

The recruitment, retention and return of nurses to general practice nursing in England

Ipsos MORI Research

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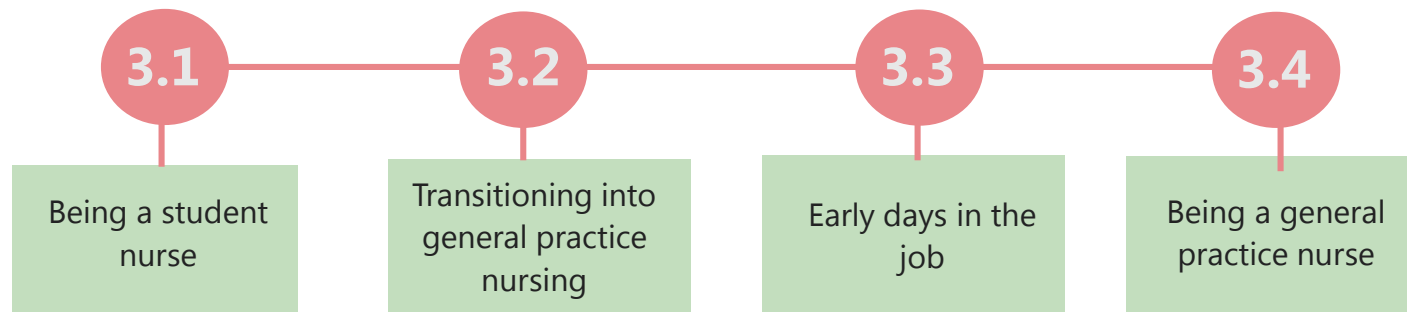
Ipsos Public Affairs

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Chapter 1

Summary of the findings



Summary of the findings

Background

- Nurses play a bigger role than ever in the delivery of health and social care, and yet those working in general practice are part of a sector facing many changes and challenges. Indeed, the primary care workforce is facing a shortfall¹, while the commissioning landscape and the strategy set out in the Five Year Forward View² continue to develop and grow.
- The general practice nursing workforce is aging with an ever increasing proportion approaching retirement and few coming into the profession to replace them. However, strong nursing teams will be essential if the intended benefits of the GP Forward View³ are to be realised and high quality care is to be delivered.
- In this context, NHS England and partners commissioned Ipsos MORI to carry out research on the drivers and barriers to general practice nursing. This work adds an in-depth qualitative understanding of the influencers on nurses' career journeys, and findings will feed into future work to help build and sustain the workforce.
- In total, six discussion groups with trainee nurses were carried out, and 52 in-depth interviews were conducted with general practice nurses (GPNs), nurses in other specialisms and general practitioners (GPs).
- A journey-mapping approach was used during interviews with participants to map experiences, perceptions, beliefs and emotions. The findings were then analysed thematically, and in light of four broad stages reflecting career touchpoints.

¹ Primary Care Workforce Commission (2015) *The future of primary care: creating teams for tomorrow*

<https://www.hee.nhs.uk/sites/default/files/documents/The%20Future%20of%20Primary%20Care%20report.pdf>

² NHS England (2015) *Five Year Forward View* <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

³ NHS England (2016) *GP Forward View* <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>



Summary of the findings

Moving into general practice after qualifying: a difficult and counterintuitive move to make

- **A number of factors influenced career choices for students, and normalised a route towards secondary care:**
 - General practice nursing was viewed as **being for more mature and experienced nurses** which distanced students from the profession. This contrasted with secondary care settings, which were felt to be a better starting point for a career, being both faster-paced and better for learning and development.
 - There was **lack of clarity around the day-to-day activities of a GPN**, which led to it being seen both as something needing experience, and a role in which newly qualified nurses become 'de-skilled'. This was all reinforced by the **perceptions of others** – such as tutors and staff – and the job adverts trainees saw.
 - Experience of placements were often the main way that students were able to develop an understanding of the GPN role, but **placements in general practice were rare**. However, where students were able to experience positive placements, this could change their perceptions about the career. Being able to take some responsibility in the practice, getting practical 'hands on' experience and having a positive role model, were all seen as important to a good placement.
- **Overall, general practice was seen to be a 'risky' choice for a newly qualified nurses.** Those that did go into general practice earlier had a number of things in common, including a strong interest in preventative care, a dislike of hospital environments, having placements in general practice or having previously worked in community settings.



Summary of the findings

Transitioning into the role: appealing but with an experience 'catch-22'

- There were a **number of appeals to general practice** for those thinking of moving from another specialism. These included, the relationships with patients and continuity of care; autonomous decision-making, but also being able to work in smaller teams; and better work-life balance.
- But **there were also worries that came with transitioning into general practice**, many of which reflected student's concerns. These included worries about lone working, and lack of access to training and support. There was still a lack of clarity about the role even at this stage.
- Yet, even when they had made the decision to move, nurses often spoke about **an experience 'catch-22'**, in which they needed experience to get a role in general practice, but often training courses require general practice experience. GPs and nurses highlighted that this was often because it was seen as financially beneficial for practices to recruit experienced nurses, and logistical barriers – around hours offered and a lack of available roles – further complicated moving into general practice.
- **Official 'doors in' were replaced by word of mouth**, which put nurses on an 'uneven playing field' when finding a job. Indeed, those working in practices said that they relied on word of mouth and head-hunting, but increasingly found this difficult due to a reducing available pool of GPNs to recruit from.

Summary of the findings

Early days in the job: a daunting experience that could be smoothed by support

- For all nurses starting a new role as a general practice nurse was **often a daunting experience**, with challenges experienced around pay, training and support, as well as new ways of working.
- Some nurses **took action themselves to smooth the transition**, including self-funding training courses; working part-time in general practice; getting advice from others; and negotiating time for training.
- Others were **actively supported by their practice to make their transition easier**, although there was reported variation between practices. Examples included periods of preceptorship, having longer appointment times when starting, and being put on training. Having the support of staff and feeling involved in the practice were also valued.

Being a general practice nurse: satisfying but lacking standardisation

- Despite early concerns when transitioning, **those working as a GPN were positive about the role**. The role was felt to be 'hard but rewarding', with strong relationships with patients, variety in the role and a continued trajectory of learning all contributing to a sense of satisfaction.
- However, the **role was seen to be changing, and an increase in responsibility was taking a toll** for some. GPNs spoke of 'busy' starting to look different as a result of increasing workloads and taking on more responsibility from GPs. This meant for some that staying up-to-date on their knowledge was difficult in the context of frequent changes to guidance and difficulties with getting protected time to undertake training.



Summary of the findings

Being a general practice nurse (cont'd)

- There were **other frustrations for GPNs, which reflected those expressed by GPs**, in work carried out by Ipsos MORI. This included issues around the changing relationship of primary care with secondary care; changing relationships with patients; and feeling more isolated, as a result of workloads.
- There were also **more wider system changes, which affected experience of working as a GPN**. In particular, specific target led pressures, such as meeting Quality and Outcomes Framework (QoF) targets, were said to make the role feel more 'tick-box' focused, and counterintuitive to a focus on patients.
- **Practices being individual businesses led to a number of concerns**; different contracts led to variation in pay, training, and career development among GPNs.
 - The **lack of standardisation in pay** across and within practices was a particular source of frustration. Few GPNs spoke of their practice following 'Agenda for Change', and highlighted differences between peers working in different practices.
 - Some GPNs also said that they have to **negotiate access to training and development**, where other GPNs had access to this. In addition, training, development and pay were **not linked to a formal career pathway**, which reduced incentives to develop or take on responsibility for some.
- Overall, the lack of standardisation, combined with other changes and frustrations, left some starting to **feel undervalued or forgotten**. This pushed some to consider leaving or retiring early.

Summary of the findings

Looking to the future for GPNs

The findings of the research suggested that **positioning the role will be important, but tackling one career stage may not be enough:**

- What 'needing experience' meant, took different and often contradictory forms for students. Indeed, rather than experience of secondary care, when nurses looked to transition from another specialism they needed general practice experience. The demands placed on practices in the current climate, meant experienced GPNs were more appealing to practices in meeting immediate requirements. Therefore, it would be **beneficial for future work to bridge the gap between university and going into general practice.**
- However, the consistency of themes across audiences and different career touchpoints, suggests that only developing solutions with students in mind **may not overcome the wider barriers to recruiting nurses** to the profession. This suggests future work should focus on the whole career journey.

