

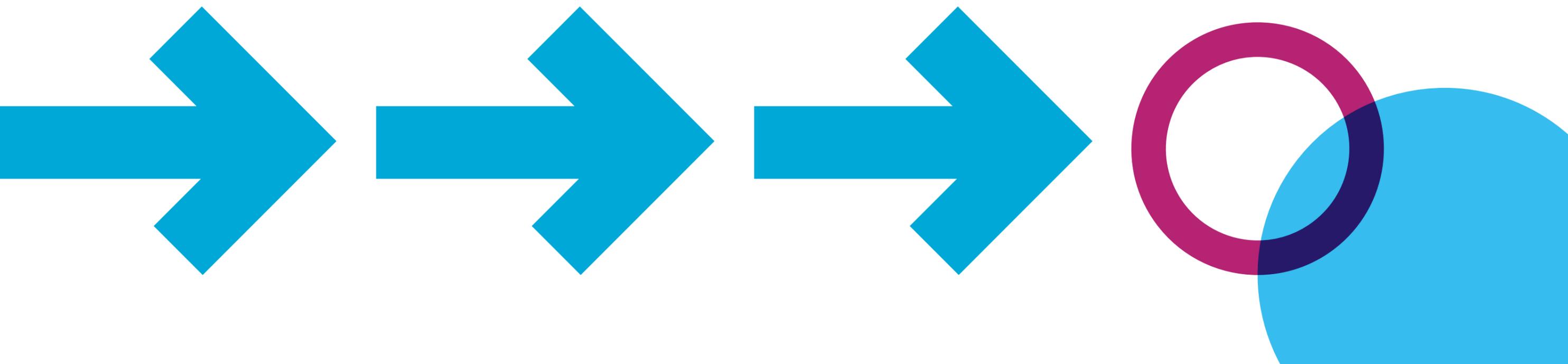
# General Practice – Developing confidence, capability and capacity

A ten point action plan for General Practice Nursing



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## Developing General Practice Nursing in England

General Practice is the largest branch of healthcare and is admired around the world. Its strength lies in the personal care delivered to a registered list of patients. In recent years a growing and ageing population with multiple complex health conditions has led to increased pressure on the general practice workforce, making it difficult to improve care while causing frustration to people accessing services and to staff.



Image courtesy  
of Woman  
and Home

**Professor Jane Cummings**  
*Chief Nursing Officer for England*

In order to address these issues and to support general practice to deliver the Five Year Forward View, NHS England launched the [General Practice Forward View \(GPFV\)](#) in April 2016. It pledged to increase investment, improve infrastructure and redesign care. In addition, it included a crucial pledge to significantly expand the entire general practice workforce.

This Ten Point Action Plan for General Practice Nursing, describes the nursing element of the GPFV. This helps nurses and health care support workers (HCSW) focus on demonstrating their contribution to reducing the three gaps identified in the [Five Year Forward View](#) - the health and well-being gap, the care and quality gap, and the funding and efficiency gap. Subsequently, the [Next Steps on The Five year Forward View](#) sets out how we will recruit and train the workforce needed to meet the challenges ahead. This will mean more convenient access to care, and a stronger focus on population health and prevention. There will be more GPs and a wider range of practice staff will operate in more modern buildings. In addition there will be better integration with community and preventive services, hospital specialists and mental health care. The plan will also provide a useful framework for Sustainability and Transformation Partnerships (STPs) to build upon when developing their local workforce plans.

General Practice Nursing (GPN) teams are a key component of the general practice workforce. They provide care and treatment across the life course and increasingly work in partnership with people with acute illness and with complex undifferentiated conditions.

Every member of the nursing team, from the health care support worker to the nursing associate, practice nurse, specialist nurse and advanced clinical practitioner, has a vital role in delivering care. They also have a responsibility to lead change and add value so that improved outcomes, a better patient experience and more effective and efficient use of resources can be achieved.

GPNs work with their GP colleagues, clinical pharmacists, mental health therapists, physician associates, other allied health professionals, practice managers and receptionists, as part of the extended primary care team. However, like their GP colleagues, GPNs are under pressure from the rising demand for primary care fuelled by the ageing population, the increase in long term conditions and the drive to shift the provision of care into community settings.

