



Practice Nurse Education Needs Analysis survey results:

Buckinghamshire New University

University of West London

REPORT OF COMBINED DATA

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Summary of results

Participants

- A total of 272 practice nurses and HCAs in the NW London region completed the survey.
- One hundred and 28 practice nurses within the CWHHE CCG collaborative completed the survey. Nurses from Ealing CCG completed the survey between January and April 2014. Practice nurses from the Hounslow, West London, Central London and Hammersmith and Fulham CCGs completed the survey between July and December 2013. These data were collected by Bucks New University.
- Forty two respondents were from Ealing CCG (33%), 28 from West London CCG (22%), 21 from Hounslow CCG (16%), 16 from Central London CCG (13%) and 12 from Hammersmith and Fulham CCG (9%).
- One hundred and forty four practices nurses, health care assistants and nurse practitioners completed the survey from the Brent, Harrow and Hillingdon CCGs between May and July 2014. These data were collected by the University of West London.
- Seventy one percent of respondents were practice nurses, 12% advanced nurse practitioners, 7% Support Worker/ Health Care Assistant (Bands 1-4) and 6% specialist practitioners.
- Most respondents (87%) indicated that they were registered nurses.
- Of the 240 respondents, most had either a Diploma in Higher education (48%) or a BSc (33%). Six percent of the respondents also had an MSc.
- The average number of years since starting work in community or practice care was 16, ranging from 0 to 52 years. Only 14% of respondents had 5 or less years' experience and nearly half the sample (46%) had more than 15 years' experience in community or practice care.
- Of those respondents who gave a band level, the most common band was 6 (33%) with most respondents at band 6 and above (67%).

Previous training

- The survey asked about levels of training achieved in the areas of asthma, diabetes, COPD, heart disease, family planning, triage and travel health. Over all areas, forty percent of training was classified as uncertified, 36% as certificated and 24% of the training received in these areas was through an academic qualification (diploma / degree / post-graduate).
- The level of academic training was also assessed for nurses who had sole or shared responsibility for a specific service. For this group, 33% was uncertified, 39% classified as certificated and 29% of the training received in these areas was through an academic qualification (diploma / degree / post-graduate).
- The numbers of nurses who did not specify any training in the area in which they had shared or sole responsibility for a service (by stating N/A or giving no response) was low, ranging between 1 and 11 nurses for each service area (3% to 16%). Areas with more than 10% of respondents stating they had no training were heart disease and triage/minor illness.

- Respondents were asked whether they had attended training in the last 12 months in 21 specific areas. Fourteen respondents had not attended training in any of these areas. The average number of areas for which training had been achieved was 6.9, ranging from 0 to 21. The most commonly achieved areas of training with more than half the respondents having completing training in the last 12 months were CPR (83%), immunisation and anaphylaxis (72%), child safeguarding (72%), cervical cytology (63%), fire safety (62%), adult safeguarding (62%) and infection control (57%).
- Training was generally rated favourably or with an average response. Over all courses attended, 56% was rated in the top two categories (4 or 5-excellent) and only 5% in the two poorest categories (2 or 1-poor).
- Training had been led by a range of different providers. The most frequently used providers were In-house training (24%), the CCG (22%) and on-line (20%).

Education needs

- For the 21 specific training areas, respondents were asked whether they would be interested in attending training in that area. The average number of the specified areas where respondents said they would like training was 7.2, ranging from 0 to all 21. Sixty four nurses (27%) did not say they needed training in any of these areas. However, 29 of the 64 listed specific training areas they required in the open training needs question. The percentage of respondents who listed neither specific training needs nor training in the specific areas was 13%.
- The highest percentage of positive responses for training was shown in the areas of specialist COPD (50%), flu update (44%), infection control (44%), specialist diabetes (43%) and ear care (42%).
- Areas of least interest were equipment training (24%), moving and handling (21%) and customer service (19%).
- Over half of the respondents (51%, 140) specified some additional training needs in the open question with 295 training areas specified in total. Of these, 47 (16%) were specifically requested as training updates. Areas for specific training needs given by more than 15 nurses were minor illness, asthma, COPD, family planning, diabetes and prescribing.
- Thirty respondents (12%) were currently studying for an academic award.
- More than half of the respondents (58%) belonged to a professional network. The RCN and the Practice Nurses Forum were the most commonly used networks.
- A third of respondents (33%) had a clinical mentor and 43% had access to clinical supervision.
- Thirty eight percent of respondents mentored or supervised others. Of these, 43 nurses (44%) either did not state any formal training or stated that they had not received any formal training in clinical supervision and mentoring.
- Most respondents had appraisals conducted by the GP (70% of those who responded) Others had appraisals conducted by a practice/service manager (14%), nurse (10%), or a combination of senior staff.
- Of the 191 respondents who gave an appraisal date, 59% had had an appraisal in the last year, 29% had their last appraisal between 1 and 2 years ago and 5% more than 2 years ago.

- Focus group data indicated a workforce which lacked career progression, role autonomy or a coherent educational framework. Practice nursing was found to be undifferentiated in scope and isolated from the wider health and social care network with whom the patients interacted. Practice nurses recognised the strength of their role in building relationship-centred care with patients over an extended period of time. They valued this aspect of their role and would welcome opportunities to develop this to benefit patients.

Introduction

This report describes the outcomes from a questionnaire completed by practice nurses in the CWHHE CCG collaborative and the outer NWL CCGs. Data from the CWHHE CCGs were collected by Bucks New University. Data from the outer NWL CCGs were collected by the University of West London, using a survey based on that used by Bucks. This report combines data only from questions which were asked in both surveys, for a total of 276 respondents. The report is divided into 6 sections:

- Description of the participants
- Previous training
- Training needed
- Mentorship and supervision
- Commissioning Group
- Summary of focus group findings

The Aims of the study were to:

- identify the key education priorities for practice nursing across the 8 NW London CCGs;
- explore future practice and education requirements for practice nurses to:
 - further service transformation to improve health outcome and patient/client experience eg to deliver 'out of hospital care' in line with both CCG and NW London wide strategy;
 - ensure that practice nursing is well placed to deliver on (and where appropriate lead) service and practice development in line with local commissioning and service delivery priorities.
- identify the education, training, development and support needs of the practice nurses in undertaking current and future roles and activities.