There were a **number of solutions and desires for the future** suggested by participants across this journey. These included:

- **Promoting the role:** creating positive advocates; making course content on general practice equal to secondary care; and making GPNs feel more valued by ensuring greater recognition of the work they do were all seen as ways to help promote the role.



Summary of the findings

Looking to the future for GPNs (cont'd)

- Developing a **greater understanding of the realities of the role**, through exposure to general practice through longer placements and more promotion generally of the role.
- **Standardising and clarifying route in to the role**, through better job descriptions, but also greater support for GPs and practice managers, to encourage them to invest in students and those wishing to move into profession from elsewhere. In addition, more structured periods of preceptorships and better opportunities for networking and buddying were suggested as beneficial.
- **Reducing unwarranted variation when in the role**, through clearer career pathways, linked to skills and experience, and connected to standardised pay scales. National 'terms and conditions' to guide GP employment of nurses was suggested, as was protected time for training.

Chapter 2

Introduction



2.1 Background

- Nurses play a bigger role than ever in the delivery of health and social care; the national framework for nursing and midwifery and care staff¹, launched in May 2016, highlighted that nursing, midwifery and care staff are essential for both leading on new care models and tackling unwarranted variation in health services.
- Those working in general practice are also working within a primary care sector facing many changes and challenges, and not least so to the workforce itself. Indeed, the primary care workforce is facing a shortfall², while the commissioning landscape and the strategy set out in the *Five Year Forward View*³ continue to develop and grow.
- Ipsos MORI – along with others – has carried out a great deal of work highlighting the additional pressures on the GP workforce, and *The GP Forward View*⁴, released earlier in 2016, directly aims to address some of these pressures and bring greater investment to general practice overall. Yet, if the intended benefits of the *GP Forward View* for general practices are to be fully realised, strong nursing teams will be essential. This was reinforced by the Care Quality Commission (CQC) who sparked debate by highlighting that GP practices rated as ‘Inadequate’ by the CQC in previous years had typically demonstrated a lack of general practice nurses altogether, or if not, a very low number of general practice nurses⁵.

¹ NHS England (2016) *Leading Change, Adding Value* <https://www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf>

² Primary Care Workforce Commission (2015) *The future of primary care: creating teams for tomorrow* <https://www.hee.nhs.uk/sites/default/files/documents/The%20Future%20of%20Primary%20Care%20report.pdf>

³ NHS England (2015) *Five Year Forward View* <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

⁴ NHS England (2016) *GP Forward View* <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

⁵ The Care Quality Commission (2015) *The state of health care and adult social care in England* http://www.cqc.org.uk/sites/default/files/20151103_state_of_care_web_accessible_4.pdf

Background (cont'd)

- Yet, the general practice nursing workforce is facing its own recruitment, retention and return challenges; the workforce is aging with an ever increasing proportion approaching retirement and few coming into the profession to replace them.
- Steps have already been taken to address some of these concerns. For example, alongside work by Health Education England (HEE) to develop a career framework⁵, the *Building the Workforce – the New Deal for General Practice*⁶ launched a Ten Point Plan as part of the *Five Year Forward View*'s push to expand, develop and transform the primary care workforce by 2020. Incorporated within the *General Practice Forward View*⁷ were plans for a general practice nurse development strategy and £15 million investment to increase the nursing workforce.
- In this context, NHS England and partners commissioned Ipsos MORI to carry out research on the drivers and barriers to general practice nursing. Work has already been carried out by Queens Nursing Institute (QNI)⁸ and Health Education England (HEE)⁹, as well as others across the sector. This work adds an in-depth qualitative understanding of the influencers on nurses' career journeys, and findings will feed into future work to help build and sustain the workforce.

⁵ Health Education England (2015) *District Nursing and General Practice Nursing Service: Education and Career Framework* https://www.hee.nhs.uk/sites/default/files/documents/Interactive%20version%20of%20the%20framework_1.pdf

⁶ NHS England, RCGP and BMA (2015) *Building the Workforce – the New Deal for General Practice* <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/building-the-workforce-new-deal-gp.pdf>

⁷ NHS England (2016) *General Practice Forward View* <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

⁸ QNI (2015) *General Practice Nursing in the 21st Century: A Time of Opportunity* <http://qni.org.uk/docs/1%20FOR%20WEB%20GPN%2021%20Century%20Report.pdf>

⁹ Health Education England (2014), *Growing nursing numbers, Literature review on nurses leaving the NHS* <http://hee.nhs.uk/wp-content/uploads/sites/321/2014/05/Growing-nursing-numbers-Literature-Review-FINAL.pdf>

Background and objectives (cont'd)

The research specifically sought to:

- Understand the perceived **benefits and drawbacks** to working as a general practice nurse (GPN), and how this relates to motivation to be part of the profession, among students, aspiring, current and ex-general practice nurses.
- **Map the journey** experienced by registered nurses that currently work in other specialities to general practice nursing.
- Explore the experiences of GPNs who went into the speciality **early in their career** to find out any associated challenges to this, and how these were overcome.
- Understand the experiences of GPNs who are **thinking about leaving** to retire early
- Check the general practitioner (**GP**) **perspective** of general practice nurses, including their attitude towards the process of training staff (including mentorship training and continuing professional development).

2.2 Methodology

A qualitative approach was taken to the study; rather than measuring views quantitatively, the research focused on exploring views in depth across a range of specific audiences. In total **six discussion groups and 52 in-depth interviews were carried out during May and June 2016 by Ipsos MORI.** Further sample profile details are appended to this document.



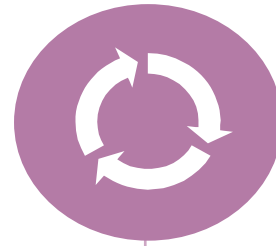
RECRUIT

- **6** discussion groups with student nurses.
- **10** interviews with nurses thinking of moving into general practice / have tried to move.
- **13** interviews those who have previously worked in another specialism before general practice.
- **8** interviews with nurses who became general practice nurses soon after qualifying.



RETAIN

- **9** interviews with general practice nurses thinking of leaving the profession.
- **3** interviews with general practice nurses thinking of retiring.



RETURN

- **2** interviews with general practice nurses who have retired early.
- **3** interviews with ex-general practice nurses working in a different specialism.



GP

- **4** interviews with GPs that employed at least one general practice nurse currently.

2.3 Interpreting the findings

- It is important to note that qualitative research is used to explore why people hold particular views, rather than to estimate or quantify how many people hold those views. Therefore, the findings presented here are **designed to be illustrative, detailed and exploratory**.
- The sampling approach for qualitative research differs to quantitative research, as the type of data and analysis required are different. Therefore, the samples for the interviews and discussions groups in this research were selected purposively, to ensure specific experiences and attitudes were explored in-depth. As such, the findings are not generalisable to a wider population, but offer **insight into the perceptions, feelings and behaviours** of research participants.
- Verbatim comments from the interviews and groups have been included within this report. These comments have been selected to provide insight into a particular issue or topic, but should also not be taken to define the views of all participants.
- The findings represent the views of participants, rather than those of NHS England or Ipsos MORI. Although views may not always be factually accurate, they represent the truth to the participants.

2.4 Acknowledgements

The research team at Ipsos MORI would like to thank various contributors for their assistance in helping identify participants for this research, and for providing valuable feedback on the design of the research materials.

In particular, we would wish to thank...

- Queen's Nursing Institute
- Royal College of Nursing
- Health Education England
- NHS England
- @WeNurses
- NHS Sandwell and West Birmingham
- HENCEL team

It goes without saying that Ipsos MORI also extend thanks to the participants that gave up their time to take part in this research, to whom we are grateful.