In addition, GPNs are facing workforce pressures of their own. A recent survey of 3,426 registered nurses working in general practice by the Queens Nursing Institute (QNI) [General Practice Nursing in](#)

[the 21st Century \(2016\)](#) corroborated by the Ipsos MORI Research; [The recruitment, retention and return of nurses to general practice nursing in England \(2017\)](#) revealed that a third expressed an intention to retire by 2020. If this figure is extrapolated to the 23,100 headcount of GPNs nationally (NHS Digital, Sept 2016) it would imply that over 8,000 may leave the workforce in the next three years.

It is clear, then, that we face very considerable challenges recruiting and retaining a workforce that is fit for the future. We must develop health and care services that have the resilience to cope with the changing landscape, demographic pressures and rising demand. We cannot and should not rely on traditional solutions – we must think differently.

We expect more GPNs to have a role in leading practices or social enterprises and the opportunity to think differently about ways to improve access and outcomes. We need to do more to ensure individuals, their families and communities have access to high quality services, wherever they live. Most importantly, we need to get serious about prevention. GPNs are in an ideal position to take the lead in bringing about the behaviour change. Evidence shows this can reduce obesity, heart disease, cancer and diabetes, improve health and fitness, and save lives.

There are already many GPNs who demonstrate that they have the confidence, capability and capacity to deliver services differently. They are leading the way by offering services across the new care models and federations of practices, organising group consultations, using digital solutions, engaging in social prescribing and helping with care navigation. We need to build and retain this skilled and adaptable workforce capable of responding to a changing world while attracting new recruits to the profession by ensuring that general practice nursing offers a strong career pathway to high calibre nursing staff.

[The District Nursing and General practice Nursing Education and Career Framework](#) published by HEE in October 2015 describes how practitioners can plan and develop their career, moving from a newly qualified practice nurse, to someone with advanced skills to advanced clinical practice.

Promoting this career pathway will help improve access to training, skills development, leadership opportunities and professional support which will help deliver on the goals set out in the [GPFV](#) and the Triple Aim outcomes in [Leading Change, Adding Value \(LCAV\)](#). This framework for nursing, midwifery and care staff, published in May 2016, is designed to enable nurses to deliver better outcomes, better experiences for patients and make better use of resources, whilst reducing variation in standards of care that cannot be justified by reasons of geography, demography or infrastructure. The work of GPNs encompasses all ten commitments in the LCAV report and the [LCAV website](#) shows examples of where this is happening.

This GPN Ten Point Action Plan outlines the work we will undertake nationally and in partnership with other organisations to address the challenges faced.

I look forward to working with GPNs, their practice teams and GP colleagues as we implement this plan, which I believe, will ensure that the potential of the current and future GPN workforce is fully realised in the coming years.



## Introduction

The GPFV published in April 2016 pledged a major expansion of the primary care workforce which includes GPNs. In addition in March 2017, HEE published General Practice Nursing Workforce Development Plan – Recognise, Rethink and Reform. This included a series of recommendations for organisations that can influence the general practice nursing workforce.

General Practice – Developing confidence, capability and capacity: a ten point action plan for General Practice Nursing responds to both these documents supported by the £15 million investment described in the GPFV. It is designed to provide a highly-skilled GPN workforce that includes

both registered nurses and non-registered HCSWs. The plan is aimed at,

- raising the profile of general practice nursing as a first destination career
- improving access to training
- increasing the number of pre-registration nurse placements and enhancing retention
- supporting return to work schemes for practice nurses and developing a career pathway for GPNs and HCSWs.

This GPN Ten Point Action Plan describes the actions needed as part of expanding the capacity and capability across the whole primary care workforce. This will enable us to manage more people's health closer to home. It will also build GPN capability to support improved and innovative approaches to delivering health and wellbeing.

This plan will support general practices to work at scale and in 'hubs' or networks as described in the [Next Steps on The Five year Forward View \(2017\)](#). It will provide fresh opportunities for GPN teams to develop skills and advance their careers thereby assisting with recruitment and retention of the workforce and easing GPs' workload.