Description of the participants

One hundred and 28 practice nurses from GP practices within the CWHHE CCG collaborative completed the survey. Nurses from Ealing CCG completed the survey between January and April 2014. Practice nurses from the Hounslow, West London, Central London and Hammersmith and Fulham CCGs completed the survey between July and December 2013. One hundred and forty four

practices nurses, health care assistants and nurse practitioners completed the survey from the Brent, Harrow and Hillingdon CCGs between May and July 2014. The survey was available on-line though some respondents completed a written copy of the survey.

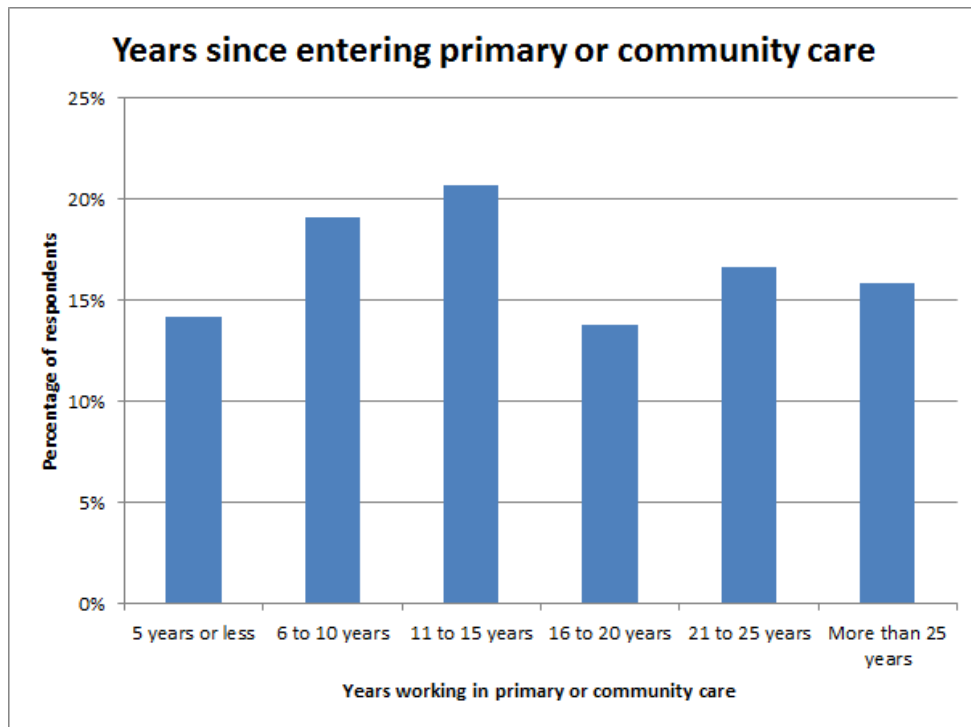
Three Focus Groups were held with Practice Nurses in NW London involving 39 Practice Nurses from GP practices across NW London – The focus groups were digitally recorded and transcribed with the consent of the participants – Each focus group lasted about 45 minutes to 1 hour. Where requested transcripts have been sent to the Practice Nurse lead for further discussion. Additionally 34 Practice Nurses from NW London attended a workshop and worked in small groups to produce written recommendation for Practice Nurse education and training.

Survey Findings

Seventy one percent of respondents were practice nurses, 12% advanced nurse practitioners, 7% Support Worker/ Health Care Assistant (Bands 1-4) and 6% specialist practitioners. Other job titles were Nurse practitioner (6), Phlebotomist (2), Clinical Service Director, Lead Practice Nurse, Nurse Practitioner & Assistant Practice Manager, Outreach Lead, Practice Development Nurse, Practice Nurse & Clinical Administrator and Practice Nurse Team Leader, Outreach Lead, Practice Development Nurse and Trainee advanced Nurse Practitioner.

Just under half the sample worked part-time (43%) and 56% worked full-time. One respondent was currently not employed and two respondents were agency/bank staff. Thirty five percent worked out of hours.

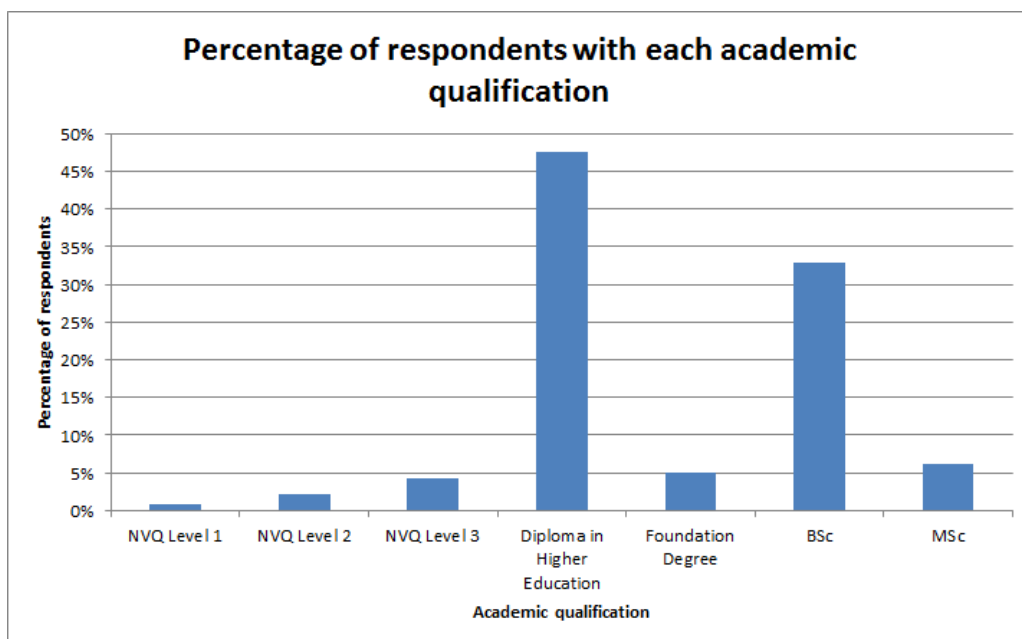
The average number of years since starting work in community or practice care was 16, ranging from 0 to 52 years. Only 14% of respondents had 5 or less years' experience and nearly half the sample (46%) had more than 15 years' experience in community or practice care.



