By adopting a collaborative approach to the employment and development of GPNs, PCTs will reduce the clinical risk associated with the patient care they provide.

The many responsibilities that PCTs have towards GPNs are outlined in more depth in the *Easy-guide* section of the toolkit.

Workforce planning

Examine the PCT workforce figures, including both head count and whole-time equivalent figures, to calculate the total number of GPNs. Traditionally, the GPN workforce has consisted of predominantly part-time employees – the head-count figure therefore becomes important when, for example, considering education and training.

The number of GPNs is likely to equate to (or even outnumber) the number of district nurses or health visitors employed or commissioned by the PCT.

You should also consider what else is known about the GPN workforce, including:

- *the age profile – how many are due for retirement within the next 5 years?*
- *what skills are common throughout the PCT?*
- *where is there a deficit of skills?*

Building up a detailed picture of the workforce will help identify development needs and gaps in service provision. In order to do this effectively and to keep this picture up-to-date, it may be useful to assign an individual (eg GPN professional lead) to this area. See [Tool – How to profile your GPN workforce](#) for more information.

One method of maintaining the workforce is to establish a bank of GPNs who can provide cover for annual leave, sick leave or study leave. This will ensure the provision of an appropriately trained GPN at all times, which may also facilitate the consistency of standards across various practices. Since bank staff gain a wide variety of experience with different practices, they are also likely to be good candidates for future GPN posts.

To help the PCT to match the skill set of bank nurses with particular practices, each practice should provide a profile of their patient population. For example, a practice with a particularly high incidence of diabetes that runs nurse-led diabetes clinics will need a locum who is skilled in diabetes management to continue this work during the regular GPN's absence. See [Tool – Creating a bank of locum GPNs](#) for further details.

Consider the best way of maintaining contact with all the GPNs. Health visitors and district nurses are likely to have regular staff meetings where managers can catch up with issues and exchange information. However, this is less likely to happen for GPNs. Establishing GPN forums may improve communication and solidarity. See [Unit: Quality improvement and evaluating practice](#).

Recruitment and selection

Advertising jobs

As a PCT, you could offer recruitment support and advice to practices. For example, some PCTs put adverts up for several jobs by title and job number, directing people to either NHS jobs (www.jobs.nhs.uk) or their own website for more details. This not only keeps the local population informed about available jobs, but also helps to keep costs down.

The PCT could also promote GPN roles in their general recruitment drives through targeting job fairs, and creating links with school and universities, local hospitals, walk-in centres and care homes to raise the profile of the role.

Case study

A PCT in Liverpool recruits new GPNs into the trust, where they are trained and developed internally. The GPNs are then hired out to practices and typically move to direct employment with the practice. Although the PCT has borne the cost for the development of these nurses, they gain assuredness of overall patient safety because they know the standards that are in place within practices. Contact Lynda Carey for more details: Lynda.Carey@centralliverpoolpct.nhs.uk

Job descriptions

Practices may look to PCTs for advice on the range of different roles and skills required within general practice nursing. It may be useful to provide the practice with a variety of job description examples, and a checklist of what must be included, should they wish to devise their own. See

Tool – Job descriptions for GPN roles for examples of job descriptions that may be suitable for your use or adaptation.

If you draw up your own specific job descriptions, it is important to ensure they include all the essential elements of good employment practice.

Person specifications

In addition to a job description, the practice should also consider the type of person they want in post. A person specification will help with this and examples of these can be sent to the practice for consideration. See *Tool – Person specification for a GPN role* for an example.

Selection procedure

If the practice requires assistance with short-listing and interviewing, the PCT's GPN professional lead would be ideal. The GPN lead may sit on interview panels, which would ensure both consistency and maintenance of standards throughout the PCT. Alternatively, the PCT may be able to recommend a senior-level GPN to assist with the selection process.

The following tools provide advice and guidance on all aspects relating to selection and interviewing.

- *Tool – Short-listing: a systematic approach*
- *Tool – Checklist for employers*
- *Tool – Interviewing: how to get it right*

These tools could be used to help practices recruit the right individual in order to provide safe, appropriate nursing care.

HR issues

A practice may struggle, as can a small business, to take on board all the issues linked with employment, including:

- *negotiating terms and conditions*
- *drawing up contracts of employment*
- *dealing with sick pay and maternity leave*
- *ensuring appropriate procedures are in place.*

It may be easier for a practice to buy into the HR services of the PCT. However, this would incur certain additional legal responsibilities for the PCT.

