Black Country STP

General Practice Nurse Strategy

V1.7 Final Version August 2019

Black Country and West Birmingham
Primary Care Workforce
Your career in Primary Care

General Practice Nurses Network

NHS Dudley Clinical Commissioning Group

NHS Sandwell and West Birmingham Clinical Commissioning Group

NHS Walsall Clinical Commissioning Group

NHS Wolverhampton Clinical Commissioning Group

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GROUP/COMMITTEE	DATE	VERSION
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BC Training Hubs			TH Website and shared electronically via WhatsApp
All Black Country GPNs, PMs and GPs			
Partner Organisations – HEIs, HEE and NHSE			

DOCUMENT STATUS
This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled.

RELATED DOCUMENTS
These documents will provide additional information:

REF NUMBER	DOCUMENT REFERENCE NUMBER	TITLE	VERSION
1.	N/A	The Black Country STP GPN Competency Framework	1.3
2.	N/A	The Black Country STP GPN and HCA Induction Framework	1.3
3.	N/A	The Black Country STP GPN Services Education and Career Framework	1.1
4.	N/A	Student Nurse Welcome Pack	1.0

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Comments from STP Chief Nurse – Sally Roberts

Introduction to the Strategy

This strategy has been developed at a time of significant change both nationally and locally across the Black Country. The true value and essence of high quality nursing care has not changed since nursing was first founded as a vocation and a profession.
General Practice Nursing (GPN) is a role that is unique because as a profession it works across the whole age span with patients and the public to optimise the health of the practice population within the community, provides health advice and promotion and manages acute events.

To be a nurse is an amazing role, we are allowed in to the most personal and intimate episodes of people's lives and entrusted to take care of those who are at their most vulnerable.
This is why we joined our profession – to help and make a difference to those who need us most, to value people and make them feel like human beings at all times. This is what marks out our professional intervention and contribution.

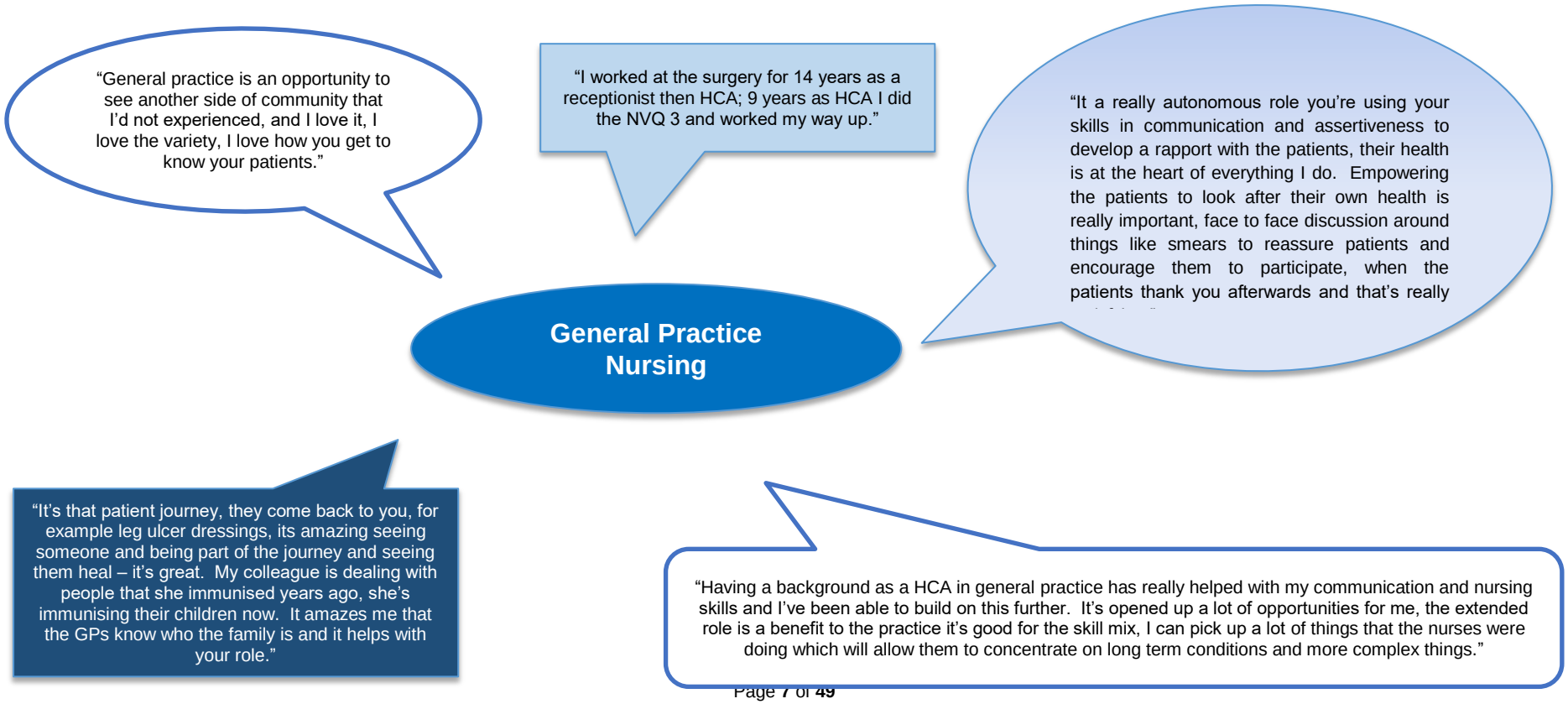
Whilst we can all articulate these true and important reasons sadly we hear on an all too regular basis of failings in nursing care in all settings. Therefore nurses are not perfect or immune to factors and influences which can compromise the care that they give. It is for this reason a nursing strategy is essential; this will be provided via this overall strategy document and a additional suite of documents to support:

- Induction of new staff
- Preceptorship
- Competencies
- Skills and education
- Clinical supervision

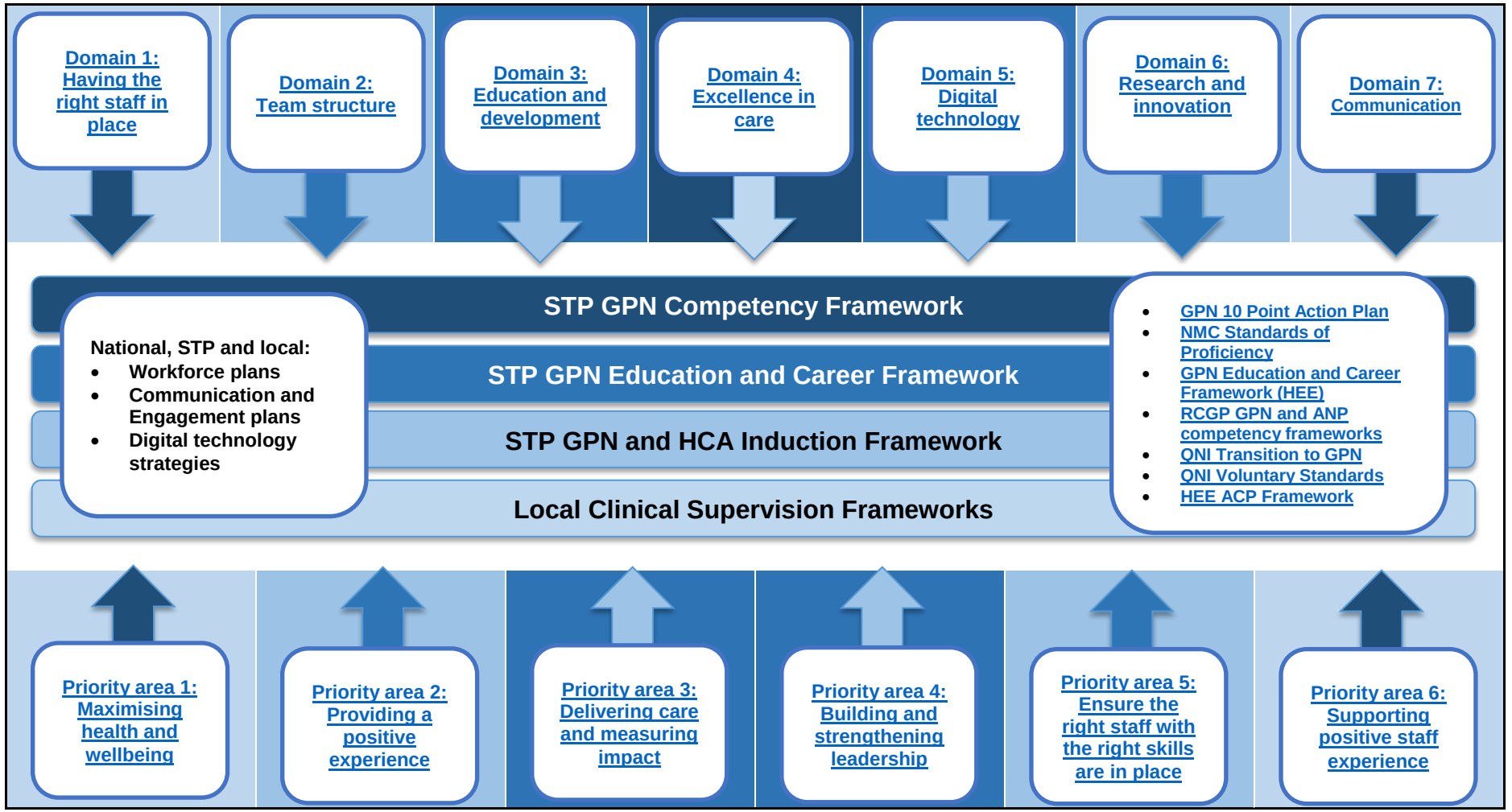
The aim of this strategy is to define our values for all our nurses, fellow professionals, patient's carers and the public we serve. To make a clear statement that regardless of your discipline or specialism of nursing, your work setting or location across the Black Country that delivering high quality, safe and personal care is at the heart of what you do.