Graph showing the percentage of respondents within each category of years worked in primary or community care.

Academic qualifications

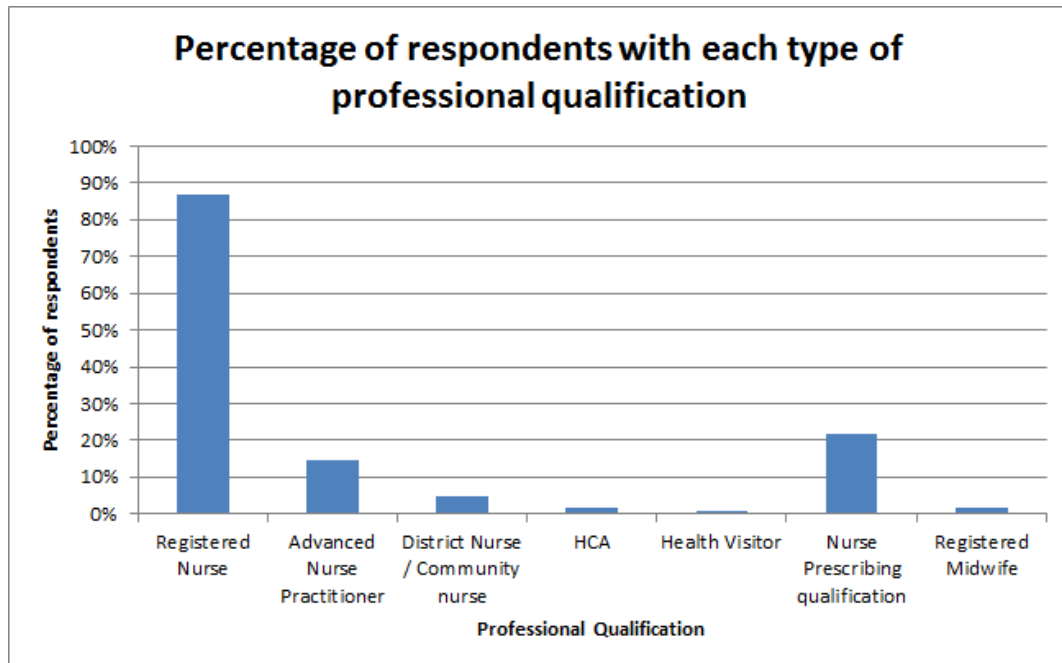
Of the 240 respondents, most had either a Diploma in Higher education (48%) or a BSc (33%). Six percent of the respondents also had an MSc.



Percentage of nurses with each level of academic qualification. (Respondents could select more than one option.)

Professional level

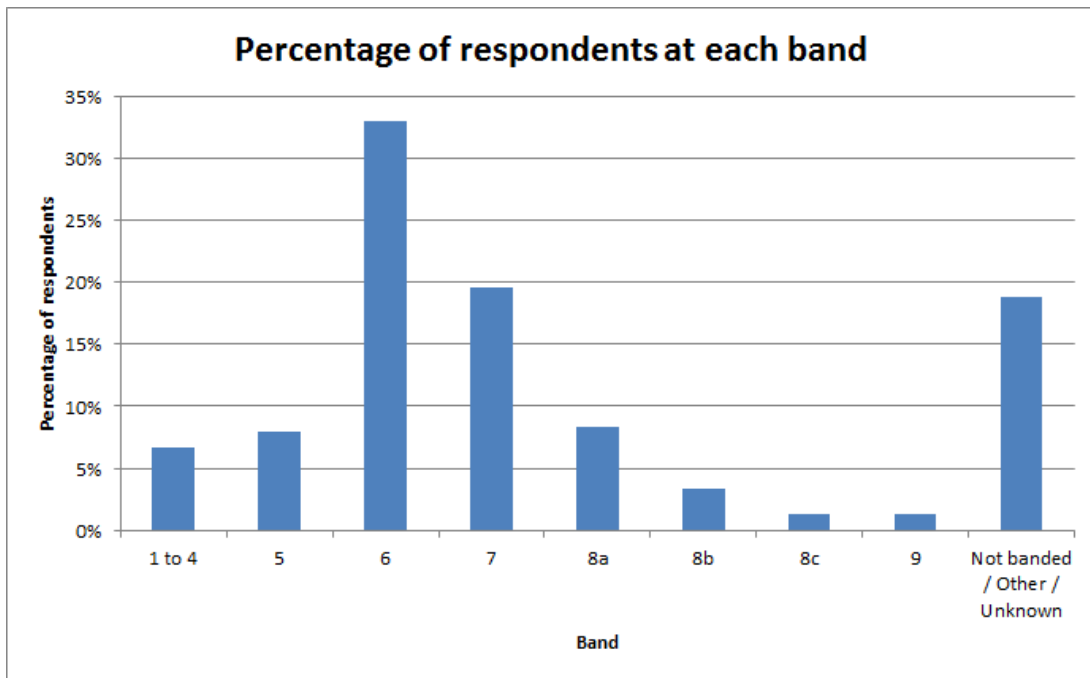
Most respondents indicated that they were registered nurses (87%). Many respondents also indicated additional professional qualifications. The chart below shows the percentage of respondents with each type of professional qualification.



Bar chart showing the percentage of nurses with each professional qualification. (Respondents could select more than one option.)

