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**Health Education England report on the general practice nurse**

**Debbie Duncan and Sue Axe**

In March, Health Education England (HHE) published its general practice nursing workforce development plan (HEE, 2017a). This has been welcomed by Professor Jane Cummings, chief nursing officer for England, who recognises that general practice nurses (GPNs) have a vital role in driving innovation to meet the changing needs of people in their communities (HEE, 2017b). The GPN holds a key role in general practice as part of a multidisciplinary team (MDT) in the screening, assessing and managing patients of all ages and nationalities. The GPN also offer health promotion advice in areas such as contraception, weight- loss, smoking cessation and travel health. The functions that GPNs undertake have also substantially changed to embrace expertise in long-term care, preventative services, sexual health and advanced clinical skills. (Queen’s Nursing Institute (QNI), 2015).

The aim of the general practice workforce development plan is to improve training available in GP practice settings and raise the profile of the role of the GPN.

The document looks at four key areas:

* Raising the profile of the GPN as a first career and improving access to training
* Supporting the role the GPN by training and preceptorship for those newly qualified staff
* Enhancing the GPN role with professional development and career progression
* Standardising the training and career pathways.

**Importance of the plan for GPNs**

One key objective of the document is to support the employment of the present workforce with strategies for recruitment and retention. The 2015 QNI report suggests that 33.4% of the GPN workforce are due to retire by 2020 (Bradby and McCallum, 2015). The workforce and development census in 2013 showed there were only 375 (1.6%) more GPNs since 2012. Although on the surface GP practices are still recruiting GPNs, they are not recruiting enough to fill the potential deficit (HEE, 2017a).

There have been long-standing issues with recruitment probably due to a lack of standardised framework of competencies or employment structure unlike that of other community nurses. There can be a variety in pay—£14.60– £22.00 per hour, and many nurses prefer part time hours or have periods of maternity leave. There is also a deficiency of men in the profession (Bradby and McCallum, 2015). These issues are long-standing and need addressing to maximise retention and reduce attrition, (While and Webley- Brown, 2017).

The general practice nursing role has previously been called a ‘Cinderella role’ (HEE, 2017; While and Webley-Brown, 2017). Although the role of the GPN has changed rapidly through the past few decades as they support their stretched GP colleagues, there has been a lack in investment in on-going training and development (Baird et al, 2016). Initially, GPNs were employed in the 1960s to care for the practice population directed by the GP. Their role significantly changed in the 1990s with the introduction of the ‘internal market’ in primary care. This meant GPs were given budgets to commission services for their local population and the GPN became more involved in assessing and managing patients with long-term conditions (McGee and Castledine, 1999).

The role of the GPN focused on prevention and public health rather than just curative measures. As the numbers of GPNs increased so did the need for further specialised education. More GPNs also trained to become independent and supplementary prescribers. In addition, further legislative changes in 2009 and 2012 have allowed mixing of medicines and the prescribing of unlicensed medicines, which have put their prescribing rights almost on a par with doctors and dentists. This has allowed experienced and suitably qualified GPNs to provide holistic care for a diverse practice population, reducing the time wasted waiting for a GP to sign a prescription and giving the nurses autonomy within their field of expert practice. For many years GPNs have developed competence and knowledge in areas of chronic disease management and minor illness management often becoming experts in their field. Nurse prescribers also provide value for money with financial savings for the NHS, which could be further increased if the quarter of most challenged GP practices in England that do not have nurse prescribers were to employ them (NHS Health Education North West, 2015)

Patients are positive about the new nurse-led care they receive (Laurant et al, 2005; Woodroffe, 2006). No consistent differences in problem recognition, examination, prescribing, and referral or diagnostic test rates or in patient satisfaction of GP or GPN consultations have been reported (Wilson and Childs, 2006). GPNs were also shown to offer effective services for patients with minor illnesses and requiring same day appointments, (Shum at al, 2000). Practices were encouraged to offer incentives to educate and encourage the development of the GPN role (Sibbald et al, 2006). Problems have occurred, however, with fulfilling such a varied role when the nurses themselves come from a piecemeal educational background (HEE, 2017a). The initial training of a GPN, post qualification has been seen to vary from single study days to 6 month diplomas (Briscoe, 2015). This piecemeal training has meant that some experienced GPNs have struggled to access the independent and supplementary prescribing courses due to the lack of academic credits required for the programme.

The piecemeal approach was recognised by NHS England General practice forward view, following on from the five year forward plan for the NHS in 2015 (NHS England, 2014; The King’s Fund, 2015; NHS England 2016). It was suggested that there was a strategy in place to increase training capacity in general practice, increase the number of pre-registration nurse placements, improve retention of the existing nursing workforce and support GPNs to return to work (NHS England, 2016).

Work had already stated on a GPN framework by the Royal College of General Practitioners in 2012 and by the QNI in 2015 (RCGP, 2012; Bradby and McCallum, 2015). The QNI are presently reviewing the competencies required of the experienced GPN considering advanced practice and prescribing qualifications (QNI, 2017). This radical plan has been promised the investment of an additional £15 million and a review of the previous piecemeal GPN training, (NHS England, 2016).

GPs generally are aware that their nursing staff are central to delivering care for their populations (HEE, 2017). We also know that there has been a variation in terms and conditions for GPNs as well as the support of ongoing education (McKenna et al, 2004). This report is encouraging for GPNs who are seeking to manage patients often with multiple long-term conditions, improve public health initiatives and provide the educational support for these nurses to develop as prescribers or advanced nurse practitioners with a sustainable educational infrastructure, educational facilitators, educators and mentors.

There are examples of innovative projects already trying to facilitate these suggestions peppered throughout the report. We think that the general practice workforce development plan it is definitely something to celebrate.

Key report recommendations include (HEE, 2017):

* Improving training by providing access to accredited training
* Improving the uptake of the GPN role as a first-destination career
* Developing GPN educator roles to cover all CCG areas
* Development of a sustainable and easily accessible ‘how-to’ toolkit and web-based resource
* A nationwide standardised general practice nursing ‘return to practice’ education programme.

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