The recent announcement of a Primary Care Network contract as part of the initiatives within the NHS Long term Plan offers a fantastic opportunity for the role of GPN to flourish and grow even further, the advancment of new roles to Primary care is even more exciting and we look forward as a nurisng community to working collaboratively for the benefit of our local population.

As part of this strategy we ask GPN's to benchmark their competencies, this tool allows the nurse to provide evidence of existing competencies that are utilised to support safe and effective care delivery; whilst identifying continuing professional development requirements. Learning objectives can then be set and discussed within individual appraisal by utilising Appendix 2: Personal Development Plan. Ensuring that nurses have the right skills at the right time to deliver the right care. The completion of the competency framework will also assist with identifying evidence for revalidation (NMC, 2015).



GPN Strategy – Plan on a Page

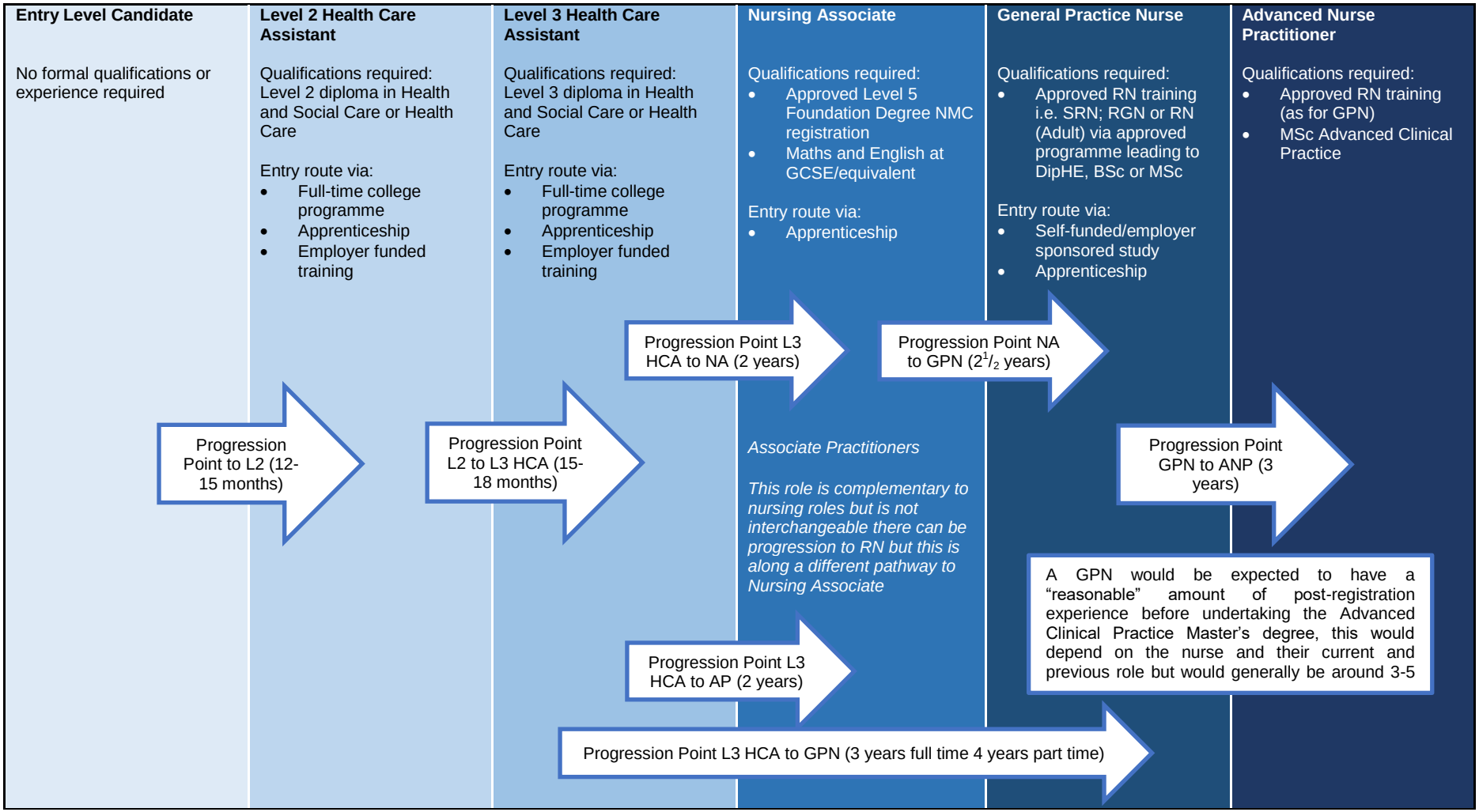


GPN Progression Pathway

The diagram below offers and overview of what basic qualifications are needed, and a progression timeline at entry level for each of the following:

- Level 2 HCA
- Level 3 HCA
- Nursing Associate/Associate Practitioner
- General Practice Nurse
- Advanced Nurse Practitioner

This list is not exhaustive and the nurse would be expected to develop their clinical and leadership skills throughout the lifetime of their career in general practice using a suitable CPD framework such as that developed for this strategy. Staff can enter the pathway at any level and move through the levels by attaining appropriate training and qualifications, progression points at each level are shown in the diagram below. The timeline will depend on staff experience, opportunity, funding availability and timings of training programmes throughout the academic year.


Entry Level Candidate
No formal qualifications or experience required
Level 2 Health Care Assistant
Qualifications required: Level 2 diploma in Health and Social Care or Health Care
Entry route via:
Full-time college programme
Apprenticeship
Employer funded training
Level 3 Health Care Assistant
Qualifications required: Level 3 diploma in Health and Social Care or Health Care
Entry route via:
Full-time college programme
Apprenticeship
Employer funded training
Nursing Associate
Qualifications required:
Approved Level 5 Foundation Degree NMC registration
Maths and English at GCSE/equivalent
Entry route via:
Apprenticeship
General Practice Nurse
Qualifications required:
Approved RN training i.e. SRN; RGN or RN (Adult) via approved programme leading to DipHE, BSc or MSc
Entry route via:
Self-funded/employer sponsored study
Apprenticeship
Advanced Nurse Practitioner
Qualifications required:
Approved RN training (as for GPN)
MSc Advanced Clinical Practice
Progression Point to L2 (12-15 months)
Progression Point L2 to L3 HCA (15-18 months)
Progression Point L3 HCA to NA (2 years)
Progression Point NA to GPN (2 1/2 years)
Progression Point GPN to ANP (3 years)
Associate Practitioners
This role is complementary to nursing roles but is not interchangeable there can be progression to RN but this is along a different pathway to Nursing Associate
Progression Point L3 HCA to AP (2 years)
Progression Point L3 HCA to GPN (3 years full time 4 years part time)
A GPN would be expected to have a "reasonable" amount of post-registration experience before undertaking the Advanced Clinical Practice Master's degree, this would depend on the nurse and their current and previous role but would generally be around 3-5

General Practice Nurse Strategy

Aim

The aim of this strategy and supporting documents is to provide a forward view for general practice nursing for the Black Country.