The LCAV framework will help focus GPNs on where change can be made and how to do this. This GPN Ten Point Action Plan supports GPNs to implement LCAV, focusing on increasing and improving prevention, reducing unwarranted variation, improving the quality of care and delivering better value for money.

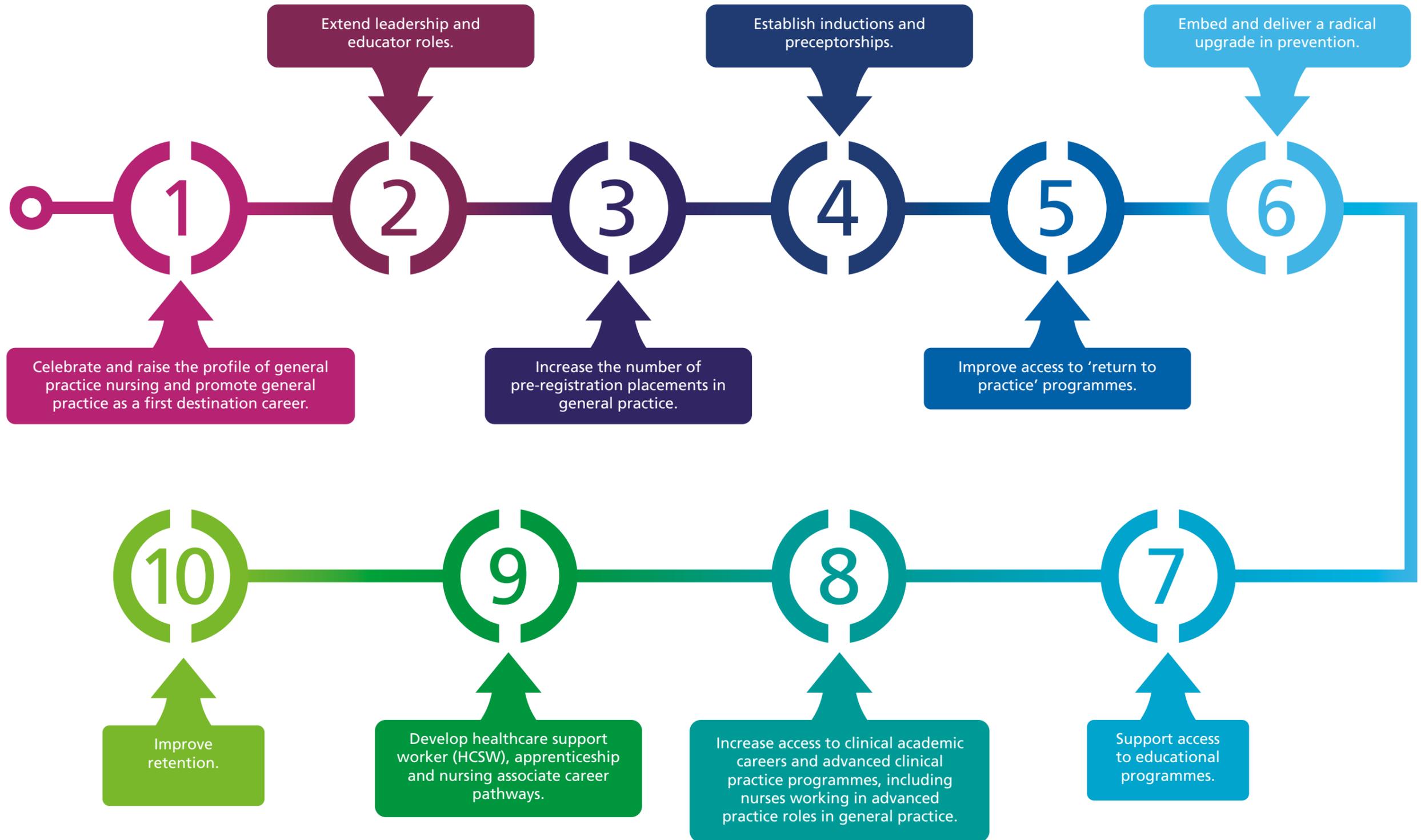
GPNs must be in the forefront of leading change by delivering better health outcomes in primary care, and by making primary care 'the place to be' for ambitious nurses who deliver world class care and support our population to live well. NHS England will work closely with other national and individual stakeholders to support commissioners and providers to implement actions at local level.