Current grade

Of those respondents who gave a band level, the most common band was 6 (33%) with most respondents at band 6 and above (67%). Nineteen percent of respondents either did not have a band, used a different grading system or stated 'Other' for band level.

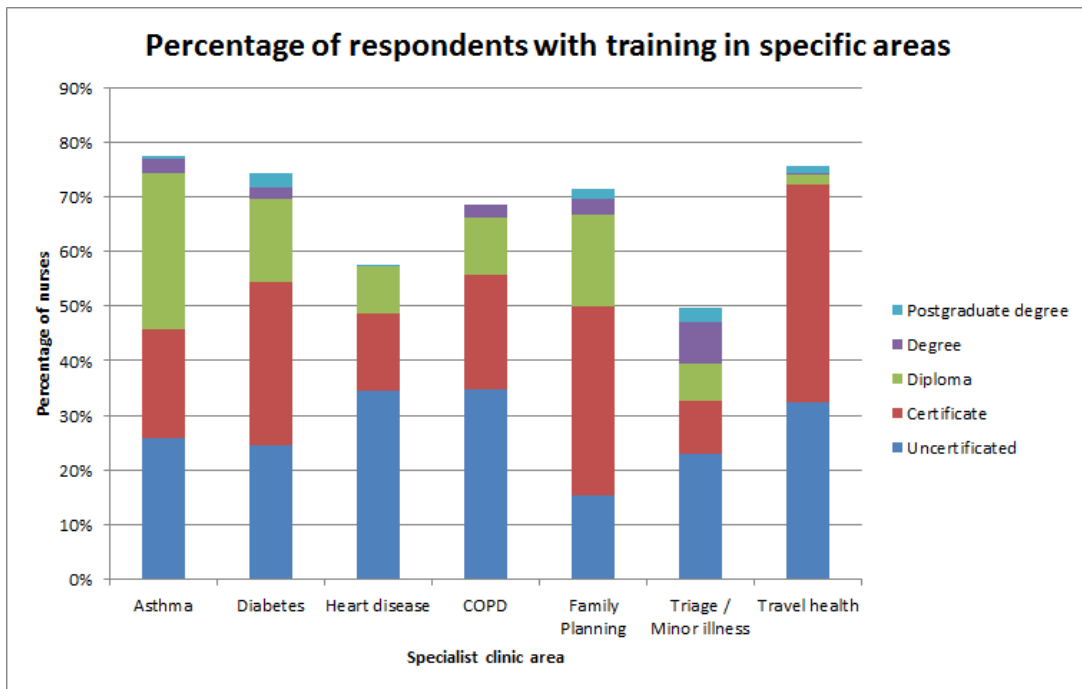


Percentage of nurses at each band.

Previous training

Levels of training achieved

The survey asked about levels of training achieved in the areas of asthma, diabetes, COPD, heart disease, family planning, triage and travel health. Over all areas, forty percent of training was classified as uncertified, 36% as certificated and 24% of the training received in these areas was through an academic qualification (diploma / degree / post-graduate). The graph below shows the percentages of training received at each level in each area for all nurses, not just those who responded to the question. The high levels of blank responses (even for those who answered questions within the same group) suggested that many respondents left the questions blank rather than selecting 'N/A' if they had not received training in that area.



Bar chart showing the level of training for all nurses. Values are given as a percentage of the whole sample, including those who did not respond to the question.

The level of academic training was also assessed for nurses who had sole or shared responsibility for a specific service. For this group, 33% was uncertified, 39% classified as certificated and 29% of the training received in these areas was through an academic qualification (diploma / degree / post-graduate). The numbers of nurses who did not specify any training in the area in which they had shared or sole responsibility for a service (by stating N/A or giving no response) was low, ranging between 1 and 11 nurses for each service area (3% to 16%). Areas with more than 10% of respondents stating they had no training were heart disease and triage/minor illness.

	Number of respondents with no training	As a percentage of those with a shared /sole responsibility for the service
Asthma	6	1%
Diabetes	5	3%
Heart disease	8	11%
COPD	8	4%
Family Planning	4	6%
Triage / Minor illness	12	13%
Travel health	9	5%

Table showing the number and percentage of respondents who had a shared or sole responsibility for a specific clinic area yet did not indicate they had received training in that area.