Chapter 3

Main findings

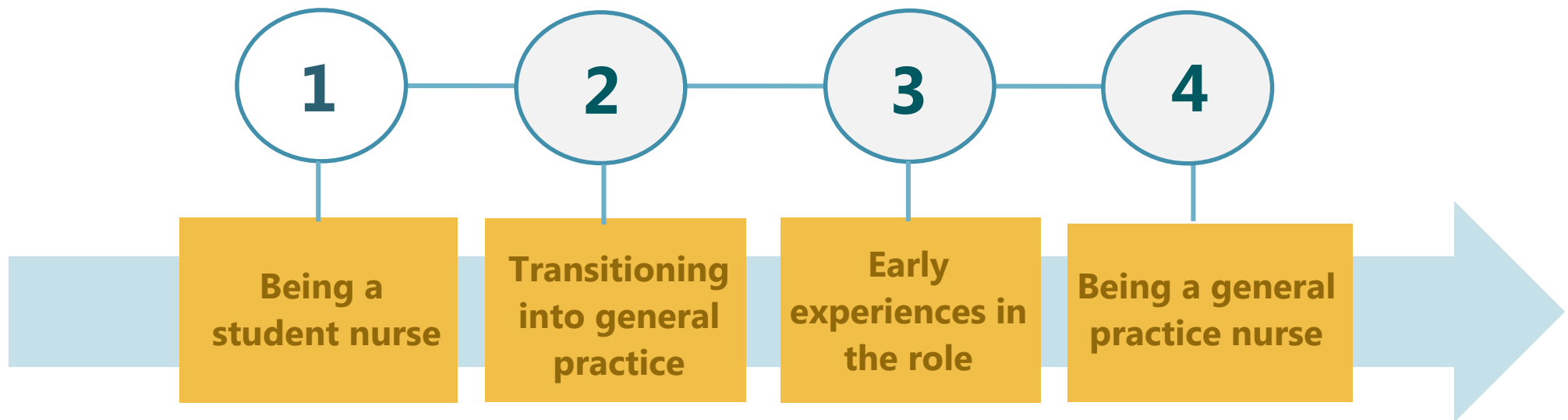


This chapter outlines the main research findings, and is structured around the journey-mapping approach used during interviews with participants.

This approach involved mapping the experiences of participants and 'laddering' their perceptions, beliefs and emotions around those experiences. The findings were then analysed thematically and in light of four broad stages reflecting career touchpoints.

From these different vantage points – and across the audiences consulted – the findings **build a picture of the benefits and drivers** to working as a GPN, as well as **factors that can potentially drive discontent or create challenges** along the way.

Each stage of the journey – outlined below – is therefore discussed in turn within this chapter of the report.



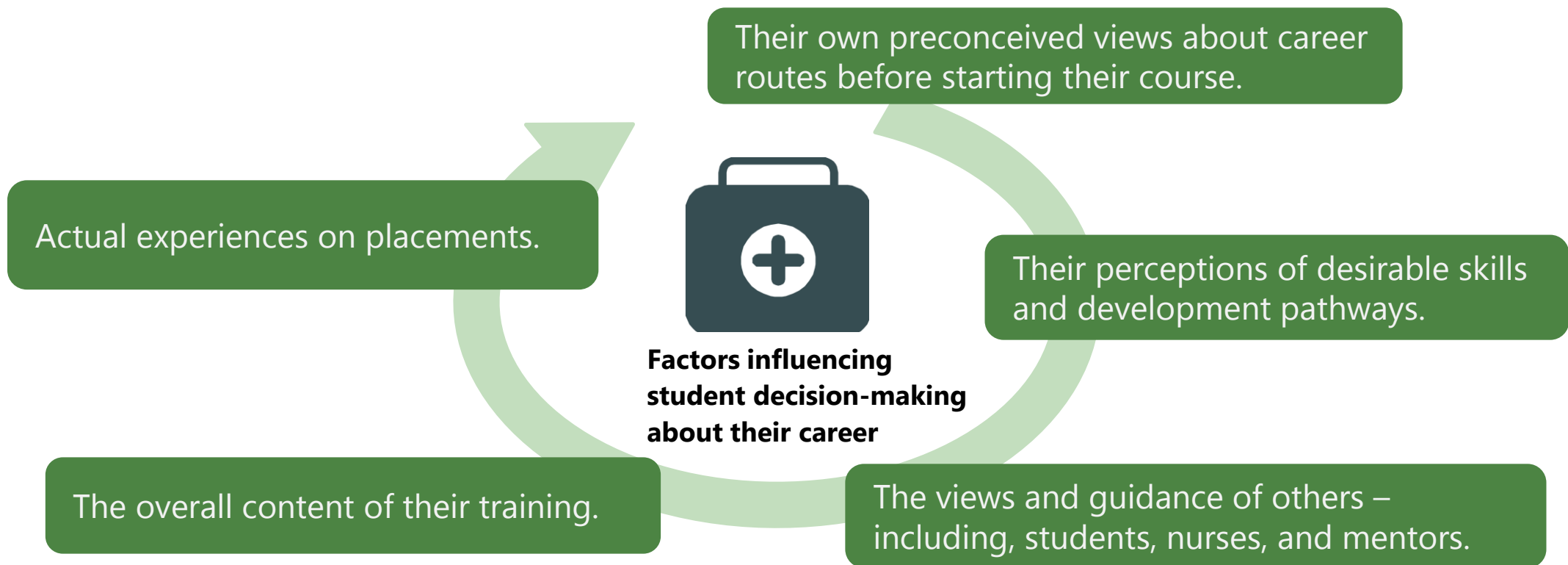
3.1 Being a student nurse

1

A number of factors influenced career choices for students

Participants across audiences revealed that there were a number of influencing factors – such as **preconceived ideas** when starting training, or **experiences on placements** – that together, shaped career choices among students.

Each of these factors shown below (and explored throughout this section) contributed to a decision making point on which area to work in. Among those we spoke to, this was often in about year two of their studies.



Developing perceptions of the role



Assumptions and preconceived ideas about being a GPN

distanced students from the profession

During discussions, students raised common assumptions about being a GPN. These included it being **for mature nurses**, and/or those who have a great deal of **experience** before moving to the role. Taking this further, one student nurse thought that you had to have a masters degree to apply for a role in general practice nursing.

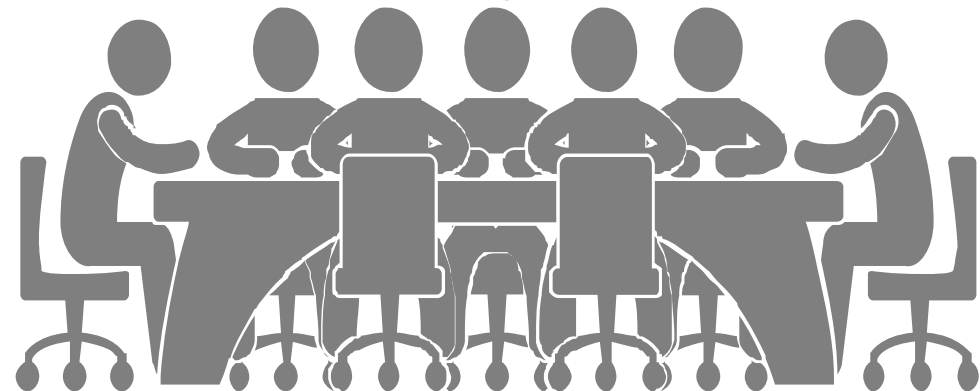
To some extent therefore, even in the very early stages of training, students were moving towards a role outside of general practice.

'If I went in to see a practice nurse and she was, like, my age I'd be a bit, well, I don't think they would be taken seriously, do you know what I mean?'

Student nurse, Year 3

'They are the ones who have got to a certain level of training, because they are a much higher band, a much higher pay grade.'

Student nurse, Year 2



In this light, secondary care was more attractive for many

The **fast-paced** environment of secondary care – and in particular hospitals – was felt to provide a **good place to learn among students**. The number of people working on a ward together meant it felt like a less daunting environment, and a place to **build confidence** before stepping into a lone-working scenario.

By contrast, general practice nursing was seen as **lacking energy**, and more **professionally isolated**.

'When you work on a ward there are others there that can help you with what you are doing – you're on your own in a clinic.'

Student nurse, Year 3



Beyond this, hospitals were seen to have...

- Better **resources**.
- Departments and staff members dedicated to **learning and development**.
- Assessments and experiences (part of preceptorship) to **'tick off' competencies** and ultimately be more prepared for the challenges of nursing.

'Secondary care has more resources, they have a clinical department of education, a whole department which oversees development and preceptorship. You have a whole team looking at student development, but in a GP surgery you don't have that. So there is a general apathy to starting your career there; you would rather go out there get some experience and sign-off your competencies before you go into the community.'

Student nurse, Year 3

As a result, early transition into general practice nursing was associated with 'de-skilling'

Students expressed concern about becoming **'de-skilled' of their 'secondary care skills'** by going straight into general practice. Low awareness of **training options** available, persuaded some that the risk of not being able to practise their competencies was also great.

Students were also concerned that this 'de-skilling' would **prevent them from being able to move out of general practice**, should they want to move to a different setting in the future.

In this light, moving to secondary care first was seen to build career potential, while general practice nursing was seen to limit future potential.