Objectives

- Align the strategy content to reflect and support the actions within national and STP documents such as
  - 10 Point Action Plan for GPNs
  - GP Forward View
  - NHS Long Term Plan
  - STP Clinical, Workforce and Primary Care strategies
- To provide an outline of good practice using the principles of compassionate care
- To provide a suite of companion documents that offer:
  - A career progression framework aligned to the HEE career and education framework for GPNs
  - A competency framework based on the RCGP GPN framework
  - An induction and preceptorship framework based on existing programmes e.g. Capital Nurse
  - Guidance around Clinical Supervision for GPNs
  - A retention strategy for GPNs

Strategy Overview

The General Practice Nurse Strategy provides a framework for a STP-wide nursing plan through seven domains and partners within the STP have agreed to:

- Support excellence in care through learning in association with patients, their families and service users.
- Increase focus on quality and continually seek to improve the care provided.
- Encourage the best nurses to join practices within the Black Country STP footprint and embrace diversity through skilled appointments.

Responsibility for each domain will lie with relevant teams within each CCG and with the STP, with support from NHSE and HEE.

Seven domains and six priority areas have been identified to support the implementation of the strategy and its companion documents, these have been aligned to a number of national work programmes:

- GPN 10 Point Action Plan
- GP Forward View
- NHS Long Term Plan
- Compassionate Care
- NMC Standards of Proficiency for Registered Nurses
- HEE General Practice Nursing Services Education and Career Framework
- RCGP GPN Competency Framework
- RCGP General Practice Advanced Nurse Practitioner Competencies[1]
- QNI Transition to General Practice Nursing Resource
- QNI Voluntary Standards for General Practice Nurses
- HEE ACP Framework[2]

These domains are not exhaustive and each CCG will have different priorities and workforce needs that will be identified locally and led by the local clinical leads.

[1] https://www.rcgp.org.uk/policy/rcgp-policy-areas/nursing.aspx
[2] https://www.hee.nhs.uk/our-work/advanced-clinical-practice/multi-professional-framework

The role of the GPN Lead Nurse

The GPN 10 Point Action Plan recommends that each area should have access to a GPN Lead Nurse, who will support and guide the GPN strategy at both a strategic and operational level. There is currently a designated lead in each CCG and an overall GPN Lead Nurse for the STP. Each CCG area has different provision models for their GPN lead nurse which includes:

- Provision via Chief or Deputy Chief Nurse
- Designated GPN lead who may also have a patient safety function or work as a GPN and maintain the role part time
- Nurse mentor and facilitator who have an operational role and may also work as GPNs
- Clinical leads within practices and practice groups who also work with CCGs in an advisory role
- GPN leads at regional level working with NHSE and HEE

Each role, although different provides support to the GPN workforce through collaboration with CCG and STP colleagues and at a regional level via the NHSE/HEE leads. Networking between strategic and operational colleagues facilitates the development and promotion of the GPN role and enables the GPN lead to provide appropriate support to colleagues.

Domain 1: Having the right staff in the right place at the right time

Providing good nursing care for patients relies on ensuring that there are the right staff, in the right place at the right time. In a diverse workforce such as general practice this requires flexibility and constant development. This domain should be considered in conjunction with the STP and CCG workforce plans and with the following supplementary document:

- The Black Country STP GPN Services Education and Career Framework

STP and CCGs will support PCNs and practices to:	**Aligns to:**
• Implement a workforce plan which focuses on recruitment and retention. • Continue to develop workforce review and training needs analysis to ensure effective management of nursing resources and the development and placement of existing and new roles within primary care. • Review the role of the HCA and GPN in practice taking into account new roles and the revised NMC standards. • Promote the GPN role via traditional local and regional marketing campaigns, the use of social media and engagement with schools, colleges and universities. • Develop and promote student placements to practices including placements for those on Return to Practice programmes, taking into account capacity in each site. • Provide staff with the opportunity to develop their leadership skills at all levels from HCAs to ANPs. • Promote the Return to Practice programme particularly those relevant to GPNs. • Develop and promote opportunities for nurses to advance in their role at all levels, whilst emphasising that this is a personal choice. • Support the development of Health Care Support Workers, including the promotion of level 2 and 3 Nursing Associate and Registered Nurse apprenticeships. • Support the development of newer and multi-skilled roles for HCSWs e.g. Associate Practitioners and Medical Assistants to meet demand. • Support the implementation of clinical supervision within general practice either via face to face or electronic means.	GPN 10 Point Action Plan – 1; 3; 4; 5; 7; 8; 9; 10 GPFV (section) – 2; 5 NHS Long Term Plan (section) - 4 Compassionate Care – 1; 3; 6 NMC Standards: Platforms 1; 4; 5 QNI Voluntary Standards: Domain 2; 3; 4

Domain 2: Team Structure

GPNs are part of a multidisciplinary team and local leadership structures are central to supporting the provision of quality oversight and good innovative care. This domain should be considered in conjunction with the STP and CCG workforce plans, and with:

- The Black Country STP GPN Services Education and Career Framework

The STP and CCGs will:	**Aligns to:**
• Define pathways to enable career development in line with the Health Education England Education and Careers Framework (2015). • Set aspirational targets to deliver high quality care, measured against national and international standards. • Undertaking peer review and support between colleagues and teams. • Offer nurses at all levels the opportunity to participate in quality improvement and service and clinical developments. • Develop shared governance to engage staff and enable them to influence patient care.	GPN 10 Point Action Plan – 2; 4; 6; 7; 8; 9 GPFV (section) – 2; 5 NHS Long Term Plan (section) - 4 Compassionate Care – 1; 3; 6 NMC Standards: Platforms 1; 3; 5; 6 QNI Voluntary Standards: Domain 2; 3

Domain 3: Education and Development

Education is key to the development and maintenance of skills and workforce development, it also supports the foundations for a "home-grown" workforce of the future. This domain should be considered in conjunction with the following supplementary documents:

- The Black Country STP GPN Competency Framework
- The Black Country STP GPN and HCA Induction Framework
- The Black Country STP GPN Services Education and Career Framework

These documents provide in-depth details of the education and development for GPNs and HCAs working in primary care.

The STP and CCGs will:	**Aligns to:**
• Develop and support local GPN education forums. • Develop mentors and increase student placement opportunities in primary care taking into account capacity. • Invest in the future workforce through engagement with apprenticeships at all levels from HCA to Registered Nurse. • Support access to HEE sponsored programmes in advanced clinical practice and specialist nursing. • Ensure that nurses at all levels receive a strong induction, with on-going preceptorship where possible and have the support and opportunity to develop their careers. This will be implemented via the Induction Framework and the Retention Programme • Develop new ways of working to help nurses to develop within the profession and retain nurses in general practice. • Develop and maintain links with the Black Country Training Hub to ensure wider provision of free and accessible training to nurses at all levels.	GPN 10 Point Action Plan – 2; 4; 6; 7; 8; 9 GPFV (section) – 2; 5 NHS Long Term Plan (section) - 4 Compassionate Care – 1; 3; 6 NMC Standards: Platforms 1; 3; 5; 6 QNI Voluntary Standards: Domain 2; 3

Domain 4: Excellence in care

Facilitating provision of the best care possible is central to everything the STP does. Continual improvement requires care to be underpinned by best practice evidence, research with measurable outcomes, ensuring right thing is done at the right time. This domain should be considered in conjunction with STP and CCG patient and carer engagement programmes and local work around patient safety and improvement.

The STP and CCGs will support PCNs and practices to:	**Aligns to:**
• Listen to, value and learn from patient opinions and their experiences. • Encourage nurses and HCAs to be actively involved in programmes that promote the patient and carer voice e.g. Friends and Family Test, Patient Participation Groups, “Friends of” groups • Continually listen and involve patients to help inform our own learning needs e.g. via patient testimonial for revalidation. • Encourage engagement with local and national guidelines e.g. NICE as examples of best practice • Promote engagement with research and development in primary care to improve services and care. • Ensure that all patients have their communication needs met appropriately.	GPN 10 Point Action Plan – 2; 4; 6; 7; 8; 9 GPFV (section) – 2; 5 NHS Long Term Plan (section) - 4 Compassionate Care – 1; 3; 6 NMC Standards: Platforms 1; 3; 5; 6 QNI Voluntary Standards: Domain 2; 3

Domain 5: Digital Technology

New technology is central to the delivery of care within general practice. This domain is supported by STP and local digital technology plans such as those implemented as part of the GPFV.

The STP and CCGs will support PCNs and practices to:	**Aligns to:**
• Encourage nurses to engage with digital technology and to become Digital Champions where appropriate enabling them to promote electronic services to patients and carers. • Promote the use of new patient focused technologies to deliver nursing care that enhance safe care delivery e.g. on-line consultations, use of health apps and telemedicine where locally appropriate. • Encourage engagement with digital platforms such as NHS futures to link with peers and enhance delivery of care. • Consider the use of platforms such as Skype and WhatsApp to connect with peers responsibly. • Develop the responsible use of social media platforms to engage with patients and carers.	GPN 10 Point Action Plan – 1; GPFV (section) – 2; 5 NHS Long Term Plan (section) – 1; 5 Compassionate Care – 1; 3; 5 NMC Standards: All platforms QNI Voluntary Standards: All domains

Domain 6: Research and Innovation

Nursing care relies on access to a good evidence base, promoting critical dialogue and research is central to this agenda.