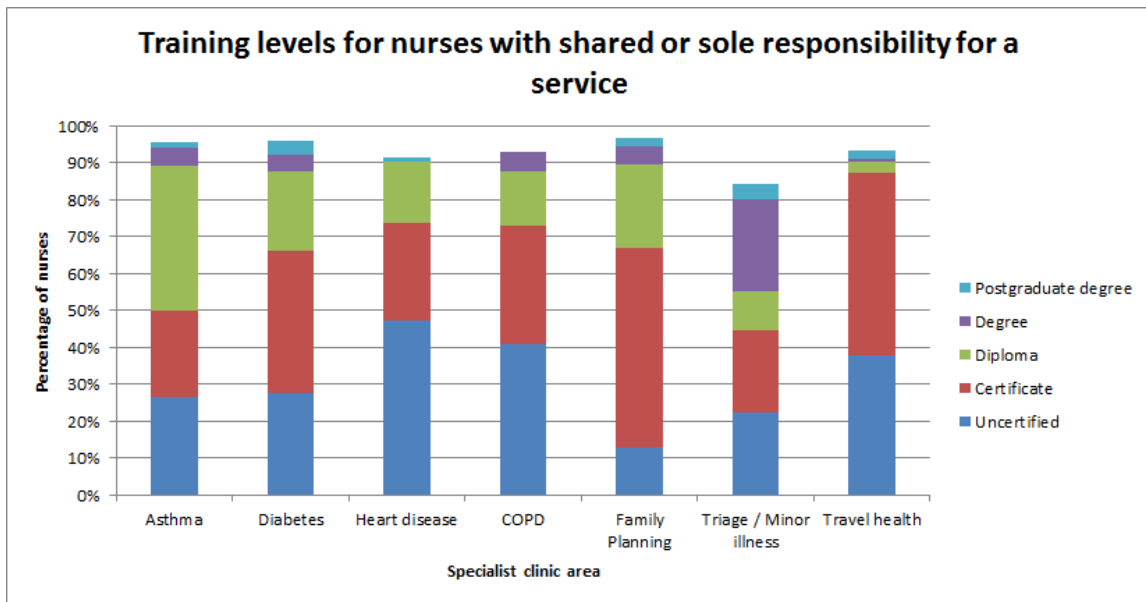
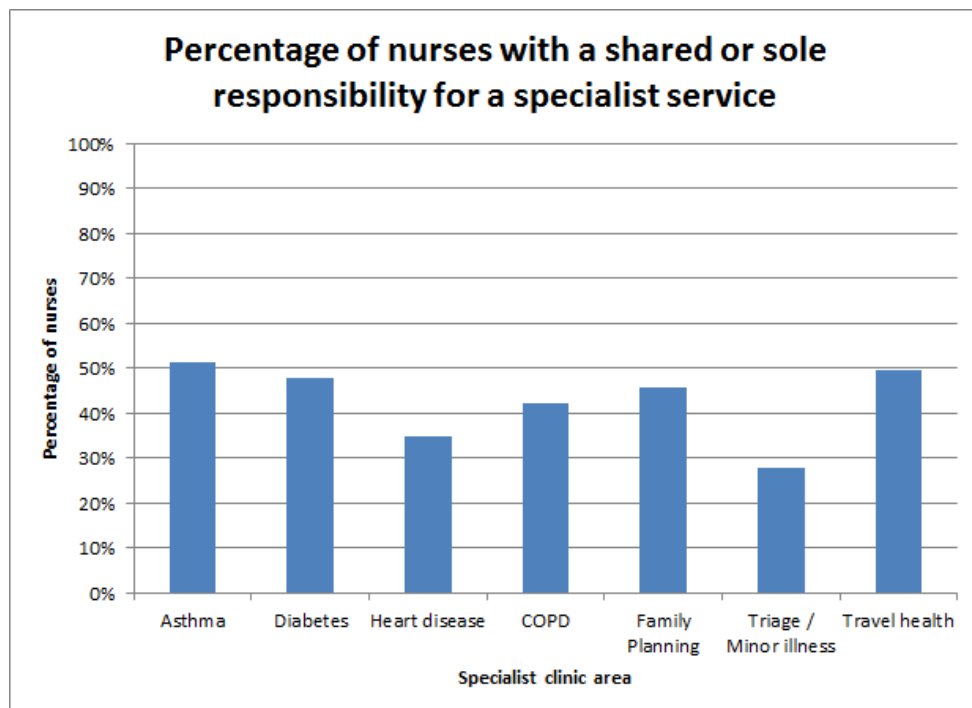


Chart to show the percentage of nurses with sole or shared responsibility for a service who have received training at each level.



Bar chart to show the percentage of nurses who have a sole or shared responsibility for each specialist service.

Specific areas of training attended in the last 12 months

Respondents were asked whether they had attended training in the last 12 months in the areas of: Cardio-pulmonary resuscitation (CPR), adult and child safeguarding, infection control, fire safety, moving and handling, health and safety, equipment training, immunisation and anaphylaxis, cervical cytology, ear care, flu update, independent non-medical prescribing, independent non-medical prescribing annual update, specialist COPD, specialist diabetes, specialist long-term conditions (LTC), cardio-vascular disease (CVD), health check, consultation skills and customer service. Fourteen respondents had not attended training in any of these areas in the last 12 months. The average number of areas for which training had been achieved was 6.9, ranging from 0 to 21. The chart below shows the percentage of nurses who rated training on a 5-point scale from 1-poor to 5-excellent. The most commonly achieved areas of training with more than half the respondents having completing training in the last 12 months were CPR (84%), immunisation and anaphylaxis (73%), child safeguarding (73%), cervical cytology (64%), fire safety (63%), adult safeguarding (63%) and infection control (58%). Training was generally rated favourably or with an average response. Over all courses attended, 56% was rated in the top two categories (4 or 5-excellent) and only 5% in the two poorest categories (2 or 1-poor).