'[A colleague] really wants to go into general practice, but is worried that starting her career there will drag her back and she might lose some of the skills so she has decided to take a job strictly for a year on a ward and then go straight into GP.'

Student nurse, Year 3

However, views on the level of skill and experience needed varied and were sometimes contradictory

As noted, students saw general practice nursing as a **highly experienced** role. Some said that the high level of skills needed reflected the fact GPNs now have responsibilities traditionally taken by GPs, such as managing long term conditions. In contrast, others characterised general practice nursing as mostly including '**basic**' tasks such as dealing with minor injuries and illness and taking blood pressures.

As such, there was a **contradiction across student audiences**; general practice nursing was seen both as something requiring a great deal of experience, based on skills developed through a role in secondary care, and at the same time something requiring fewer skills, so deskilling those moving into it.

This contradiction reflected the lack of clarity students had on the day-to-day role of GPNs, which meant they were reliant on other influencers, such as the views of others or preconceived ideas.



And these contradictions were reinforced by what

students were told

Students often said that going into secondary care after university **'is just what happens'**; something reinforced by the mentors, tutors and staff they met throughout their training.

'In a way I don't know why you have to have three years on the ward, or something, it's just something people tell you to do.' *Third year student*

In addition, those we spoke to said that, at times, others they encountered could be more directly **denigrating** towards general practice – using terms such as boring or lazy – but often the balance towards secondary care was more subtle than this.

Students had also begun to see their perceptions 'play out' in the real world. For example, they noted **job adverts** for GPNs asking for experienced nurses.

'On NHS jobs, they don't ask for newly qualified nurses, the job descriptions all say for experienced nurses.'

Student nurse, Year 3

Overall, the views and perceptions of others and real world experiences normalised a **route towards secondary care**.



The importance of placements



Experiences of placements were the main influence on views

Students told us that their universities wanted them to 'try out' primary care as an undergraduate. As such, they were assigned to a number of primary care placements, such as district nursing, and longer eight to nine week placements in the community were common.

However, **placements in general practice were rare**. Some had done a placement in a practice but this tended to only be one or two days as part of another community placement. They said that while this was helpful, it rarely offered detailed insight into what working as a general practice nurse is like.

Many students said their final placement in particular could have the potential to sway them towards certain types of settings. Indeed, a positive general practice placement experience could highlight the variety in and preventative nature of the work carried out in general practice, as 'Emma's' case study overleaf is an example of.

On the whole, however, students told us that it was very rare to have a final placement in general practice.

'Universities need to find placements [in general practice] ... to know what to expect – give you a chance to see what its really like.'

Student nurse, Year 3

Ultimately, positive placement experiences could change perceptions

CASE STUDY: Emma's placement experience

Emma undertook a six week placement in a general practice. She really enjoyed her time there. She was **made to feel a part of the practice** and she got to see a range of health concerns.

While she did do some observation she also **got to take patients' blood pressure reading, do injections and wound dressings with patients** which on occasion she did on her own. There was always someone around to **ask if she needed help**.

Emma had a **great mentor** who was band 8. This impressed Emma and made her see that there were **options to progress**, such as working to become a **nurse prescriber** or **specialising** in an area such as diabetes.

Emma can **see a future** where nurses are potentially running general practices. Emma is now hoping to **go straight into a general practice** once qualifying as a nurse.



'It was really encouraging. There were 8 nurses. I thought I'd be bored, but it was really really interesting.'

Student nurse, Year 3



**'When I met one practice nurse I realised
that what they do can actually help identify
things and be more preventative.'**

Student nurse, Year 3

Students were clear what they wanted from a placement

Students in the research wanted more opportunities for general practice placements involving longer and deeper learning experiences than those they had had.

Yet, they raised **the need for those experiences to be engaging**. Several said that general practice placements often involved a great deal of watching and learning, rather than hands-on experience. While this was a positive experience for many, being able to practise clinical skills was key to both learning and enjoyment of the placement. Without this hands-on experience or a more bespoke approach to general practice placements there is a risk of reinforcing negative myths.

Nurses across audiences spoke about the **importance of having positive role models** in placements. Some students had been deterred from general practice by being mentored by those experiencing pressures and those less able to communicate or demonstrate an ongoing passion for the role. This was reflected in the findings among current GPNs (outlined in section 3.4) which built a picture of increasing pressure and less time to support the next generation.



Making career choices



General practice was seen to be a 'risky' choice at this stage

Overall, the research found that the decision to go into general practice nursing straight after university **was not logical**, given the many factors that normalised a career in secondary care.

There was also some **uncertainty** about whether nursing students from non-adult nursing branches such as mental health were 'allowed' to enter general practice, leaving students unsure if it was an option for them.

General practice nursing also presented a series of risks for people at this stage in their careers – the unknowns about the role, the assumed risk of de-skilling, and the potential financial risks associated with a role they felt they knew little about or needed to train more to do.

At the same time the exposure to secondary care at university was also often coupled with the **prospect of a job** upon completion of training; students expected to get a job in a hospital they had a placement in, or saw more opportunities for this at **job fairs** they attended.

Therefore, where students did have an interest in general practice nursing at this stage, it tended to be viewed as an **option for later in their career based on perception of experience and perceived potential appeals such as work life balance at that point.**



'I think I will go into being a practice nurse later on, when I have a family and I want to have more regular hours, and if I'm going to do nightshifts and things, I need to do those now.'

Student nurse, Year 3

3.2 Transitioning into

general practice nursing

2

Newly qualified nurses



There were examples of general practice

as an early career choice



CASE STUDY: Jane's transition

Jane started her career as a general practice nurse, which she recognised was very different to her peers but **secondary care did not appeal to her.**

Her **university was offering general practice placements** which it was suggested that she go on. Jane loved the placement and so, rather than going down her planned district nursing route, she applied for a post-grad general practice nurse training course.

Jane's experience made her realise that by **doing extra courses** it was possible to go straight into general practice and bypass having to get experience on wards. Jane was aware that spending time on wards would still leave nurses at the same point to a newly qualified nurse, as much of the experience you need for general practice could not always be got on a ward.

Jane had some financial support to go into training so felt the hardest part for her was getting a job. She felt that some people just jumped straight into a ward job because they were worried money-wise so the bursary helped her.

Key elements the research found could support the transition into general practice:

- University placements.
- Early access to post-graduate training.
- Demystifying the skills and experience needed to be a GPN.
- Access to financial support.

Those that went into general practice earlier had a number of things in common

Those we spoke to who had moved or were planning to move straight into general practice had certain characteristics or had common experiences, including:

- A strong **interest in preventative care** and building patient relationships.
- A **dislike for the hospital environment**.
- Some were mature students who felt more **financially stable**.
- Several had **attended a careers fair with GPs there**, or had **general practice placements** at university.
- Others had **worked in community settings** before nursing, and were more aware of what a career as a general practice nurse would offer.

'I just think it's more suited to me, I think working in an acute setting on a ward there will be lots of pressure, and not that I can't do that, its just I think practice nursing will be more me.'

Student nurse, Year 1

Those moving from another specialism



There were a number of appeals for those thinking of transitioning from another specialism

Various pull factors to general practice nursing gradually became more appealing to those working in a different specialism.

Often this related to life stage, or greater awareness of some of the benefits of working in general practice.

They included...

Continuity of care – getting to know patients and being able to holistically treat them.

Autonomy – having more independence and being able to make own decisions.

A work / life balance – not having to do shift work or work nights.

'I wanted independence, and it was quite challenging'
Retired GPN

Team working – working in smaller teams who have closer working relationships.

A new challenge – using different skills, offering an opportunity for personal development.

But even those considering moving had worries and concerns

While the appeal of general practice was clearly evident to those thinking of transitioning, they still had a number of concerns, many of which reflected student perceptions of the role.

Lone working – being out of depth in the role and being 'stuck in a room' without access to support or guidance.

'I'm worried about leaving this ward I'm on now, its just really supportive.'
Aspiring general practice nurse

'Its scary to manage your own workload and be responsible without having anyone.'
Aspiring general practice nurse

Being bored – concern about the slower pace/ desk job nature of the role. Others warn they 'will be bored'.

A reduction in pay – dropping a band/ the loss of unsociable hours pay. This was notable for those in higher bands in secondary care.

Losing access to training and support – wards were seen to have a number of opportunities for training.

Lack of clarity about the role was also a key concern



Aspiring general practice nurses often **had limited knowledge about the role**. For example, few were able to outline in detail the typical day in general practice, with some responses being vague and quite generalised in the detail given.