- The Black Country STP GPN Competency Framework
- The Black Country STP GPN and HCA Induction Framework
- The Black Country STP GPN Services Education and Career Framework

Consideration should also be given to work undertaken by the West Midlands Academic Health Science Network and the National Institute for Health Research to promote research and innovation in primary care and within the nursing profession. This domain will be a major focus within the new Bachelor of Nursing programmes currently under development locally.

The STP will:	**Aligns to:**
• Develop a culture where research becomes a normal part of clinical practice and nurses can develop confidence in participating in and leading research in primary care. • Develop local research which underpins safe, effective and high quality care. • Grow links with local acute trust Research and Development teams and universities to support the development of research in general practice by practice nurses.	GPN 10 Point Action Plan – 2; 7; 8 GPFV (section) – 2; 5 NHS Long Term Plan (section) – 1; 4 Compassionate Care – 1; 3; 6 NMC Standards: Platforms 1; 3; 4; 5; 6 QNI Voluntary Standards: Domain 3; 4

Domain 7: Communication

The General Practice Nurse Strategy and accompanying documents can be used to implement and measure performance and milestones. It is important that staff and STP leads are kept informed and we share progress. This should be considered in conjunction with STP and CCG communication and engagement strategies and the following supplementary documents:

- The Black Country STP GPN Competency Framework
- The Black Country STP GPN and HCA Induction Framework
- The Black Country STP GPN Services Education and Career Framework

Therefore the STP have agreed to:

The STP will:	**Aligns to:**
• Develop current communication methods available locally, including intranet web pages and global communication emails. • Develop a STP wide Nursing Newsletter and promote the responsible use of social media to ensure that we all know what is happening. • Hold monthly forums on a local level to update you on topics. • Work with the Black Country Training Hub to widen the reach of current communication methods.	GPN 10 Point Action Plan – All action points GPFV (section) – 2; 3; 4; 5 NHS Long Term Plan (section) – 1; 3; 5 Compassionate Care – All priority areas NMC Standards: All platforms QNI Voluntary Standards: All domains

Key Deliverables

2019/20		2020/21				2021/22				On-going
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Development of GPN retention programme	Training needs analysis and review of GPN	Co-design of formal induction programme								Promotion of apprenticeships and facilitating access
		Development of Nurse Bank (Local or national)								Development of STP and local education opportunities
Mapping exercise for HCA to ANP	Work experience programme	Facilitating access to training through PLP	Development of "Step into Practice" programme							Promotion of student placements
										Facilitating access to Return to Practice
Facilitation of access to HEE sponsored courses		Facilitation of access to HEE sponsored courses				Facilitation of access to HEE sponsored courses				Promoting development of mentorship
						Development of research opportunities for GPNs				
	Promote Queen's Nurse programme	Development of initial clinical supervision programmes			Promote Queen's Nurse programme				Promote Queen's Nurse programme	Maintenance of GPN leadership roles
										Promotion of leadership skills training
										Promotion of digital nurse champion role
										Development of Marketing framework

The key deliverables for this programme include, but are not limited to the activities above. These deliverables are based on current activity and activity that is in development, a timeline for implementation of key deliverables is shown below, other deliverables are on-going. The dates are provisional **implementation dates and are subject to change** as the GPN agenda develops in line with the NHS Long Term Plan and work will be going on relating to these projects up to these dates.

Workforce Analysis

- All CCGs will work with STP partners to collate:
    - Funding and training needs analysis for primary care nursing
    - Skills and function mapping for staff
    - Review of general practice nursing
    - Work with Primary Care Networks, practice and locality groups to identify current and expected gaps
    - Plan recruitment, retention and CPD according to identified needs

Recruitment

- CCGs, Training Hub and PCNs/practices to co-design a sustainable programme to attract students before they enter the higher education system through:
    - Work experience for Year 12/equivalent
    - Events in schools and colleges supported by local HEIs and Training Hubs

- CCGs within the STP to consider engaging in a formal “Step in to General Practice” programme with STP partners, PCNs, practices, Training Hubs and local universities and colleges that:
    - Targets student nurses and Health and Social Care diploma students that are about to qualify
    - Matches candidates with available nursing jobs in Primary Care
    - Promotes a supported pathway directly into local career development programmes such as Fundamentals of General Practice Nursing and Nursing Associate/Registered Nurse apprenticeships

- Training Hub to promote the Primary Care Nurse champion role within practices across the STP to support the recruitment and retention agenda

- All partners to collaborate to co-design of a formal induction programme for new GPNs/HCAs that includes:
    - Formal induction plan
    - Preceptorship
    - Care Certificate for new HCAs
    - Access to free numeracy and literacy level 2 key skills for those that do not have it

- CCGs and Training Hub to work with PCNs to establish a marketing framework that includes:
    - Social media and digital marketing
    - Hard-copy media
    - Face to face events

Retention

- All partners to co-design of a formal retention plan that includes:
    - Succession planning through up-skilling existing staff and encouraging the recruitment of new staff before existing staff leave
    - Promotion of working as groups to share staff, increase the skill mix and offer variety
    - Promotion of portfolio careers such as clinical specialities, research, education
    - Encouraging staff to reduce hours not leave
    - Ensuring new staff are supported and encouraged to develop
    - Safeguarding funding and opportunities for training and up-skilling of staff

- Training Hub to engage in the national or a local GPN nurse bank pilot and share learning, to include:
    - Retired staff who may wish to maintain their professional registration
    - Staff that prefer the flexibility of bank working
    - Staff working in leadership and strategic roles who may wish to maintain their clinical skills
    - Staff working in other areas who may wish to develop their skills in primary care with a view to moving into a GPN role
    - Assurances around indemnity

Student Placements

- All partners to continue close partnership working with universities, acute trust and practices to ensure that placements are available including for apprentices:
    - Regular contact with universities
    - Access to the register of mentors
    - Feedback
- All partners to ensure staff are aware of changes to mentorship with new NMC standards makes process easier including the role of other professions and HCAs in supervising student nurses
- Consider PCN placements to enhance student experience

Leadership Skills

- CCGs to maintain a GPN leadership role within the STP footprint through:
    - Training Hub GPN Facilitator
    - PCN lead nurse roles
    - GPN mentors
    - GPN leads within all CCG areas including an overall STP GPN lead

- CCGs and Training Hub to facilitate access to formal leadership programmes through promotion and support practices to release staff to attend programmes such as:
    - NHS Leadership Academy programme e.g. Edward Jenner
    - RCN leadership programme for GPNs
    - Specialist Practice Programme (General Practice Nursing) – HEE sponsored programme
    - Level 5 Diploma in Leadership for Health and Social Care apprenticeship

- CCGs and Training Hub to promote and encourage annual applications to the QNI Queen's Nurse programme and develop an STP footprint Queen's Nurse network

- All partners to encourage GPNs to undertake educator programmes and identify where staff already have educator skills e.g.:
    - Mentorship awards

- Practice Educator awards
- Teaching qualifications
- Assessment qualifications (formerly A1/D32)

Encourage staff to utilise these skills and their clinical expertise to support students, new staff members and participate in the training and development of existing staff

- All partners to encourage staff to participate in clinical supervision and for senior staff to develop facilitation roles

<u>Career Development Pathways</u>

- CCGs and Training Hub to promote apprenticeships at all levels as a viable option for career development in primary care allowing practices to promote existing staff and recruit new staff at all stages of the GPN "life-cycle":
  - HCA apprenticeships at levels 2 and 3
  - Nursing Associate apprenticeships/Associate Practitioner apprenticeships
  - Registered Nurse Apprenticeships

- CCGs and Training Hub to promote and provide support for practices to access apprenticeships at all levels through incentives such as:
  - Funding of 10% top-up required for non-levy payers through direct funding or levy-sharing
  - Employers incentives and full funding available for 16-18 year olds
  - Central engagement of apprenticeship providers
  - Support with recruitment of NA and RN candidates
  - Support for NA and RN candidates during their course

- All partners to enable access to HEE sponsored programmes:
  - Fundamentals of General Practice Nursing
  - Specialist Practice – General Practice Nursing
  - Advanced Clinical Practice
- CCGs to enable practices to release staff for training as part of a career development pathway through various support mechanisms e.g.:

  - Backfill and protected learning time
  - Development of a nurse bank
  - Sharing of staff across Primary Care Networks, groups and localities

- All partners to support the Return to Practice programme by identifying staff who may have lapsed registration through established and novel routes e.g.:
  - Existing staff working as HCAs or in non-clinical roles
  - Those who may have taken early retirement but now wish to return
  - Those who have moved to other professions but may be interested in returning to nursing including those in executive roles within the NHS
  - Carers and parents who may have changed circumstances
  - Enrolled Nurses who may wish to return and may wish to use this as a pathway to convert to Registered Nurse

  Work with local practices to identify possible training sites for RtP candidates and promote the small financial incentive included

- CCGs and practices to ensure there is access to a robust programme of training developed in conjunction with the Training Hub and local HEIs to enable staff to up-skill and maintain skills in line with national guidance:
  - Clinical skills
  - Long-term condition management
  - Non-medical prescribing

<u>Advanced Practice</u>

- CCGs and Training Hub to work with PCNs, practice groups, local HEIs and HEE to promote access to Advanced Clinical Practice roles through:
  - Identifying priority areas
  - Facilitating access to HEE sponsored programmes
  - Promoting the role of the ANP and the benefits to the practice as outlined in the GPFV
- CCGs and Training Hub to work with PCNs, practice groups and local HEIs to identify and promote research opportunities for nurses through:
  - Championing the role of the GPN in research

- Encourage all levels of staff to take part in local service evaluation and audit as an on-going process
- Encouraging GPNs to consider research as a viable portfolio career opportunity
- Liaise with local Research and Development teams around opportunities for nurses to work on existing projects and develop their own projects
- Scope training opportunities for staff interested in research e.g. research methods, Good Clinical Practice, research ethics etc.

Career Pathway Definition

- STP leads to undertake an exercise to map the development of an individual from new entry HCA to Advanced Nurse Practitioner as defined by the HEE framework within primary care including:
  - Skills and qualifications needed to attain each stage
  - Potential costs at each stage
  - Timescales for training

Peer Review

- CCGs to develop the peer review process for GPNs through:
  - Developing the group clinical supervision process to encourage dialogue between nurses and peer review of care
  - Continued development of local GPN forums to include topics where training needs have been identified e.g. introduction of new NICE guidance, contractual changes

Service Development

- All partners to encourage and support individual nurses and those working collectively within PCNs and practice groups to identify service development opportunities through:
  - Providing information and access to innovation funding including access to bid writing training
  - Working collectively to identify health needs and addressing service gaps
  - Membership of organisations that encourage networking and sharing of innovation such as Patient Safety Collaborative Q Community and Queen's Nursing Institute

Quality Improvement

- All partners to encourage and support individual nurses and those working collectively within PCNs and practice groups to identify quality improvement opportunities through:
    - Active involvement in patient engagement.
    - Participation in formal processes for measuring and improving the patient experience such as Friends and Family Test and GP Survey
    - Active involvement in quality assurance processes such as contract visits, serious incident and complaint investigation
    - Celebration of quality improvement innovation through GPN newsletters and bulletins

Education and Development

- Each CCG area to continue to develop their local nurse education forums.

- Ensure there is access to a robust programme of training developed in conjunction with the Training Hub and local HEIs to enable staff to up-skill and maintain skills in line with national guidance:
    - Clinical skills
    - Long-term condition management
    - Non-medical prescribing

Research and Development

- Work with PCNs, practice groups and local HEIs to identify and promote research opportunities for nurses through:
    - Championing the role of the GPN in research
    - Encourage all levels of staff to take part in local service evaluation and audit as an on-going process
    - Encouraging GPNs to consider research as a viable portfolio career opportunity
    - Liaise with local Research and Development teams around opportunities for nurses to work on existing projects and develop their own projects
    - Scope training opportunities for staff interested in research e.g. research methods, Good Clinical Practice, research ethics etc.

Compassionate Care

The Department of Health published Compassion in Practice (2012)[3] which includes the future vision for nurses, midwives and care staff. Through the development stages of Compassion in Practice GPN's have developed their own representation of the 6 C's and areas of action. The way, in which NHS services are delivered and used needs to change, we need to do things differently in the future, and see a move towards community based care. Some of this change is happening now and we have been involved in avoiding hospital admissions with the 'care closer to home' agenda. The move from an acute setting to care at home will require robust primary care services to meet the challenge of an ageing population and the increase in long term conditions associated with this. This again requires nurses to be up-skilled in long term conditions.

Culture of Compassionate Care (DH, 2012)

1. ***Care***: caring defines us and our work. People receiving care expect it to be right for them consistently throughout every stage of their life.
2. ***Compassion*** is how care is given through relationships based on empathy, respect and dignity. It can also be described as intelligent kindness and is central to who people perceive their care.
3. ***Competence*** means all those in caring roles must have the ability to understand an individual's health and social needs. It is also about having the expertise clinical and technical knowledge to deliver effective care and treatments based on research and evidence.
4. ***Communication*** is central to successful caring relationships and to effective team working. Listening is as important as what we say and do. It is essential for "no decision without me". Communications is key to a good workplace with benefits for those in our care and staff alike.
5. ***Courage*** enables us to do the right thing for the people we care for, to speak up when we have concerns. It means we have the personal strength and vision to innovate and to embrace new ways of working.
6. ***Commitment*** to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients.

[3] Department of Health (2012) Compassion in Practice: Nursing, Midwifery and Care Staff Our Vision and Strategy. DH: London.

To make Compassion in Practice happen nurses at all levels across all services will need to take the lead on these 6 Priority Areas:

1. Maximising health and Wellbeing. Helping people to stay independent
2. Working with people to provide a positive experience
3. Delivering care and measuring impact
4. Building and strengthening leadership
5. Ensuring we have the right staff, with the right skills in place
6. Supporting positive staff experience

These principles should apply to all nursing staff whether or not they hold professional registration.

Priority Area 1 – Maximising Health and Wellbeing, Helping People to Stay Independent

GPN's have a unique role to play in improving the health and well–being of the population by making every contact count. Supporting people to manage their own health and well-being more effectively by ensuring that individual needs are identified and that appropriate support is in place is a key priority. GPN's within the Black Country will co-ordinate and support their practice team to deliver care and support in primary care settings. Individual practice populations health will be optimised through:

- Mental health and wellbeing
- Contraceptive and sexual health advice
- Education and delivery of public health programmes
- Screening and immunisation provision
- Managing and supporting long term conditions
- Positive lifestyle changes
- Health promotion, protection and screening
- Travel advice
- Management of risks (drugs, alcohol, weight management, smoking cessation)
- Managing acute events
- Long term conditions including exacerbations and continuing care
- Medicines management
- Triage

- Minor illness and minor injury management
- Management of emergencies (acute asthma attack, chest pain etc.)
- Preventing premature deaths

Key Deliverables:

- Develop innovative ideas to support management of long term conditions
- Use and develop knowledge and skills to support and care for individuals and maximise their health and wellbeing
- Effective management of chronic disease to reduce acute episodes and reduce unavoidable hospital admissions
- Provide accessibility and flexibility in service delivery
- Provide patient led services
- Deliver public health programmes such as immunisations, screening i.e. cervical cytology, NHS Health Checks advice and health promotion

Evidence of Good Practice:

- Nurses across the STP provide weight management clinics, smoking cessation, over 75 checks, health education for long term conditions, NHS Health Checks, travel health and sexual health screening.
- Patients are signposted to social prescribing, lifestyle services, social services, counselling and support services.
- Staff are working at a strategic level with partners to develop and improve care pathways.

Priority Area 2 – Working with People to Provide a Positive Experience

A positive patient experience is defined as:
"Getting good treatment in a comfortable, caring and safe environment, delivered in a calm and reassuring way; having information to make choices, to feel confident and feel in control: being talked to and listened to as an equal; and being treated with honesty, respect and dignity",

A positive experience is for everyone:
No-one should receive a poorer experience because of age, disability, gender, ethnicity, cognitive difficulties, sexual orientation, religion or belief or any other individual characteristic. Those who need help to articulate their experiences will be given adequate and appropriate support (DH, 2005). The culture and ethos of NHS care has changed significantly over recent years. The focus is on working with patients and carers to enable them to manage their care and to have choice and control over the care they receive. This requires a shift in models of nursing practice which requires support and effective leadership

Key Deliverables

Nurses will:

- Listen to patients and treat them as an individual with respect, sensitivity and a positive attitude

- Seek out the patient's, relatives and carer's experience of care in whatever means suits the individual including patient participation groups.
- Actively involve patients in discussions around their Care Planning and Care Decisions including End of Life Care. There will be evidence of a care plan within the patients records which demonstrates person centred care through engagement where appropriate
- Have in place, and participate in a formal process for measuring and improving the patient experience.
- Ensure comments and complaints from patients are listened to, acted upon and feedback given to the individual, ensuring positive learning outcomes is achieved.
- Audit changes in practice to ensure they remain effective
- Demonstrate a reduction in the number of complaints received around the patient experience
- Ensure patients are represented on forums which influence health care services and the practice
- Publicise good patient experience

Examples of good practice include:

- Personalised care plans
- Increased access to services such as late night and weekend openings
- Joint working as part of the practice team with patient participation groups, developing increased skills to be able to offer services nearer to home.
- Role development e.g. Nurse prescribing, spirometry, warfarin clinics, sexual health services including implant insertion, advanced clinical practice, Triage.
- HCAs developing in their roles and taking on extended skills, HCAs training as Nursing Associates and associate practitioners and moving on to RN apprenticeships.