The terms and conditions applied to nurses are determined by the individual practice if the GPN is a practice employee. The PCT should try to encourage equity and fairness across all practices by promoting the adoption of *AfC*.¹ This is strongly recommended by the Royal College of Nursing and within the *new General Medical Services (nGMS)* contract.² The PCT can help to facilitate the adoption of this by providing advice and guidance on job evaluation using the *Knowledge and Skills Framework (KSF)*.³ For guidance on defining competences and matching these against the NHS *KSF*, see **Unit: Competences of general practice nurses**.

OoF Education 4
3 points

Induction

It is partly the responsibility of the PCT to ensure that the induction programme for GPNs is appropriate and sufficient to guard against unsafe practice. This is also an ideal opportunity to raise standards, ensure uniformity of training and development, and provide parity across practices. Many PCTs are now developing induction programmes for GPNs in general practice as numbers increase – see

Tool – Sample induction programme for a good example.

The induction process must include bank staff, in addition to permanent staff. A mentor will be required, preferably an experienced GPN who has been trained and assessed in mentoring. The provision of a mentor may be viewed as part of the PCT's responsibility and is a further opportunity to raise standards through role modeling.

If your PCT has a corporate induction programme, it would be good practice to invite new GPNs to attend. This would enable new staff to gain a greater understanding of how their practice fits into the PCT and how important it is to achieve targets relating to public health. It will also give GPNs an opportunity to ask about issues that may not have been covered in the practice induction programme.

It would be useful to make contact with the nursing department of your local university or higher education institution to see whether a PCT induction programme for GPNs could be added to, in order to become an accredited module. See **Unit: Education and professional development of general practice nurses**.

Locum GPNs

Like all members of staff, GPNs have holidays, family emergencies and sick days, and practices are obliged to provide time off for undertaking continuing professional development.² The PCT has a role in supporting practices to manage these situations. This could involve developing a bank of GPNs who would be willing to cover on a short-term or long-term basis, or drawing on the services of NHS Professionals (www.nhsprofessionals.nhs.uk).

The PCT would need to ensure that one person or department coordinates the bank of GPNs. Clear guidelines must be given regarding the level of care provision, so that the practice can continue to function safely and effectively with no disruptions to its service. It is important to remind practices that locum staff are subject to the same checks as permanent staff. This makes a PCT bank of GPNs particularly attractive, as both the practice and the PCT can be assured of the locum's qualifications, registration status and level of competence.

However, various models are used to provide locum cover within PCTs. Some PCTs carry out comprehensive HR checks, whereas others simply provide a list of staff with qualifications and dates of when their NMC registration was last checked. It may be useful for PCTs to compile a checklist of all the qualifications/certificates you would expect bank GPNs to hold, for example nurses who perform cervical cytology have undertaken a recognised course and 3-yearly updates.

Although initial set-up costs may be encountered in establishing a bank of GPNs, this may be gradually recouped by adding a small administrative charge to practices when using a GPN from the bank. In addition, the investment made in providing locum GPNs who are appropriately qualified for the tasks they will be required to undertake will bring untold benefits in terms of patient care, service provision and minimisation of risk. See **Tool – Creating a bank of locum GPNs**.

Retention of GPNs

Supporting the adoption of *AfC*¹ will encourage more GPNs to remain as employees within general practice as it provides parity with their NHS colleagues. In addition, the following are known to enhance retention rates:

- *good employment practice*
- *clinical supervision*
- *mentorship*.

If there is regular staff turnover within a practice, this could signify that there are issues that need to be addressed. It would be good practice for the PCT to investigate. The professional lead for GPNs could monitor retention rates to identify any problems at an early stage.

References

1. Department of Health. *Agenda for Change: What Will it Mean for You?* London: Department of Health; 2004. Available at: <http://www.dh.gov.uk/assetRoot/04/09/08/59/04090859.pdf>.
2. Department of Health. *Investing in General Practice: the New General Medical Services Contract*. London: Department of Health; 2003. Available at: <http://www.dh.gov.uk/assetRoot/04/07/19/67/04071967.pdf>.
3. Department of Health. *The NHS Knowledge and Skills Framework*. London: Department of Health; 2004. Available at: <http://www.dh.gov.uk/assetRoot/04/09/08/61/04090861.pdf>.