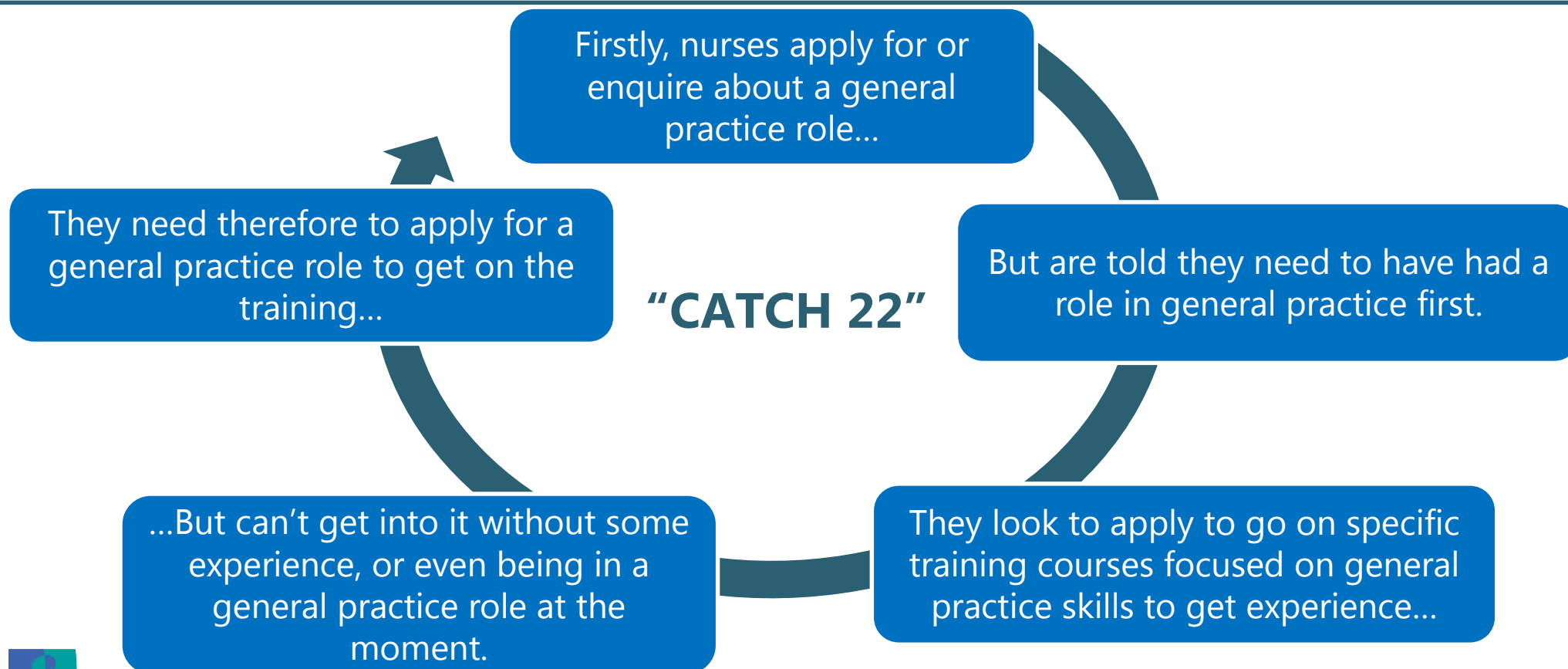
Current GPNs spoke about the role being varied, which may offer some explanation for lack of clarity. However, the risk was that some were less sure about the transition, even in light of the appeals around continuity of care, autonomy and work/life balance.

Ultimately, many nurses only considered moving when their current circumstances pushed them to (such as increased focus on family life) or when they knew someone working in general practice who had 'vouched' for the field.

There was an experience 'catch-22'

While students told us that they were worried about needing experience in general to work in general practice, at this stage those aspiring to move found that they needed more general practice specific experience.

Participants said GPs only wanted nurses with experience of general practice, leaving few jobs available for others, and GPs themselves confirmed this had been the case in their recent recruitment approaches. For those without general practice experience this led to a 'catch 22' situation.



The need for a 'safe pair of hands' left even experienced

nurses frustrated

As noted in the introduction, primary care has changed a great deal over recent years, which has resulted in new challenges for those working in general practice. The *GP Forward View* and the investment it brings highlights a drive to reduce some of the pressures faced by practices and the GP partners who lead them.

However, at the moment both nurses and GPs in the research highlighted the ongoing focus on saving money. Therefore, it was seen as **beneficial to the practice to recruit a like-for-like practice nurse**; as experienced senior practice nurses were leaving, practices wanted to recruit experienced nurses to save money and time on training.

This meant that **even the most experienced nurses could face a 'brick wall'** in the process of transitioning because they did not have very specific experience – either in a particular condition, or of aspects of practice working, such as the IT systems.

'We have looked at schemes of training nurses out of acute care into general practice but we don't have the room space or staff to take the time out to help train them.'

GP

'I have 30 years' experience – and I'm told that I'm the most well suited to the role because of my experience but there's no time to train me up on their systems?!'

Aspiring practice nurse



Further logistical barriers were evident for those joining the field

Participants highlighted the **lack of movement in the sector**, with very few roles becoming available. It was therefore also harder for people to find roles in their specific local area.

'Most of the people who do this, they really like the job, and unless you move out of the area you generally don't leave your job.'

Current general practice nurse

Some nurses spoke of the difficulties with **finding roles which offered hours suitable for them**. There was seen to be a lack of available full time roles.

'Job adverts are too bitty - 18 hours over four days...'Who on earth wants that job?'

Current general practice nurse

And, some were frustrated that official 'doors in' were replaced by word of mouth

Those that had managed to get into general practice, often said that they had done so through 'luck' and chance. They said that general practice roles are rarely advertised and, where they are, the job spec is often unclear. Therefore, having to rely on word of mouth or being head hunted was common.

GPs' and practice managers' desire to recruit experienced nurses meant they tended to...

...Use word of mouth

Nurses talked about hearing about roles through friends, family and colleagues.

...Head hunt

GPs looked out for suitable nurses and offered them jobs.

'A lot of practice nurses have been there a long time - I don't know how they got in. I think its word of mouth.'

Aspiring general practice nurse

'A GP practice approached me - they had a long term conditions and hospital avoidance nurse role, so I took the job.'

Aspiring general practice nurse

There were a number of examples of this given



CASE STUDY: A general practice approach to recruitment

The practice manager '**keeps their ear to the ground**' so they know if any nurses are looking to leave the practice they are currently in or change hours. By doing this they are able to approach them quickly to recruit. It is common for practices in the area to poach nurses from each other.

The practice has used NHS.net to recruit nurses in the past but they have had issues with this approach, in particular, they thought that the nurses they have recruited using this approach had **not been up to standard and needed a lot of support**. The practice also found that once provided with the necessary training, the nurses have left the practice quickly.

Because of this experience, **the practice has found it better to 'put feelers out' to recruit nurses and recruit on the basis of recommendations**; to use word of mouth. However, even in doing this the practice is facing problems with the **ever reducing pool** to recruit from.

3.3 Early days in the job

3

Starting a new role as a general practice nurse was frequently a daunting experience

Many nurses reported that the early days in the role were difficult for them as they did not feel prepared. Factors that made this time challenging included:

The move to autonomous working

Some nurses struggled with adapting to working autonomously, often viewing it as an isolating experience. This was particularly the case where previously they had worked on ward with a larger team of nurses.

Accessing training opportunities

Some GP practices were less supportive than others when it came to facilitating and paying for training for nurses. Nurses also spoke about not being used to having to negotiate for training.

A change in pace

General practice was seen to have a very different pace to secondary care which some nurses found challenging.

Changes in pay and working arrangements

Nurses spoke of frustrations with a drop in pay, especially as they could not make this up with unsociable hours payments. This was strongly felt by those who had been in high bands prior to moving to general practice.



'It was hard... The three years studying taught me a lot but not enough. GPs assume you can do things like injections and venepuncture. It was a hard six months - I felt like I had been cast adrift. From September through to February I felt like I was drowning and thought 'what have I done?'

Moved from another specialism

Some nurses took action themselves to smooth the transition

These included...



Self-funding training courses to give them more experience or doing a 6 month foundation course in general practice.



Working **part-time in general practice** and secondary care to build up skills or undertaking internships.



Convincing their GP employer to allow them to attend training once in the role.



Getting advice from others in the practice – or outside the practice (such as helplines for advice and support).