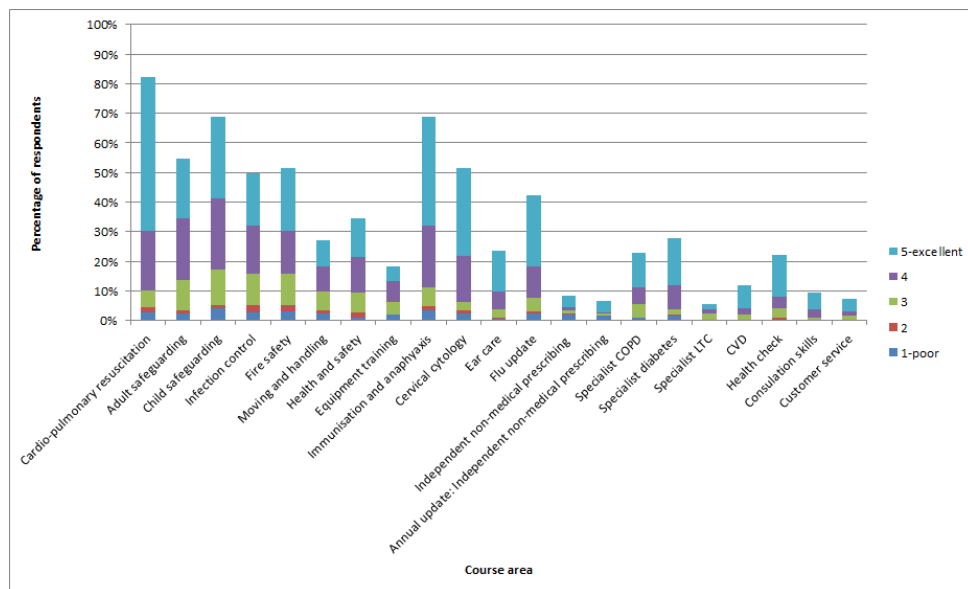
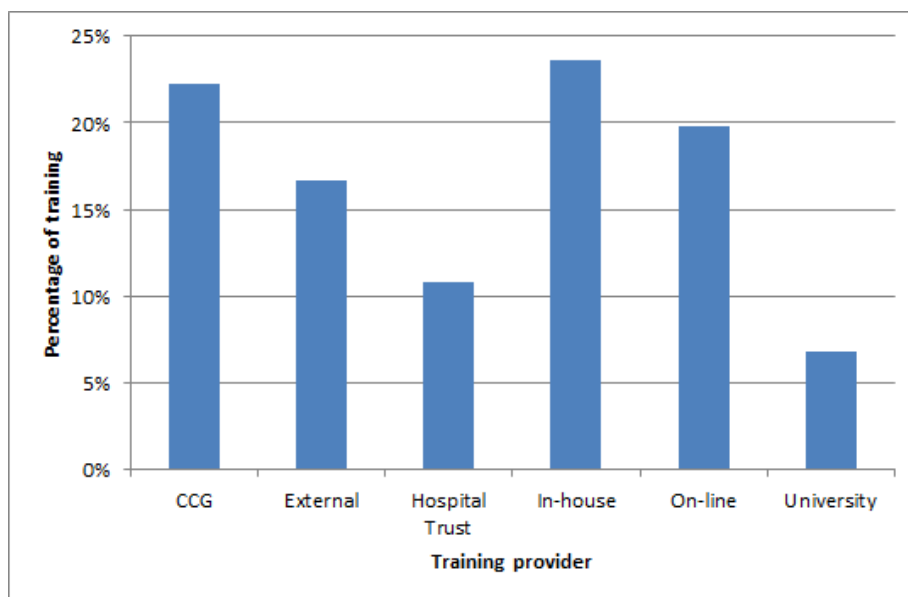


Chart showing the percentage of respondents who attended training in each subject area in the last 12 months. Training was rated on a scale from 1 (poor) to 5 (excellent).

Training providers

Training had been led by a range of different providers. From an open question, responses were categorised into in-house training, by external organisations, the CCG, Trust, on-line or a University. The most frequently used providers were In-house training (24%), the CCG (22%) and on-line (20%).



Bar chart showing the percentage of training courses run by each category of provider.

Training needs

Interest in training

For the 21 specific training areas, respondents were asked whether they would be interested in attending training in that area. The average number of the specified areas where nurses said they would like training 7.2 and ranged from 0 to all 21. Sixty four nurses (24%) did not say they needed training in any of these areas. However, 29 of the 74 listed specific training areas they required in the open training needs question, see below; either their training needs differed to those listed or they did not answer those questions in the survey. The percentage of respondents who listed neither specific training needs nor training in the specific areas was 13%.

The chart below shows the percentage of respondents who would like training in each of the areas listed. The highest percentage of positive responses for training was shown in the areas of specialist COPD (50%), flu update (44%), infection control (44%), specialist diabetes (43%) and ear care (42%). Areas of least interest were equipment training (24%), moving and handling (21%) and customer service (19%).

	Number interested in attending	Respondents	Percentage interested in attending (of who answered question)	Percentage interested in attending (of whole sample)
Specialist COPD	136	150	91%	50%
Flu update	120	131	92%	44%
Infection control	119	135	88%	44%
Specialist diabetes	118	137	86%	43%
Ear care	115	145	79%	42%
CVD	109	122	89%	40%
Immunisation and anaphyaxis	108	121	89%	40%
Consulation skills	103	126	82%	38%
Adult safeguarding	100	123	81%	37%
Cardio-pulmonary resuscitation	97	121	80%	36%
Health and safety	97	122	80%	36%
Cervical cytology	96	115	83%	35%
Child safeguarding	96	120	80%	35%
Independent non-medical prescribing	85	128	66%	31%
Health check	83	116	72%	31%
Specialist LTC	80	105	76%	29%
Annual update: Independent non-medical prescribing	78	115	68%	29%
Fire safety	71	115	62%	26%
Equipment training	65	105	62%	24%
Moving and handling	57	115	50%	21%
Customer service	53	92	58%	19%

Table showing the number and percentage of nurses interested in attending training in each area, and as percentages of those who responded and of the whole sample.

An open question was asked to specify any areas of training they required. Over half of the respondents (51%, 140) specified some additional training needs with 295 training areas specified in total. Of these, 47 (16%) were specifically requested as training updates. Areas for specific training needs given by more than 5 nurses are given in the table below. Most people listed a number of areas which are counted separately in the table.