Priority Area 3 – Delivering Care and Measuring Impact

Everybody deserves to receive the highest quality of compassionate care from nursing staff. It is essential to a person's health, well-being and dignity. It is what our patient's value the most and it is the nursing intervention that we value the most.
Care and the values of caring are more than just words and must be at the centre of how each practice is run.
GPN's will use intelligence available within the practice to learn, improve and highlight positive impact care provided has had for the people they care for.

Key Deliverables

- All nursing and support staff will know what high quality personalized care actually is and will deliver it with compassion, confidence and pride.
- All job descriptions for nursing and support posts will have an essential requirement for the delivery of high quality personalized care.

- Recruitment of new nursing and support staff will include assessment of caring and compassion.
- Practice nurses will be the champions and guardians of high quality personalized care in their practice, providing role modelling and visible leadership.
- All nursing and support staff will be expected to uphold these values and to raise concern to their manager for an instance when care does not meet these standards.
- Nurses will build and maintain relationships by listening, supporting others, gaining trust and showing understanding during all professional interactions
- Nurses will actively encourage participation by creating an environment where others have the opportunity to contribute
- Nurses will commit to working in inter-agency contexts in order to deliver measurable outcomes and improve services.
- Use professional judgement to influence commissioning decisions
- Use data to target care groups within practice population
- Have an audit program
- Deliver evidenced based care

Examples of good practice include:

Some practices across the borough have implemented:

- Structured delivery of care for patients with long term conditions against evidence based targets.
- Audit of care provision for example cervical cytology audits, x-ray referral audits, prescribing audits, infection prevention audits.
- Partnership working with wider health economy to meet local and national targets e.g. admission avoidance, public health targets such as immunisation and cervical cytology.
- Case management of vulnerable people for example ward rounds and structured care for patients who can attend appointments at the surgery.

Priority Area 4 - Building and Strengthening Leadership

The foundations to achieving excellence in nursing practice and all of the outcomes in this strategy lie in effective professional leadership. Leadership in nursing is crucial to the quality of patient care and to the development of the professions. Strong leadership drives high quality care by fostering a caring and compassionate culture.

Leaders need to be confident, competent, well-motivated, self-aware, and socially skilled. They need to be team players who are able to work with others across professional and organisational boundaries. In short good leaders make positive, visible changes to the delivery of care.

Key Deliverables

At an Individual Level:

- Every nurse should set an example of excellence for others.
- Each nurse will be prepared to lead and be accountable for improvements in patient care.
- Nurses will facilitate the professional and personal development of others, demonstrating leadership, reflective practice, supervision, quality improvement and teaching skills.

Every nurse should reflect on their code of conduct.

At a Practice Level:

- Emphasis is placed on leadership development within the Practice.
- Actively seeking out those with potential.
- Actively using the skills of good leaders.

The CCG Lead Nurses and Training Hub Nurse Facilitator will:

- Promote programmes of leadership training.
- Drive implementation of this strategy and provide expert advice guidance and influence for all nurses in primary care.
- Build upon the leadership and facilitation skills of practice nurses to influence practice through positive role modelling, sharing best practice and encouraging improvements in patient/client care.
- Nurture and develop nursing leadership ability

Examples of good practice include

- Mentorship for pre-registration and post –registration nurses
- Supporting training of medical students, FY2 and GP registrars.
- Participation in the development and delivery of training sessions for the health economy such as asthma training
- Partnership working with local community to develop services based on community need, (Young Persons Info Centre work)
- Partnership working with local commissioning group to influence service delivery.
- Pilot projects to evidence the cost effectiveness and safety of new ways of working such for both Primary Care and the Health Economy such as Spirometry, anti-coagulation services
- Development of direct referral pathways rights for x-ray, admission and referral to consultant clinics
- Leading on aspects of General Practice quality assurance frameworks, such as QoF, Qof+ and Dudley Quality Outcomes for Health.

Priority Area 5 - Ensure We Have the Right Staff, with the Right Skills in Place

Nurses have a wide range of knowledge and skills; however general practice nurses may require additional specific skills and competence when entering into general practice nurse roles. This strategy acknowledges that there is a requirement to support practice nurses and healthcare assistants to build upon existing knowledge and skills to become proficient and competent to deliver the healthcare agenda and nursing vision. This strategy recognises that there is a need to have a competency frame work in place for practice nurses and healthcare assistants to support staff in their development. 'The Future of Primary Care: Creating Teams for Tomorrow' review acknowledges how services wrapped around General Practice need to transform with the existing workforce and be ready to work in different ways to deliver high quality care.

Key Deliverables

- Recognised training pathway and competency frame work for General Practice nurses at all levels from Healthcare Assistants to Advanced Clinical Practitioners (levels one to eight).
- All staff will complete self-assessment section of the competency framework which will inform training provision and be reviewed by local mentors and supervisors at practice, network or locality level.
- Practices will have a skill mix that is safe and appropriate
- Appropriate delegation to healthcare assistants
- All nursing staff will have an appropriate job description
- All nursing staff will have access to a professional forum
- All nursing staff will have an annual appraisal and personal development plan
- All nursing staff will have access to clinical supervision
- All nursing staff will have access to union and legal representation
- Nurses to develop or update mentorship skills in preparation to support pre-registration nurses in primary care
- All nurses will ensure that they have the appropriate level of indemnity cover either through their employer or individual indemnity policies which is relevant to their skill level.

Examples of good practice include

- Appropriate skill mix within each practice
- Support the development of other roles within the practice for example developing admin staff to undertake a phlebotomy role
- Support the training and practice of HCA's, student nurses, and post registration nurses undertaking developmental training.
- Supporting training of junior medical staff with medical colleagues
- Development of protocols to ensure safe- evidence based care which can be delivered in the most appropriate and cost effective way,

Priority Area 6 – Supporting Positive Staff Experience

The shared vision for nursing and this strategy can only be achieved if staffs feel supported to do their job well.
Staff wellbeing is closely linked to patient wellbeing and evidence supports the theory that good staff experience has a positive impact on the quality of care delivered.
There are staff demonstrating compassion every day and delivering the highest quality care.
This excellent work must be celebrated, more than that; these values must be continually reinforced through the commitment and actions of leaders, managers and employers

Key Deliverables

- GPNs at all levels will take a leadership role towards feeling valued, respected and part of decision making within the practice
- Access to a professional forum for general practice nurses facilitated by CCGs and Training Hub
- GPNs at all levels will take a leadership role to ensure that they work in a healthy and safe environment
- GPNs will contribute to ensuring good communication and information flows
- Each practice will ensure GPNs and healthcare workers have clear expectations and objectives linked to local priorities.
- Each practice has relevant policies and standards and procedures to support staff in their day to day work