'I did a lot of travel vaccinations and often had to call the travel helpline to get advice because you don't have anyone in the practice to ask. So it was a shock to go from a lot of people to being on your own.'

GPN thinking of leaving

Other nurses were supported by their practices to make the transition easier



CASE STUDY: Steven's early days in the role

Steven moved into practice nursing from district nursing. He felt very nervous when he started his new role as he was concerned about lone working and wasn't sure he had enough knowledge for the role.

However, his practice was extremely supportive. Before Steven's first day, he spent two weeks shadowing a nurse. When he started working at the practice, he worked directly with the lead nurse for two months. Steven was concerned about doing ten minute appointments, so the practice gave him twenty minute slots for his first few months.

Steven is still able to go to the lead nurse if he thinks he needs support. The practice has also supported Steven to go on many training courses, including a six month programme in general practice nurse development and training in computer systems to ease his concerns.

Steven enjoys working at his practice as he considers it very supportive.

There were clear common emotional and practical elements which ease the transition to general practice



Supportive managers and access to senior nurses to allow nurses to feel part of a team.



Structured preceptorship programmes.



Feeling involved with the practice and feeling like they are contributing to its success.



Supportive GPs who are willing to facilitate access to training (including study days).



Early training courses that enable nurses to consolidate their general practice skills.

But there was variation between practices.

Resources and support offered by GP practices often related to practice's own resources and the size. Particularly, nurses at smaller practices were more inclined to speak of their early days as a struggle, because limited resources at the practice meant they had to 'hit the ground running'.

'[Training a new nurse] involves days off to train, and it involves a cost to pay for courses, and they sit in with each other, and they require a lot more supervision...it's a big hit for us in terms of a practice in terms of cost and time and manpower.'

GP

3.4 Being a general practice nurse

4

Satisfaction with the role



Despite early concerns when transitioning, those working as a general practice nurse were positive about the role

On the whole nurses spoke positively about the profession, and many said it was a '**hard but rewarding role**'. Even those considering leaving the profession reflected positively on many aspects of the role.

Where nurses had moved from another setting, once in the role the appeals they had expected 'came to life'.

Participants enjoyed **building strong relationships** with patients, and seeing the same patients over a period of time, supporting them through specific issues, such as dietary changes or smoking cessation programmes.

This contrasted with secondary care where relationships were more transient. Being able to provide **continuity of care** was therefore seen as a key benefit.

'I am part of a little family who look after the community. I get to know patients and I get to know their families, and I get to see little kids grow up into bigger kids and elderly people go on and one half of a couple pass away and the other one having to cope.'

Thinking of leaving

Variety in the role was also viewed positively

The role was also characterised by its diversity - nurses described dealing with a wide variety of different issues on a daily basis. For example, caring for patients with minor illness to providing preventative care to helping patients manage long-term conditions.

In many cases, this variety was seen as an important influence in job satisfaction, with nurses reporting that they were '**never bored**'.

This variety also meant that nurses felt they were in a constant state of learning. While the amount of learning was sometimes seen as daunting, the **continued trajectory of learning was, on the whole, viewed as a benefit.**

Opportunities to specialise in certain areas added to this trajectory, and many nurses acknowledged that, with the changing nature of healthcare, these learnings would be invaluable for the future.

Some elements of variety and change were potentially more challenging, such as continually changing guidance, or additional professional requirements, such as revalidation. However, to some extent, these also contributed to the variety and subsequent learning in the role.

'[I'm] dealing with minor stuff from a scrape up to major heart attacks and people carted off to hospital. I get to manage some minor acute stuff in the community...but I also get to do a lot of health promotion and chronic disease management which is great.'

Thinking of leaving

However, the role was seen to be changing and an increase in responsibility for some was taking a toll

Nurses said that are increasingly taking on more responsibility from GPs, such as running blood pressure and diabetes clinics.

While some nurses (particularly those early in their career) had very much embraced this changing role, others spoke of having a **constant feeling of worry**. These nurses spoke of the pressures of increasing workloads coupled with the changes in guidance meaning that they **struggled to stay up to date on their knowledge**. Some felt it was having a negative impact on their ability to treat patients.

This was only furthered by **'busy' starting to look different**, with notable increased pressure on their workload in recent times.

Nurses spoke about having shorter amounts of time to deal with patients and undertake administrative tasks, meaning they also had fewer breaks in a bid to gain some of this work time back. Consequently, some also experienced **difficulties with getting protected time** to undertake training and train others which was felt to assist in alleviating some of the pressures they faced and help to add to a sense of appreciation and development.



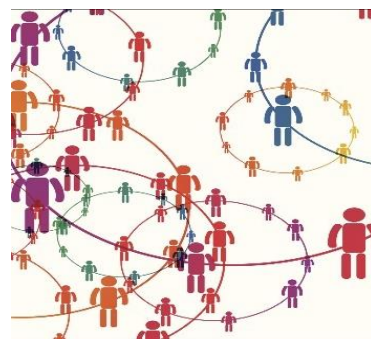
Other frustrations reflected those experienced by GPs

In work carried out by Ipsos MORI and others to feed into the *GP Forward View*, the concerns, worries and frustrations for GPs have been highlighted. For example, GPs also felt less able to support team members due to an increased workload. Other overlapping factors included...



The changing relationship with secondary care.

Participants referenced primary care taking on more of the responsibilities secondary care traditionally undertook, impacting on their time.



A changing patient relationship.

Population changes meant participants reported dealing with both more complex issues, but also a change in patient demand, as patients increasingly expected more from primary care staff.



Feeling more isolated. As noted earlier participants felt that they were increasingly busy and having to take on more and more responsibility. Some reported that they also had less time to talk to others in their practice and as a result felt more isolated.

Practices and the primary care sector



Working towards targets and in the commissioning

landscape felt unfamiliar

Participants said that the experience of being a GPN today was affected by the wider primary care sector. As noted in the introduction to this report, GPs and their practices are at the forefront of commissioning and the changes and challenges that come with that. In addition, practices are under **specific target led pressures** in working towards the Quality and Outcomes Framework (QoF). Therefore, participants highlighted that practices **having to exist as individual businesses**, and the current primary care context impacted on their experience of being a GPN today.

For many, this led to unfamiliar ways of working and it increasingly influenced how they experienced their work. For example, as noted earlier, the focus on targets was said to lead to a 'tick-box' approach that felt counterintuitive to a focus on patients for some.

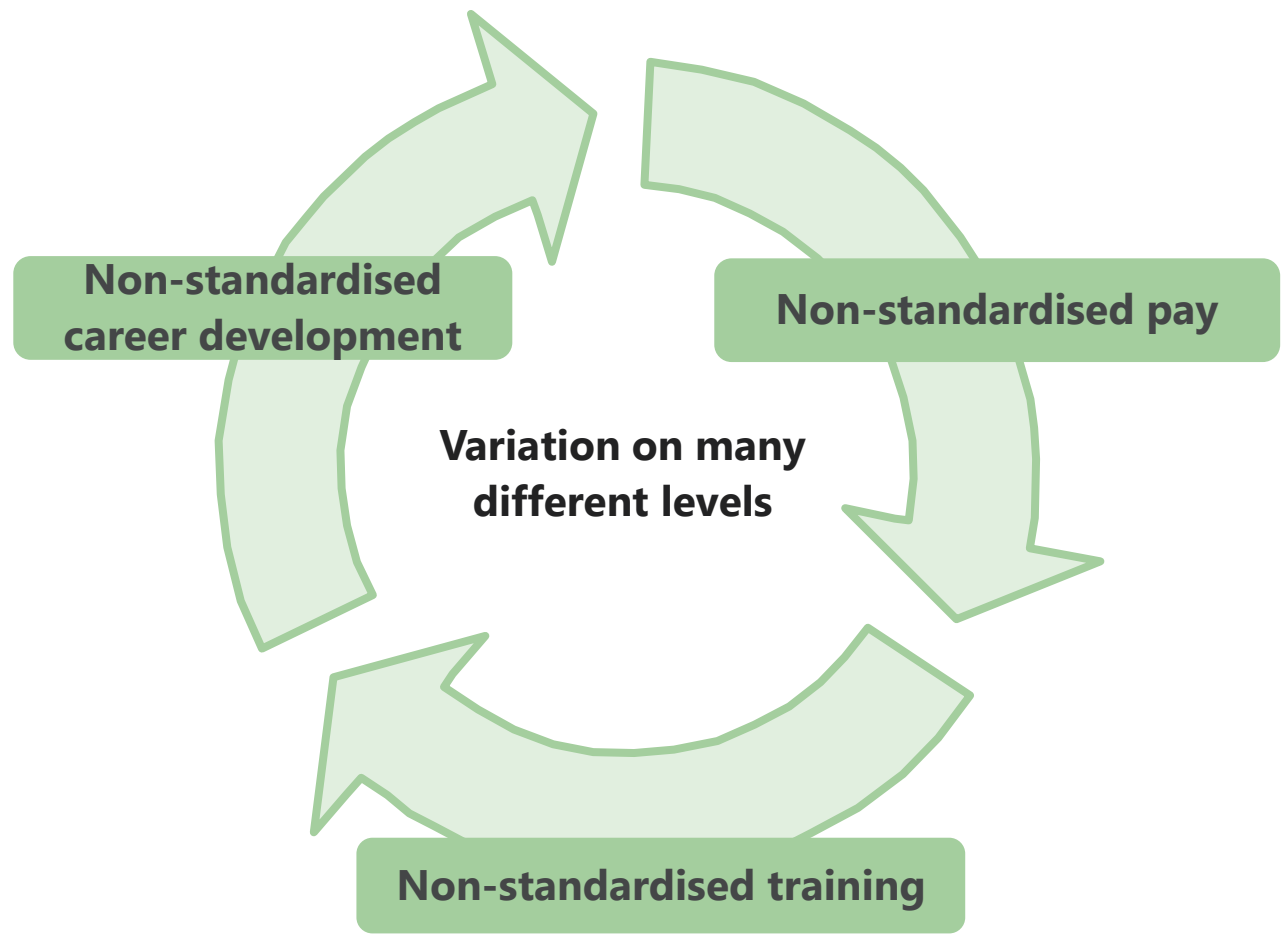
'GPs practices are very target led which, as a nurse, is very frustrating as you just want to look after the patient and do what is best for them. But, as a member of the general practice, I am very aware that we have to hit our QOF targets or the practice doesn't get the income it needs from the government to give the care it wants to give...Its all very target led and it does sometimes feel that you are ticking a box to tick a box. That is also frustrating.'