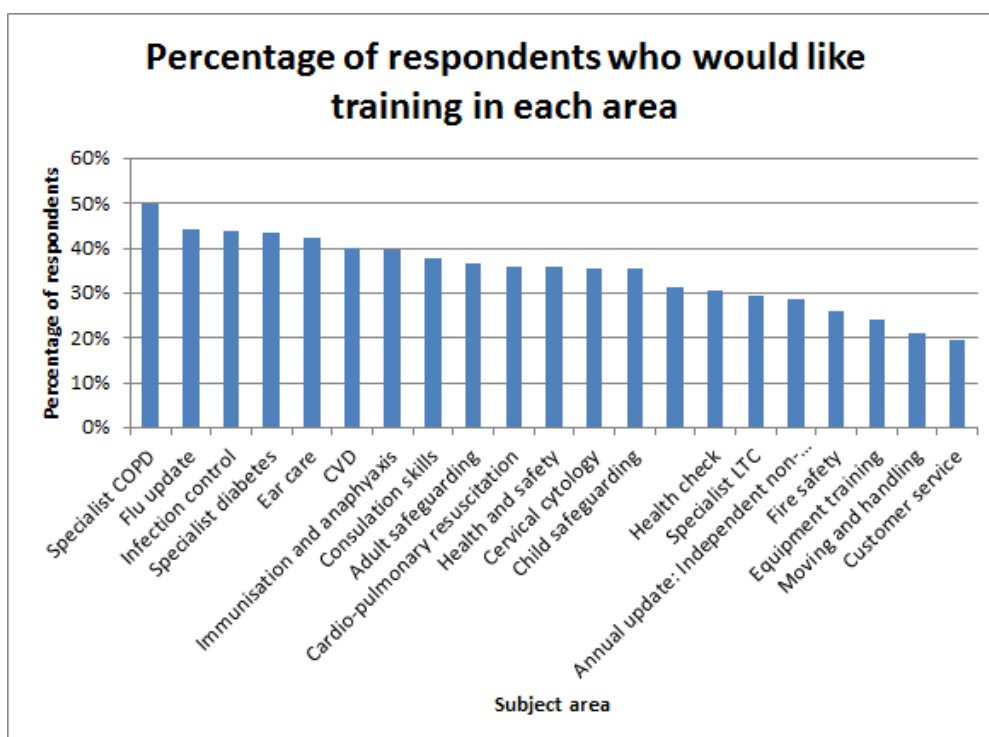


Chart showing the percentage of practice nurses who would be interested in attending a course in each subject area (in descending order).

Training area	Number of nurses who stated they needed training in that area	Percentage of sample
Minor illness	25	9%
Asthma	23	8%
COPD	21	8%
Family Planning	19	7%
Diabetes	18	7%
Prescribing	17	6%
Travel health	13	5%
Triage / minor injuries	12	4%
All clinical updates	10	4%
Spirometry	10	4%
Wound care /leg ulcers	10	4%
Mentoring	9	3%
Ear care	6	2%
Sexual health	5	2%
CHD	4	1%
CVD	4	1%
Cervical cytology	3	1%
Immunisations	3	1%

Table showing the number and percentage of nurses who said they were interested in specific areas of training in the open question, in descending order

Areas of training which were each specified by fewer than 5 nurses were CHD, CVD, cytology, immunisations, consultation skills, anticoagulation, breast examination, current Clinical supervision and revalidation training, HF, IT training, leadership, mentorship, prescribing, ABPI Doppler, adult safeguarding, advanced assessment, chronic disease/ long-term conditions, appraisal training, assistant Practitioner, breast feeding, child health update, communication skills, conflict training skills, decision making, degree in Health Science, dermatology, diploma/degree, fire safety, flu jab training, health & safety, hypertension update, Implant insertion, infection control, INR, Interpretation of blood test results, leadership, level 3 child safeguarding, menopause and HRT, mental health overview, minor ops assistant, NHS health checks, nurse practitioner degree, nutrition, ophthalmology, paediatric care update, physical assessment, PN induction, primary care developments, QOF, running searches, smoking cessation update, substance misuse (alcohol), System 1 training, telephone triage, tissue viability, treatment room skills, weening and weighing / monitoring babies and children.

Mentorship and supervision

A third of respondents (33%) had a clinical mentor and 43% had access to clinical supervision. Thirty eight percent of respondents mentored or supervised others. Of these, 43 nurses (44%) either did not state any formal training or stated that they had not received any formal training in clinical supervision and mentoring. As categorised from responses to an open question, the type of training most commonly received by nurses who mentor and supervise others is given in the table below. Training received by only one respondent was 12 month degree level course, ENB 997, mentorship degree course, mentorship diploma, Nebs accredited teaching, NVQ assessor and mentorship, SNVQ level4 learning and development, sometimes, teachers training Diploma, teaching and learning and TVU.

Training	Number of respondents	As a percentage of all nurses who mentor or supervise others (N=97)
None / None specified	43	44%
ENB 998	18	19%
Mentorship course	10	10%
HCA	3	3%
Module on degree course	3	3%
Clinical supervisor training	3	3%
Mentor & preceptor training	2	2%
Mentor training LMC	2	2%
Mentorship in practice	2	2%

Table showing the most common mentoring training courses attended by respondents who mentor and supervise others.

Appraisals

Most practice nurses had appraisals conducted by the GP (70% of those who responded) Others had appraisals conducted by a practice/service manager (14%), nurse (10%), or a combination of senior staff. Of the 191 respondents who gave an appraisal date, 59% had had an appraisal in the last year, 29% had their last appraisal between 1 and 2 years ago and 5% more than 2 years ago. Nine respondents (5%) were new in post and so had not yet had an appraisal.

Professional networks

More than half of the nurses (58%) belonged to a professional network. The table below shows networks belonged to by more than one of the nurses as stated in an open question.

Professional Network	Number of members	Percentage of whole sample
RCN	42	15%
Practice Nurse forum /NIPs	26	9%
Local group	16	6%
NMC	13	5%
MDU	5	2%
LMC Practice nurse leads	3	1%

Table showing the professional networks used by most respondents.

Other networks each mentioned by only one or two respondents were: BMJ Learning, NHS, Nurse practitioner, Safeguarding children's network, PCRS Practice nurse leads. The local groups included Ealing practice nurse forum, WLCCG PN Forum, LMC Londonwide Practice Nurse Leads, Hounslow nurses' forum, London nurses network, NiPs - Harrow and Brent PN Group, Harrow nurses forum. Harness forum, ANP forum, Nurse practitioner UK, Nurse prescribing forum, Nurses forum in Bucks, Travel Health Forum, Nursing in Practice Forum- Harrow, Brent & Ealing and UKCC.