Delivery of this Ten Point Action Plan at a local level will be supported by one of four Regional GPN Delivery Boards.

By January 2018, NHS England and HEE will establish a target for the number of additional GPNs that will be employed within general practice over the life of the GPFV. This target will be broken down across the four regional delivery boards and by the key programmes set out in this plan. This will include targets related to the number of GPNs we aim to return to general practice, a retention rate and the number of additional posts entering the general practice nursing workforce (see page 22 for early key milestone details).



# Ten point action plan



## Implementation plan

### Action 1

Celebrate and raise the profile of general practice nursing and promote general practice as a first destination career.



### Deliverables

#### NHS England Lead

- Design and deliver a national multi-media campaign promoting general practice nursing across healthcare organisations, schools, further education (FE) colleges, higher education institutions (HEIs) and the general public as part of the “Image of Nursing” programme. This will have a specific focus on general practice to support the delivery of the General Practice Forward view (GPFV).
- Develop and maintain an up-to-date online toolkit (a library of guidance/ tools and support) to support the recruitment and retention of nurses to general practices, using resources such as the HEE [District Nursing & General Practice Nursing Education and Career Framework](#).
- When developing local workforce plans, ensure the GPN workforce reflects the demographic and social characteristics of the local population.
- Support the development of credible primary care nursing workforce plans within STPs by April 2018.

### Action 2

Extend Leadership and Educator roles.



### Deliverables

#### Health Education England (HEE) Lead

- Support existing and potential leaders with the vision to be able to see what the workforce needs of the future are in order to meet the needs of the practice population.
  - Ensure GPNs and their nursing teams have greater access to recognised leadership programmes and measure uptake and competency development via the regions.
  - Develop GPN educator role in each CCG area, in line with NMC requirements\* that:
    - promote mentor training for all GPNs,
    - support joint higher education and primary care initiatives to further develop mentorship programmes,
    - support the development of a network of GPN educators and academics within HEIs.
- \* subject to the review of the NMC standards for pre-registration nurse training.

#### NHS England Lead

- Ensure opportunities for leadership development for GPNs are made available. This will be measured and reported at regional and national level.
- Promote a career in general practice as attractive and cutting edge by enabling equal opportunities for GPNs to engage in leading edge national development programmes such as transforming care, long term conditions and older people (including frailty, multi-morbidity and end of life care).
- Support nurses to lead change and add value through the understanding, identification and use of tools to address unwarranted variation, including developing digital nurse champions within general practice.
- Work with national and regional nurse leaders to demonstrate and showcase how GPNs are leading change and adding value by working differently and measuring outcomes. Progress, reported by STPs to include case studies.
- Through the four Regional GPN Delivery Boards ensure commissioners and general practice employers are aware of the evidence and benefits of the educator role on staff retention and recruitment.

## Action 3

Increase the number of pre-registration placements in general practice.

### Deliverables

#### NHS England Lead

Through the four Regional GPN Delivery Boards;

- Establish a baseline of the current availability of the substantive pre-registration placement in general practice.
- Support employers to increase the overall number of pre-registration clinical placements to enable improved access to primary care experience.



#### Health Education England (HEE) Lead

- Work with training hubs to set a target to increase the number of pre-registration placements by a minimum of 15% above baseline in year one rising to a minimum of 20% in year two so that more undergraduate nurses in England have access to high quality experience in general practice.
- Support HEIs to expand quality assurance of the pre-registration nurse learning environment in general practice so that all undergraduate nurses in England placed in primary care have a high quality positive experience in general practice, complying with the [HEE Quality Framework 2017-2018](#) and NMC standards.



## Action 4

Establish inductions and preceptorships.

### Deliverables

#### NHS England Lead

- Undertake work with Local Workforce Action Boards (LWABs) to develop an improved baseline and data on the GPN workforce.
- Identify and share best practice for attracting and recruiting newly qualified nurses to primary care roles with partner organisations, and publish findings.
- Promote competencies aligned to appropriate job profiles.
- Work with commissioners and the Royal Colleges to ensure all nurses new to general practice have access to an approved employer-led induction programme and a continuous professional development (CPD) plan that includes the GPN foundation or fundamentals standards. As a minimum, HCAs will have access to the care certificate training standards.
- Make available recognised, competency based preceptorship programmes for all nurses new to general practice, compliant with NMC standards.
- Use outcomes from CQC inspections as a lever to improve practice.