Thinking of leaving



Practices existing as individual businesses led to variation

Participants said that many aspects of their contract and role were dictated by **the individual practice being their employer**. Again, this was unfamiliar to those who had previously worked in secondary care, where **pay and training had been more standardised**. This variation left some nurses feeling that they had the 'perfect' role while others felt their role did not meet expectations.



'Our conditions are really specified by the employer. If you work for an employer that doesn't necessarily value nurses and wants to go in a certain direction then you could feel quite frustrated. In other practices where they're more positive then I think you could actually be very happy with being a practice nurse.'

Moved from another specialism

The lack of standardisation in pay across and within practices was a common source of frustration

Non-standardised pay

- Participants said that there was a **difference between hospital and practice pay**, with few practices following *Agenda for Change*. However, several were aware of this when they entered general practice nursing and had accepted a pay-cut on moving.
- Greater frustration arose when talking about the outcomes of this, and the level of variation and lack of standardisation created. For example, several spoke about **peers at similar practices in the local area being paid much more or less**, with little difference in responsibilities.
- Others talked about the **lack of pay scales linked to experience or training pathways**. This meant senior practice nurses could be earning the same as their less experienced colleagues or less than a more junior GPN at a different practice.
- The level of pay was said to depend a nurse's **negotiation skills** to some extent.

'The sad thing is that I have been a nurse for over 25 years and I have a wealth of knowledge and experience... I am earning less now that I was as a newly qualified nurse 25 years ago, so it doesn't feel right and it doesn't feel valued.'

Thinking of leaving

And having to 'fight' for access to training and development

was also frustrating

Non-standardised training

- Participants said that there was **no standardised programme of training**.
- In some practices nurses had to **negotiate funding and time off** work to attend training.
- Indeed, **financial pressures in practices** meant that some practices were only willing to allow a nurse to attend training if it would have a direct benefit for the practice.
- This meant that some thought that there was a lack of opportunity to progress in their roles.
- There were some nurses who **self-funded their training and undertook it in their own time**, which caused dissatisfaction when they met others being supported by their practice.

Non-standardised career development

- Participants also said that there was **no formal career progression pathway**. As such, there was a huge variety in experiences of career development.
- Some practices increased pay with new skills and supported nurses through professional development. However, other practices did not and this created **little or no incentive for nurses to develop their skills**.
- These nurses **questioned why they should take on new responsibilities** when they got no extra pay or reward for doing so – this was particularly the case with training to be a mentor and supporting the next generation.

Overall, this left some starting to feel undervalued

Some nurses thought that the government and the GPs that they worked with **did not realise or do enough to acknowledge the work that they were doing**, with the lack of standardisation across pay, training and career pathways cementing this feeling.

They recognised the pressures GPs were facing and acknowledged the impact of these. However, some measures taken to reduce burden on GPs were also seen to have a negative impact on how they felt people saw their work. For example, where additional roles, such as nursing associates, were being recruited into practices to take some of the burden, this was appreciated but, at times, participants felt this was being done without first **understanding what work GPNs are already doing**.

'We are here doing a lot of the work in general practice. We have those skills. Nurses need to feel appreciated.'

Moved from another specialism

'I don't feel that GPs appreciate us. I feel undervalued.'

Thinking of leaving general practice nursing

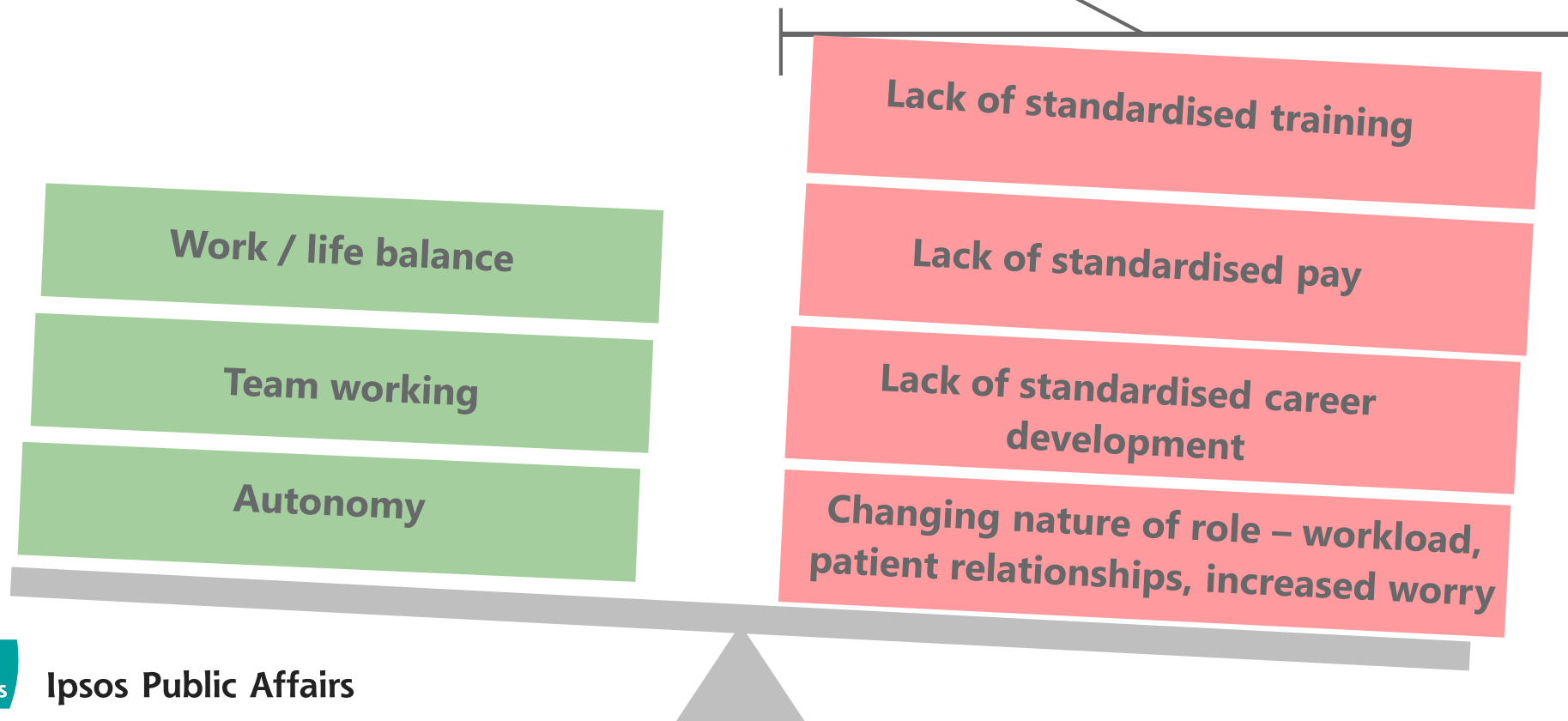
For some, the changes and frustrations were pushing them to consider leaving

For some nurses, the worries and frustrations with the changing nature of the role and the lack of standardisation pushed them along the decision-making path towards leaving the profession.