Current academic award

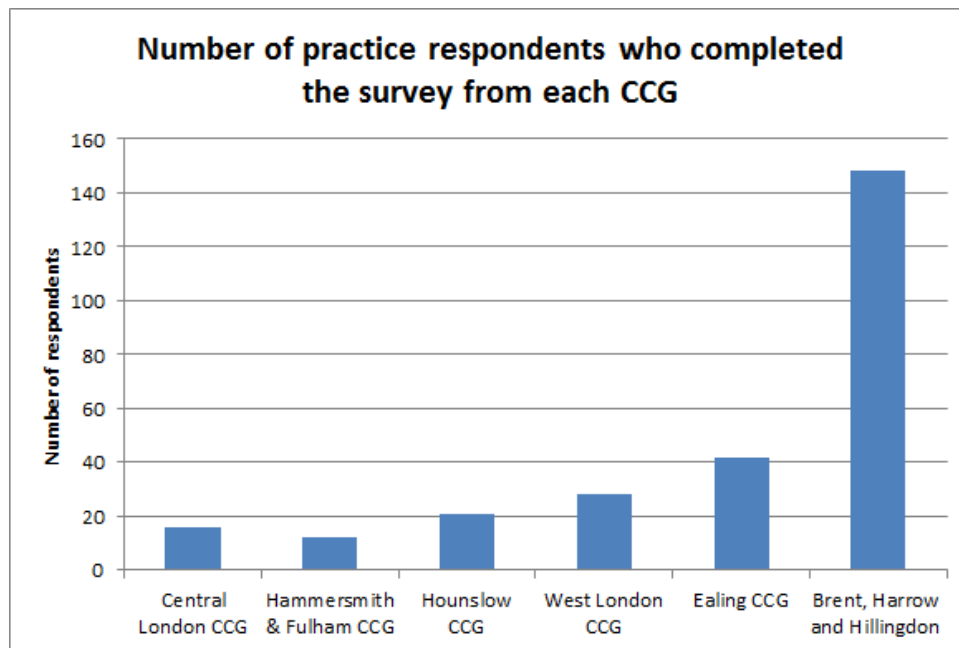
Thirty respondents (12%) were currently studying for an academic award. The courses given were: Advanced Nurse Practitioner, BSc Health Care Practice, BSc Managing Long-Term Conditions, BSc Practice Nursing in Primary Care, BSc Women's health, Nurse prescribing, V300, Asthma diploma, Certificate in diabetes care, COPD and Spirometry degree module, COPD diploma family planning certificate, ITEC anatomy and physiology, Pg/Dip/Msc ANP, sexual health and clinical history taking.

Nurses from each CCG within the collaborative

The CCG was derived from address/postcode details given by each participant. The bar chart below shows the number of practice nurses from each CCG who completed the survey. Most

respondents, 144 (55%) were from the UWL data from Brent, Harrow and Hillingdon CCGs. Of the 119 respondents who gave a surgery postcode in the survey run by Bucks, 42 were from Ealing CCG (16%) , 28 from West London CCG (10%), 21 from Hounslow CCG (8%), 16 from Central London CCG (6%) and 12 from Hammersmith and Fulham CCG (4%).

If you have a list of postcodes which correspond to each CCG, I can split the UWL data into the individual CCGs.



Bar chart showing the percentage of practices nurses from each CCG in the NW London area who completed the survey.

Summary Findings from Focus Groups

Themes that emerged during the focus groups with practice nurses included:

- Significant increase in the Practice Nurse workload that was both unmanaged and undifferentiated in terms of clinical focus and administrative responsibilities;
- Lack of professional autonomy to determine the scope of their role and lack of a competency framework that enabled Practice Nurses to move from novice to expert;
- Lack of understanding by their employers about the need for training before undertaking clinical work with which they are unfamiliar and confusion about statutory and mandatory updates when, what and why they are needed.
- A perception that current commissioning models are not accessible to Practice Nurses and fail to reflect the employment context of Practice Nurses such as the need for backfill to cover study time and the lack of a pool of nurses who can backfill for study time;

- Practice nurses commented about the frustration of courses being cancelled by HEIs at short notice because of insufficient demand;
- Practice Nurses do recognise population needs and want to develop their practice to meet these needs but currently feel constrained by systemic factors of workload and lack of planning autonomy.
- Practice nurses identified the need for coordinated teamwork with community and hospital nurses to reduce duplication and systemic inefficiencies in the management of long term conditions, but felt unable to address these issues in their current role mainly because of workload, but also because this required leadership.

Discussion and Conclusions

The primary observation from this survey is the variation in training, through level, provider and subject area. This indicates a lack of consistent framework across the region for both initial and on-going training of practice nurse staff.

Focus group data indicated a workforce which lacked career progression, role autonomy or a coherent educational framework. Practice nursing was found to be undifferentiated in scope and isolated from the wider health and social care network with whom the patients interacted. Practice nurses recognised the strength of their role in building relationship-centred care with patients over an extended period of time. They valued this aspect of their role and would welcome opportunities to develop this to benefit patients.

Most respondents felt that they needed more training in a number of areas. While significant interest in training was shown across all areas (at least 19% of respondents in every area), the highest percentage of positive responses for training was shown in the areas of specialist COPD (50%), flu update (44%), infection control (44%), specialist diabetes (43%) and ear care (42%). There could be a variety of reasons for requests for training in specific areas; for example, increased workloads/nurse-led clinics in these areas, poor or no training received previously; perceived changes in best practice.

However there were some subject areas for which high levels of training were reported in the last 12 months: CPR (83%), immunisation and anaphylaxis (72%), child safeguarding (72%), cervical cytology (63%), fire safety (62%), adult safeguarding (62%) and infection control (57%). Perhaps there exist models of provision for these subject areas which could be extended to cover a wider range of training areas where needs have been identified.

The quality of all training was also a concern. Only half the training received was rated as good or excellent. Forty percent of training was uncertified and of short duration.

While numbers were low, there were some nurses with a shared or sole responsibility for a service who had received no training in that area, most significantly for heart disease and triage/minor illness. While most nurses with this responsibility had received some training, this survey did not elucidate when this had taken place nor how often updates were received.

An additional training need identified was for those who supervise or mentor others (38%) as 44% of these respondents had not received any training in this area.

Another concern highlighted in this survey is the ageing workforce in practice nursing. Nearly half the sample had 15 years or more experience in primary or community care.

The focus groups indicated practice nurses are a committed and engaged workforce, aware of the pressures on the NHS and the need for primary care to engage in developing solutions to those pressures. However, as a group they felt overworked and isolated and unable to effect the changes they recognised were required.