Examples of good practice include

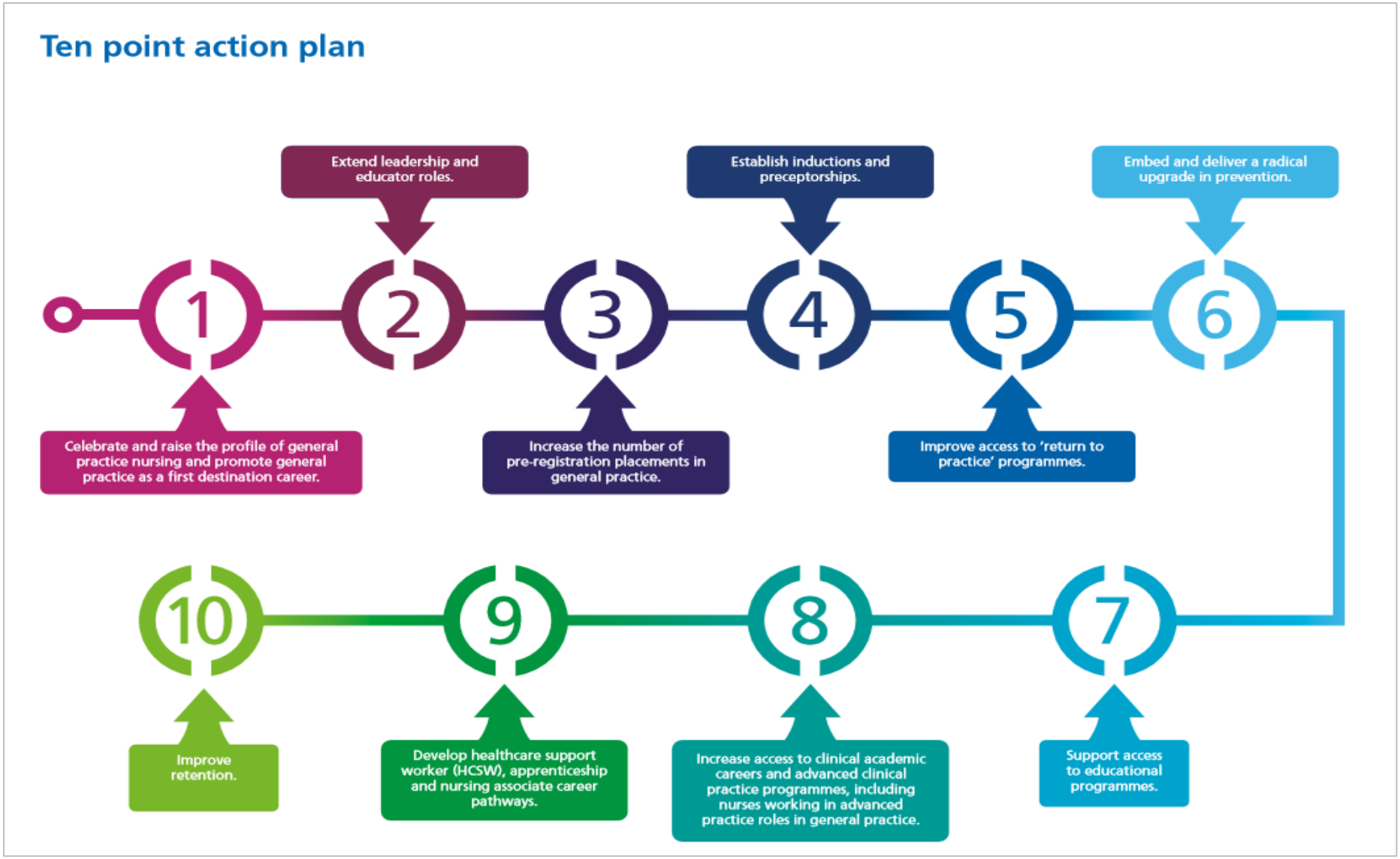
- Promoting a culture of "patient first" in practice,
- Induction packs for staff in training
- Working as part of a team, valuing every ones role.
- Supporting staff experiencing stress
- Working with managers to ensure continuity of service under pressure.

Appendix 1: General Practice Nursing Ten Point Action Plan

The Ten Point Action Plan for General Practice Nursing[4], describes the nursing element of the GP Forward View[5]. 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 areas 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.

The action plan is shown below.

[4] Health Education England 2017 General Practice – Developing confidence, capability and capacity: A ten point action plan for General Practice Nursing. HEE: London
[5] NHS England (2016) General Practice Forward View. NHSE: London


Ten point action plan
1
Celebrate and raise the profile of general practice nursing and promote general practice as a first destination career.
2
Extend leadership and educator roles.
3
Increase the number of pre-registration placements in general practice.
4
Establish inductions and preceptorships.
5
Improve access to 'return to practice' programmes.
6
Embed and deliver a radical upgrade in prevention.
7
Support access to educational programmes.
8
Increase access to clinical academic careers and advanced clinical practice programmes, including nurses working in advanced practice roles in general practice.
9
Develop healthcare support worker (HCSW), apprenticeship and nursing associate career pathways.
10
Improve retention.

Appendix 2: Standards of Proficiency for Registered Nurses[6]

The Nursing and Midwifery Council have recently updated their standards of proficiency for RNs to include the following:

Platform 1. Being an accountable professional
Platform 2. Promoting health and preventing ill health
Platform 3. Assessing needs and planning care
Platform 4. Leading and managing nursing care and working in teams
Platform 5. Improving safety and quality of care
Platform 6. Coordinating care

The proficiencies in this document specify the knowledge and skills that registered nurses must demonstrate when caring for people of all ages and across all care settings. They reflect what the public can expect nurses to know and be able to do in order to deliver safe, compassionate and effective nursing care. They also provide a benchmark for nurses from the European Economic Area (EEA), European Union (EU) and overseas wishing to join the UK register, as well as for those who plan to return to practice after a period of absence. These elements should now be taken into account with any nursing workforce strategy and framework.

Further details can be accessed here.

[6] Nursing and Midwifery Council (2018) Future Nurse: Standards of proficiency for registered nurses. NMC: London

Appendix 3: General Practice Nursing Services Education and Career Framework (HEE, 2015[7])

The framework aims to standardise the training and education of practice and district nurses across England. The framework is split into two sections one for district and the other for practice nursing. Each section then splits further into 9 distinct levels; starting at apprentices and assistants at level 1-3 leading to advanced nurses at level 8-9. The levels relate then to underlying role descriptors. The document sets out the educational and professional requirements to progress through the levels. This offers nurses a clearer direction and more of an understanding of what is expected at each level. The evolving nature and rapid pace of change in 21st century healthcare requires nurses, midwives and allied health professionals to be able to respond flexibly to meet the changing needs of patients and their families. Adaptability, transferable skills and consistency across the different levels of the Career Framework are vital in meeting these needs.

This framework will be communicated to all practice nurses through the Nurse Forums. The organisation would like staff to engage with the framework and embed it into practice, benchmarking practice and mapping future training needs to support continuing professional development. It is hoped that through appraisal nurses will feel confident referring to the framework for their development with their line managers.

The interactive framework can be accessed online here and a Black Country Framework based on this is provided as part of this suite of GPN documents.

[7] Health Education England (2015) General Practice and District Nursing Service – Education and Career Framework. HEE: London.

CAREER AND EDUCATION ILLUSTRATION (Based on HEE Framework Illustration)

Level	Minimum professional and educational requirements for the role
8 Advanced Nurse Practitioner/Clinical Academic	• NMC registration. Masters degree or PG diploma meeting ANP requirements and to include level 8 high intensity interventions; level 3 extended brief interventions (see NICE guidance) • V300 independant and supplementary prescribing; NMC mentorship or practice educator qualification. • Clinical academics will have or be working towards a research-based award at masters or PhD level.
7 Senior General Practice Nurse	• NMC registration; first degree working towards PG level qualification. • V300 independant and supplementary prescribing; NMC mentorship qualification; level 3 extended interventions.
6 General Practice Nurse	• NMC registration; first degree/relevant experience; NMC specialist practitioner qualification/relevant experience in primary care • NMC mentorship qualification; level 3 extended interventions.
5 General Practice Nurse	• NMC registration; working towards Fundamentals of General Practice Nursing • Level 3 extended interventions.
4 Nursing Associate/Associate Practitioner	• Nursing Associates will hold and approved Level 5 Foundation degree and be registered with NMC. • Associate Practitioners will hold or be working towards a relevant Higher Care Certificate or level 5 qualification.
3 Health Care Assistant	• Care Certificate; achieved a relevant Level 3 QCF qualification/Level 3 Apprenticeship; training for working in community settings and role specific skills; Maths and English at Level 2 (GCSE/Functional Skills) • Level 2 brief intervention training
2 Health Care Assistant	• Care Certificate; holding or working towards relevant Level 2 QCF qualification; training for working in community settings and role specific skills; holding or working towards Maths and English at Level 2 (GCSE/Functional Skills)

Appendix 4: RCGP GPN Competency Framework

The RCGP General Practice Foundation General Practice Nurse Competencies framework will be adopted by Black County Sustainable Transformation Plan members to enable consistency in competence across all General Practice Nurses within Dudley, Sandwell, Walsall and Wolverhampton and inform future training requirements.

It is recognised that many Health Care Assistants (HCAs) and General Practice Nurses (GPN) will have a significant level of expertise in most areas, however the role and remit of a GPN can be wide and varied and new nurses entering into the field of GPN will have many transferrable skills but will require additional skills to proficiently carry out the role of the GPN. There are also a number of newer roles that need to be considered within this framework such as Nursing Associate and Associate Practitioner.