Pull factors drawing nurses towards the profession

Push factors encouraging nurses to consider leaving

Feeling undervalued



While all factors tended to play into decision making, which factor caused the 'final straw' was based on the individual

Case studies: final reasons for leaving



Peter, having long been frustrated by his remuneration package, had looked around to find that he would be **financially better off** as a care home manager so was leaving shortly to do that role.



Laura was leaving to become a librarian because she was fed up with **not being able to take breaks** in her working day, because of a culture of 'non-stop working'. She felt this led to an increase in stress.



Rashid felt burdened to teach a new general practice nurse, and **without access to training resources** this was causing him a great deal of stress.

For those considering retiring early, concerns about the ever changing nature of working in primary care at the moment at times translated into worries about their pension. They said that they were currently able to take a lump sum at the age of 55, and so planned to do so through fear this could change.

Chapter 4

Looking to the future



Positioning the role will be important

Across audiences, participants thought that being a GPN today required a certain level of experience. Any future strategy could build on this and position being a GPN as a highly skilled and therefore aspirational role.

However, the research also found that **'needing experience' took on different and often contradictory forms**. For example, many students thought experience of secondary care was needed for general practice nursing, and yet this did not play out in reality when participants looked to transition from secondary care. The reality was at this stage that experience of general practice nursing – either through training or previous roles - was needed.

For the GPs we spoke to, 'needing experience' was actually the result of demands placed on them in the current climate. Rather than being able to take a longer term and more strategic approach to GPN recruitment, nurses and GPs told us that they looked to fill recruitment gaps as they arose. However, they were increasingly finding this difficult as there was less movement and the pool of potential recruits was seen to be shrinking.

Therefore, it would be beneficial for any strategy to **bridge the gap between university and going into general practice**, rather than positioning it as an aspirational role to work towards after a role in another specialism.



Tackling one career stage may not be enough

Given the need to bridge the gap by increasing the number of students moving into general practice, it would be easy to focus any future strategy on developing solutions with only students in mind. However, increasing the appeal of the profession to students without facilitating routes in or making newly-qualified nurses an attractive recruit for those running practices, would be unlikely to increase the numbers entering the profession.

The consistency of themes across the research suggests that **any future strategy needs to tackle the challenges outlined at each touchpoint**, otherwise it risks not achieving the level of impact needed.

Indeed, the research highlighted across touchpoints the lack of advocacy and promotion of the role; the perceived risk associated with entering the profession due to lack of exposure; lack of clear routes in to the profession; and unwarranted variation or lack of standardisation.

The rest of this chapter therefore outlines the solutions and desires for the future suggested by participants in relation to each of the above themes.

Promoting the role was thought to be important

Creating positive advocates for students: It was thought that tutors and mentors need to be made more aware of a potential career path into general practice and encouraged to promote this. It was also thought that universities need to do more to dispel negative perceptions of the role among staff.

Making general practice equal to secondary care in course content: It was argued that universities could better promote general practice on a day-to-day basis, such as:

- More lectures on general practice and given by general practice nurses;
- More tutors and lecturers who have worked in primary care; and
- A greater presence of general practice at career fairs.

Making GPNs feel more valued: Those currently in the role wanted to feel greater recognition of the work that they are doing to feel valued and encourage positive perceptions of the career.

As was developing a greater understanding of the realities of the role

The research found that becoming a GPN was perceived as a risk for many – particularly in the early stages of their careers when people felt less financially stable and shift work was not a deterrent to secondary care.

Often this was because of a **lack of understanding or exposure to the role**. Even when people were aspiring GPNs they could be unsure about what this would actually look like, but once in the role the appeal and benefits 'came to life' for many.

Therefore, **encouraging more and longer placements for students in general practice** was most frequently cited as a 'easy win' to inspiring nurses to enter the profession.

Participants felt that increased exposure to the role – through placements, but also advocacy and promotion of the role – could highlight the preventative nature of the work and the positive aspects.

However, as noted, **tailoring placements to the realities of working in a practice** was also seen to be important. Indeed, participants thought that students need an opportunity to do practical activities and be involved in decision making, rather than just observing. Positive mentors were, again, seen to be the key for this.



'A lot of things they can't do when they're in a practice setting, such as immunisation - they have to stand there and watch. They can just sit there thinking 'its boring, I'm not doing anything'. There's lots to do rather than actually physically doing things. There's long term conditions – they can't just go off and look after a patient with a LTC, but with a good mentor they can say 'this is what I'd do' and after a while they can go off and do it when you're in the room with them. But a lot of them don't have time to learn these things because placements aren't long enough.'

Newly qualified GPN

Routes in were not clear, but there were wider barriers

Greater standardisation was a key theme across the research. This was notable when participants were discussing routes into the profession, with word of mouth and being head-hunted being common routes in to the role, creating a barrier to the profession.

Solutions suggested included **better job descriptions and use of formal routes to advertise and recruit for roles.**

'Sometimes, you see the same generic six things on a job description and I think, what does that even mean? They never sell the job, or even the practice.'

Aspiring general practice nurse

However, simply creating these mechanisms alone, without reshaping how those working in practices think about nurses with different levels of experience and at different career points, would likely mean a barrier to transition would still exist.

Indeed, the research suggests that **a fundamental part of any strategy needs to be supporting GPs and practice managers to invest in students and those wishing to move into the role;** enabling a more proactive/forward thinking approach, rather than reactive to the recruitment of GPNs.

In turn this would help 'buy-in' for **more universal and structured preceptorship** periods for those moving into the role – something also valued among the nurses we spoke to. It was suggested that this could also include more **networking/ buddying systems to help nurses feel supported.**

Finally, greater standardisation once in the role

was desired

It was clear that GPNs consulted across the research were positive about their jobs – gaining a sense of satisfaction from various appeal. Communication about this appeal could be used to dispel negative views about the role.

However, along with other changes in the role, many identified lack of standardisation in pay, training and overall career pathways as the route of disaffection and barrier to encouraging people to stay in or enter the profession.

Participants wanted a clearer career pathway for general practice nursing, linked to skills development, experience and training, and with standardised pay scales tied to all this. Nurses suggested that **national terms and conditions** to guide GP employment of nurses, and **protected time for training** could help.

Students also wanted **more information which could reassure them** about salaries, pathways, qualifications required, support available and the learning environment. Again, without this the role seemed risky.

Appendices



Methodology: sample profile

Fieldwork comprised 53 in depth interviews and six discussion groups. Each group discussion was carried out face-to-face and lasted around 1.5 hours. Each tele-depth lasted approximately 45 minutes to an hour.

Recruit sample profile

Segment	Number
Nurses in a different specialism who would like to move into general practice	5
Nurses who have tried to move into general practice but have not yet been able to do so	5
GPNs who have previously worked in other specialities	13
Nurses who became a GPN relatively soon after qualifying	6
HENCEL Nurses	2
Total	31

Retain sample profile

Segment	Number
Thinking of leaving	9
Thinking of retiring	3
Total	12

Return sample profile

Segment	Number
Left for another profession	3
Have retired early	2
Total	5

GP sample profile

Segment	Number
GPs	4
Total	4



Research approach: sample and recruitment – groups

Group	University criteria	Definition of group	Gender
1	More active in encouraging nurses into general practice	Nursing students who are in their 1 st and 2 nd year at university and who are open to a range of fields of nursing – have not yet decided on future career path.	Mix
2		Nursing students who are in their 3 rd year at university and who express positive views about going into general practice.	Mix
3		Nursing students who are in their 3 rd year at university and who express negative views about going into general practice.	Mix
4	Less active in encouraging nurses into general practice	Nursing students who are in their 1 st and 2 nd year at university and who are open to a range of fields of nursing – have not yet decided on future career path.	Mix
5		Nursing students who are in their 3 rd year at university and who express positive views about going into general practice.	Mix
6		Nursing students who are in their 3 rd year at university and who express negative views about going into general practice.	Mix



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