#### Health Education England (HEE) Lead

- Support work in training hubs / Community Education Provider Networks (CEPNs) to establish accurate workforce information so that the profiles and numbers of GPNs needed locally can be quantified.



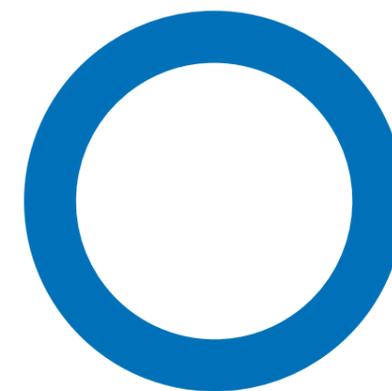
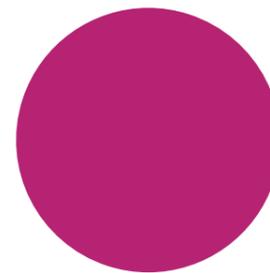
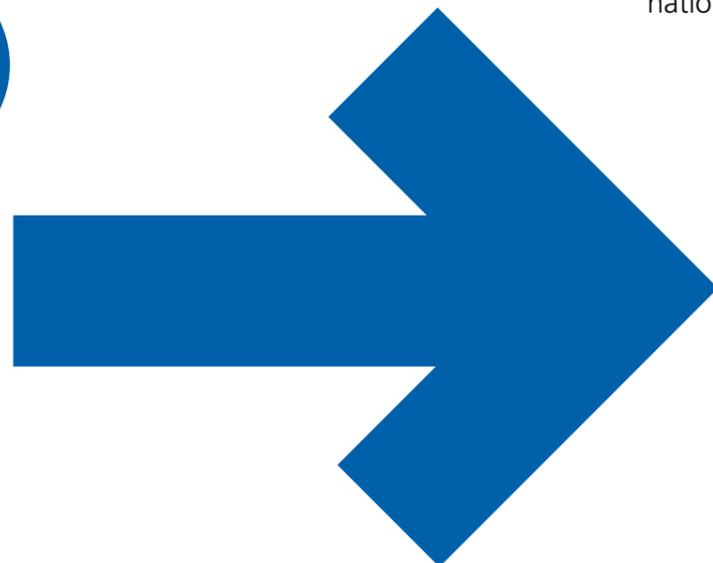
## Action 5

Improve access to 'return to practice' programmes.

### Deliverables

Health Education England (HEE) Lead

- Learn from the Sheffield GPN return to practice programme and implement to ensure access is available to nurses in all regions and local targets are set and reported
  - Refocus the national return to practice programme to include GPNs\*.
  - Work with the NMC to support and promote opportunities in general practice for those who return to the register.
  - Explore the support required for former GPNs working in other roles in general practice to return to the NMC register and support them with revalidation where required.
  - Work with all CEPNs to support return to practice programmes for GPNs and returners from other clinical backgrounds who wish to work in general practice. Monitor progress.
- \* meet NMC return to practice requirements



## Action 6

Embed and deliver a radical upgrade in prevention.

### Deliverables

Public Health England (PHE) Lead

- Work with partners to develop a new on-line [All Our Health](#) learning platform by April 2018. This will embed and extend prevention, health protection and promotion of wellbeing and resilience into everyday practice for the GPN team. It will also include the implementation of [Making Every Contact Count](#) ensuring the impact of GPN team work is captured in relation to improved performance regarding obesity management and Anti-Microbial Resistance (AMR).
- Work with the four Regional GPN Delivery Boards to develop metrics to monitor uptake and impact of All Our Health by April 2018 e.g. we will know the numbers of nurses leading work on national prevention priorities.

NHS England Lead

- Demonstrate the GPN nursing team contribution to improved health literacy measured by engagement with GP Patient on Line/Digital Nurse Champions by April 2018.

## Action 7

Support access to educational programmes to deliver national priorities as set out in the Five Year Forward View.