It is acknowledged that some nurses may become expert in a more specialist area of care in their practice. However, all should ensure they achieve and maintain a minimum level of competency across all areas of the generalist role. This competency framework is also supported by new care models developed by NHS England; Five Year Forward View[8] and GP Forward View[9] and more recently the District Nursing & General Practice Nursing Services Education & Career Framework (2015). This Framework, while differentiating the two roles; both of these nursing disciplines supports standardisation and also sets out their comparators and expectations for each level in both clinical skills and educational requirements which will assist with workforce planning and educational commissioning assisting to strengthen this local strategy. We would like our workforce to feel engaged in the decisions about healthcare delivery and encourage all to benchmark key skills and identify future learning needs by developing a personal development plan.

This competency framework will be delivered via a separate document aligned to the strategy.

[8] NHS England (2015) NHS Five Year Forward View. NHSE: London
[9] NHS England (2016) General Practice Forward View. NHSE: London

Appendix 5: Transition to General Practice Nursing Resource[10]

The QNI offers a range of free online resources to support nurses who are new to community and primary care settings.

These resources are designed to be useful for student nurses, nurses who have recently started working in the community, or who are considering a career move. The resources are designed to be used with the help of a mentor.

The online resource can be accessed here. This designed to be used in conjunction with existing and proposed preceptorship, and programmes such as the HEE Fundamentals of General Practice Nursing and Return to Practice for General Practice and not as a stand-alone module.

[10] Queens Nursing Institute (2016) Transition to General Practice Nursing Resource. QNI: London Online Resource https://www.qni.org.uk/nursing-in-the-community/transition-community-nursing/transition-gpn-toolkit/

Appendix 6: Voluntary Standards for General Practice Nurses: Queens Nursing Institute 2015

The specialist expertise of the general practice nurse has now been recognised. The NMC specialist practice standards for General Practice Nursing were first published in 1994 and reissued in 2001. The role sits within the career framework at level 7; nurses working at this level will have advanced skills in clinical practice often leading minor illnesses and long term conditions and be an expert in general practice nursing with leadership and management skills. The QNI Voluntary Standards[11] are mapped across 4 domains as identified below.

The aim of the QNI Standards is to:

- Provide patients and the public with a contemporary description of the role of the Senior General Practice Nurse (SGPN)
- Identify the key aspects of the SGPN role, grouping them under the four key domains that reflect the breadth of competence required for safe, high quality person centred care
- Support and guide HEI's in developing education programmes which are focussed on agreed practice
- Enable SGPN to articulate their role within General Practice and new models of care
- Provide a framework for service commissioners, General Practitioners and other providers in planning primary care nursing services

[11] Queen's Nursing Institute/Queen's Nursing Institute Scotland (2017) Voluntary Standards for General Practice Nursing Education and Practice. QNI: London

Objectives: at the end of an NMC approved educational programme mapped against the QNI Voluntary standards the SGPN will be able to:

Domain 1 - Clinical Care

- Demonstrate a broad range of evidence informed general practice nursing (GPN) clinical expertise that supports high quality, person centred care for individuals across the age range in the practice population including children and young people where appropriate. Evaluate therapeutic and other care management strategies, ensuring effectiveness and patient concordance.
- Use advanced assessment skills when assessing individuals with complex health care needs and associated multi-morbidity, using a range of evidence based assessment tools to enable accurate decision making; identifying variation in individuals with a diagnosis, ensuring correct referral and management pathways are followed and prescribing across a range of interventions within their scope of competence.
- Understand the connection between physical health and mental health issues, identifying patients with mental health issues and develop strategies to provide emotional support, mental health promotion and well-being with patients and their carers; collaborate with mental health professionals and General Practitioners (GPs) when identifying needs and mental capacity, using recognised assessment and referral pathways and best interest decision making.
- Engage in effective multidisciplinary and multiagency team working whilst recognising professional accountability, to ensure optimal patient care that supports transitions across health care and other agency boundaries that are smooth and meaningful to patients.
- Demonstrate advanced communication skills and be able to foster therapeutic relationships with patients, enabling patients to know they have been listened to with respect and compassion. Use creative problem solving, influencing and negotiation to enable shared decision making when developing care and management plans and anticipatory care.
- Demonstrate partnership approaches when undertaking consultations, fostering a culture of patient-centred practice, promoting the concept of self-care and patient led care where possible and providing appropriate health promotion, education and support.
- Facilitate behaviour change interventions for patients using extended brief interventions where appropriate and support the team to incorporate and evaluate behaviour change interventions in their consultations, including social prescribing.
- Engage and use digital technologies to support patient self-care and the efficiency and effectiveness of the General Practice Nursing team.
- Develop at least one area of specialist nursing practice interest, in accordance with the needs of the practice population.

- Assess, evaluate and articulate risks to both patients and staff using a range of tools, professional judgment and experience. Develop and implement risk management strategies that take account of people's views and responsibilities, whilst promoting patient and staff safety and preventing avoidable harm.

Domain 2 – Leadership and management

- Demonstrate professional and clinical leadership of the general practice nursing team and clinically supervise, support and appraise the team in their delivery of nursing interventions in the practice. Use advanced communication skills to enable confident management of complex interpersonal issues and conflict management. In larger nursing teams, support and enable other team members to induct, appraise, support and develop junior members of the team.
- Manage the general practice nursing team within regulatory, professional, legal, ethical and policy frameworks. Promote and model effective team work ensuring staff feel valued and have opportunities for development and to enhance resilience but also create and implement strategies when performance needs to be addressed.
- Analyse the clinical caseload for the GPN team and GPN service, ensuring a safe and effective distribution of workload using delegation, empowerment, education skills and effective resource management. Where appropriate, contribute to workforce planning at service, local and regional levels.
- Demonstrate knowledge of social, political and economic policies and drivers that impact on the wider community and analyse how these may impact on the design and delivery of general practice nursing services to meet the needs of the practice population.
- Understand national and local public health strategies and how these are aligned to support the health of the practice population. 2.6. Collaborate effectively with other disciplines and agencies to identify how the GPN team can lead and assist in the implementation of these strategies.
- Working with the wider health and social care team, third sector partners and others, engage in initiatives which build on community assets within the registered population of the locality to enhance health and wellbeing.
- Ensure every member of the GPN team is able to recognise vulnerability in adults and children and young people and understand their responsibilities and those of other organisations in terms of safeguarding legislation, policies and procedures.
- Confidently articulate the unique contribution and value of the general practice nursing team to both the business objectives of the Practice and to improved health outcomes for patients, whilst maintaining a strategic system wide perspective.

- Apply a range of change management strategies to respond flexibly and innovatively to changing contexts of care and the need for amended service provision.
- Analyse the practice population to ensure all patients with long term conditions are identified, undertaking risk stratification, where appropriate, to ensure evidence based pathways of care are followed and there is effective case management of patients with complex needs across the new models of primary care.

Domain 3 – Facilitation of learning

- Complete an NMC approved mentorship award/programme (if not previously achieved), supporting and facilitating the development of placements within General Practice for nurses and other health care professionals.
- Create positive teaching and learning environments and mentorship and preceptorship schemes that enhance the development of nursing student's, nursing staff and other professions learning about care in General Practice and the wider community. Evaluate the impact of educational interventions for students, staff and patients.
- Develop systems to assess the learning and development needs of the GPN team and negotiate strategies with the Practice to meet these needs.
- Take responsibility for the practice assessment of nurses undertaking "foundation/fundamental" or NMC approved "specialist practice" general practice nursing courses and ensure excellent liaison with approved education institutions.
- Role model non-judgemental and value based care in practice creating a culture of openness and recognition of the duty of candour, promoting these values in other members of the GPN team.
- Support registered nurses in the team in the revalidation process, acting as a confirmer as necessary.

Domain 4 – Evidence, Research and Development

- Source and discern between different forms of evidence, engaging with the development of evidence based guidelines for the Practice or new models of primary care. Support staff to ensure all care is evidence informed and based on best practice.
- Contribute to the development, collation, monitoring and evaluation of data relating to service provision and development, quality assurance and improvement. Analyse this information for benchmarking of GPN services, where appropriate, in the local

area. Identify trends that may impact on the GPN service and, where appropriate, produce data-informed business/operational plans to support service development and innovation.

- Participate in the development of systems, including face-to-face engagement, valuing considered, honest and reflective patient feedback that enables patients to share their experiences of care confidentially. Develop processes for the systematic improvement of service in response to patient feedback.
- Ensure governance systems are in place for GPN staff that ensures patient follow up, referrals, correspondence and safety alerts are actioned.