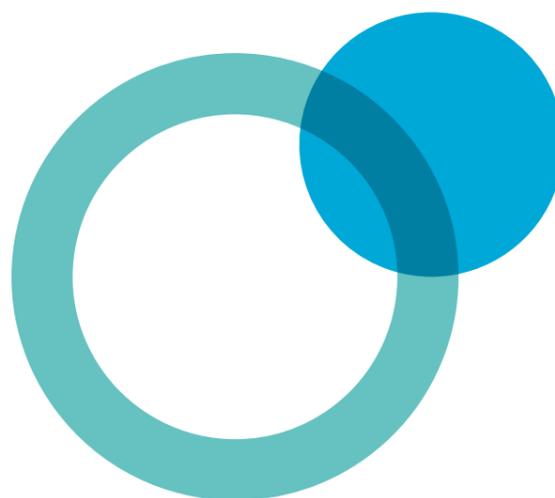
### Deliverables

NHS England Lead

Through the four Regional GPN Delivery Boards\*;

- Develop access to educational programmes that support national priorities. Programmes will be targeted towards skills needed to enhance practice and achieve triple aim outcomes e.g. working with practice population health profiles, virtual and group coaching, consultation and enhancing care through digitalisation. This will include e.g. Promoting healthy ageing and physical activity.
- Support GPNs to develop the skills to support case finding and self-care for all people with long-term conditions and undertake care coordination for people with multimorbidity and frailty
- Develop metrics to measure numbers of nurses leading on frailty assessments, learning disabilities annual health checks, physical health checks for people with severe mental illness, and report these by region by April 2019.

\* Locally determined enablers may be required to support this action may include for example setting up local nurse banks to provide cover, supporting procurement of appropriate education and training e.g. cervical cytology and childhood immunisations commissioned at scale for a locality.



## Action 8

Increase access to clinical academic careers and advanced clinical practice programmes, including nurses working in advanced practice roles in general practice.

### Deliverables

Health Education England (HEE) Lead

- Develop a clinical academic career pathway and promote this to support nursing research and an increase the numbers of clinical academics in general practice.
- Actively promote advanced clinical practice in order to increase the numbers of nurses in general practice working in these roles.

NHS England Lead

- Work with the commissioning system to ensure that the [HEE Advanced Clinical Practice Framework](#) is understood and that associated case studies demonstrate that the triple aim outcomes can be scaled and spread.



## Action 9

Develop healthcare support worker (HCSW), apprenticeship and nursing associate career pathways.

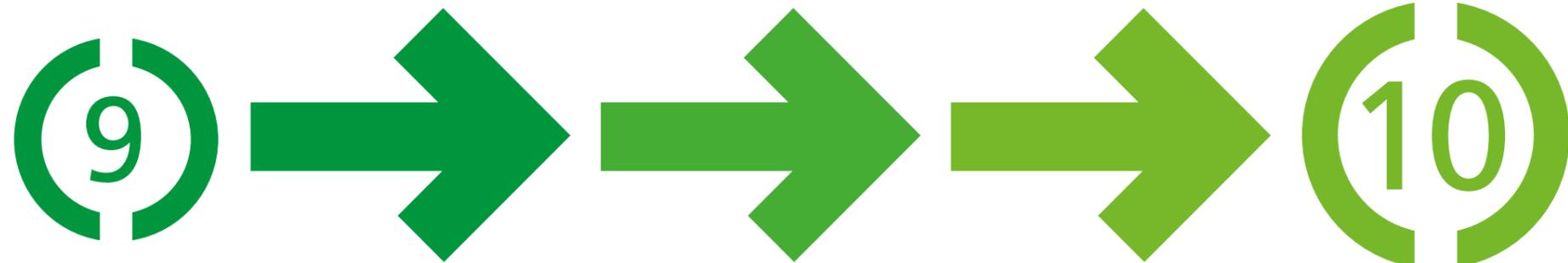
### Deliverables

#### NHS England Lead

- Promote implementation of the HEE General Practice Nursing Service Education and Career Framework to develop career pathways for HCSWs that provide opportunities to develop from care certificate level through to apprentice/nursing associate and graduate nurse.
- Develop metrics that enable the monitoring and demonstrate increased uptake of the HCSW development. This will show the value and potential of the non registered workforce in general practice.
- Stories about HCSW development will be sought and published by April 2019.

#### Health Education England (HEE) Lead

- Align education programmes to the [HEE General Practice Nursing Service Education and Career Framework \(2015\)](#) and [RCGP Healthcare Assistants \(General Practice\) Competency Framework \(2015\)](#).
- Following the Nursing Associate pilots, HEE, in conjunction with the four Regional GPN Delivery Boards will work with practices to introduce the role of Nursing Associate into general practice.



## Action 10

Improve Retention.

### Deliverables

#### NHS England Lead

- Work with commissioners, NHS Employers and professional bodies in supporting primary care to be a good place of employment for GPNs and HCSWs e.g.
  - to develop a model employment contract for GPNs.
  - make the [Culture of Care](#) barometer web tool available for use in general practice teams and publicise how to access and use it.
  - implement GPN career framework including competence based job profiles.
- Implement the HEE GPN workforce development plan using the online toolkit, measuring uptake.
- Establish clinical supervision for nurses and HCSWs in general practice.
- Working with NHSI, the four Regional GPN Delivery Boards will support the introduction of successful initiatives relating to the retention of GPNs to enable all practices to share and adopt best practice.

#### NHS Improvement (NHSI) Lead

- Develop a safe staffing improvement resource for general practice nursing which brings GPN in line with safer staffing resources for other care environments. The guides support decision making in relation to the skill mix required to meet outcomes in a multidisciplinary team setting by April 2019.

## Early key milestones

- Establish four Regional GPN Delivery Boards: August 2017
- Identify Higher Education Institutions that will deliver the GPN return to practice programme: October 2017
- Establish baseline number of
  1. GPNs and HCSW working in general practice: December 2017
  2. Pre-registration nursing placements in general practice: December 2017
- Set specific targets for:
  1. Recruiting GPNs through return to practice programmes: December 2017
  2. Retaining GPNs in general practice: December 2017
  3. Recruiting new GPNs to general practice: December 2017
- Develop a pilot competency based preceptorship programme for all nurses new to general practice: March 2018
- Map the number of GPN educators working in CCGs supporting general practice nursing: December 2017
- Develop 'All Our Health' Learning Platform and metrics to monitor use of resource: April 2018
- Report on STP primary care nursing workforce plans: April 2018
- Develop a template induction programme for new GPNs and HCSWs: June 2018
- Publish first case studies demonstrating GPN contribution to Leading Change, Adding Value: December 2018
- Produce a GPN ten point plan implementation update: January 2019

Thank you to all the organisations who have contributed to the development of this plan: NHS England (NHSE), Health Education England (HEE), NHS Improvement (NHSI), Public Health England (PHE), NHS Clinical Commissioners, Clinical Commissioning Groups (CCGs), the Royal College of Nursing (RCN), the Royal College of General Practitioners (RCGP), British Medical Association (BMA) and the Queen's Nursing Institute (QNI). Their on-going commitment to developing confidence, capability and capacity in general practice is vital so that this plan becomes a reality.

## Resources

- Five Year Forward View (NHS England et al 2014)
- Next Steps on The Five year Forward View (NHS England 2017)
- The District Nursing and General Practice Nursing Education and Career Framework (HEE 2015)
- General Practice Nursing (GPN) Workforce Development Plan – Recognise, Rethink and Reform (HEE 2017)
- HEE Quality Framework 2017-2018 (HEE 2017)
- All Our Health: personalised care and population health (PHE 2015)
- Advanced Clinical Practice Framework (HEE 2014)
- Healthcare Assistants (general practice) Competency Framework (RCGP 2015)
- Culture of Care (NHS England 2014)
- The Future of Primary Care. Creating teams for tomorrow. Report by the Primary Care Workforce Commission (HEE 2015)
- Raising the Bar- Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants (HEE 2015)
- General Practice Nursing in the 21st Century (QNI 2016)
- Transition to General Practice Nursing Toolkit (QNI 2016)
- From Evidence into Action: opportunities to protect and improve the nation's health PHE (2014)
- Making Every Contact Count (PHE 2016)
- All Our Health: personalised care and population health (PHE 2015)



