

Royal College of Nursing response to the GP Partnership Review

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

The RCN supports the Government's ambition to transform general practice in England¹ and we welcome the opportunity to submit to the GP Partnership Review. This Review is relevant for nurses working in general practice both as employees of partnerships but also as Nurse Partners themselves.

We have taken this opportunity to raise some key issues for General Practice Nurses (GPNs) in relation to the GP Partnership model and general practice more broadly. These are workforce, pay and role development. We urge the Chair to consider these issues in making recommendations to reform the partnership model and to ensure that GPNs are supported and enabled to advance and take on partnership roles when they want to.

Key issues

- There is a workforce crisis in England and urgent action must be taken to address the recruitment, retention and workload issues; this is particularly true in general practice. The RCN is calling for a health and social care workforce strategy for England, which must set out how this will be achieved.
- The essential role of General Practice Nurses (GPNs) in strengthening and transforming general practice and primary care must be recognised and supported.
- The GP Partnership model in England must remain open to nurses and other practice staff and encourage and support nurses to become partners where they wish to, in recognition of the valuable role they have to play in the business.
- GPNs should be encouraged to advance and deepen their knowledge and skills, which will in turn will bring benefits for patient care, the practice and business. However, access to Continuing Professional Development (CPD) for GPNs in England varies widely and many do not receive any support from their employers. All GPNs should have access to quality assured CPD and education to support career development, which is based on practice

¹ <https://www.england.nhs.uk/gp/gpfv/>

population health needs and individual annual appraisal. Employers in general practice must support this.

- The current pay system for GPNs in England is inconsistent and unfair. GPNs should have equal pay and terms and conditions of employment which is aligned with nurses working in other parts of the health and care system.
- Nurse leadership in general practice and at partnership level can help improve the business and support and foster multi-professional integrated ways of working.

General practice workforce crisis

The high number of staff vacancies, particularly of nurses, and the ongoing challenges of recruitment and retention of nurses across the health and social care workforce in England are well documented. General practice is experiencing unprecedented workload and workforce challenges².

The age demographic of GPNs is higher than other groups within the profession. This is particularly challenging when the workforce is already facing high vacancies, likely to be exacerbated by the 33.4% of GPNs who are due to retire between 2016 and 2020.³ As the 'Key Lines of Enquiry' document for the GP Partnership Review acknowledges⁴, practice nursing has a significant recruitment and retention problem.⁵

In order to meet the changing population health needs and preferences of patients, investment in general practice and a focus on growing and developing the general practice workforce must be a priority. Given the transformation agenda, there is a particular need to ensure greater provisions for primary and community care both now and in the future. The RCN is calling for a health and social care workforce strategy for England, which must include how this will be achieved for general practice. The essential role of GPNs in delivering general practice services across the full range of settings should be explicitly recognised, supported and strengthened.

The workforce crisis in general practice has led to the development of new roles, such as physician assistants. However, we believe that investing in growing and developing the primary care nursing workforce should be a priority. While we welcomed the General Practice Forward View's commitment to a £15m fund to improve training of GPNs and improve retention⁶, we need a detailed action plan for how this will be achieved. We believe that improving pay, developing nurse

² <https://www.bma.org.uk/news/media-centre/press-releases/2017/august/mounting-workforce-crisis-in-general-practice-threatening-patient-care-warns-bma>

³ https://www.qni.org.uk/wp-content/uploads/2016/09/gpn_c21_report.pdf QNI

⁴ July 2018 GP Partnership Review Key Lines of Enquiry

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/723772/gp-partnership-review-key-lines-of-enquiry-call-for-evidence.pdf

⁵ Kings Fund (2016) Understanding pressures in general practice

⁶ <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

education with primary care as a major pathway⁷ and investing in role development for GPNs should be central pillars of this plan.

Pay and conditions for nurses in general practice

The RCN has previously raised concerns about the inconsistency and inequality of GPN pay, and the terms and conditions of their employment. As GPNs are not on Agenda for Change contracts in England, their rates of pay are not linked to a standard pay scale structure. Although some practices take guidance from Agenda for Change NHS England pay banding structures, there is wide variation and inconsistency between practices. While average pay appears to be equivalent to an NHS band 6, this is not underpinned by all the other NHS terms and conditions and evidence shows that salary and other terms and conditions such as annual leave entitlement for GPNs varies widely.⁸

A review of the practice nurse workforce in York found wide variation in the job descriptions for practice nurses, and even within some teams⁹. The review also found inconsistencies between practices' terms and conditions, including annual leave entitlement and staff benefits. Furthermore, promotions were often determined in-house in an ad-hoc way, without linking to any standardised competency framework, making it difficult to link a career and performance development structure to the workforce.

Currently, GPN pay has little bearing on their roles and responsibilities. In response to a Queen's Nursing Institute (QNI) survey of GPNs, only 35% of respondents felt that their salary reflected their role within the practice¹⁰. The GPN role also does not offer incremental pay based on added skills. Evidence shows wide variation in salary, with remuneration not linked to level of responsibility¹¹.

There should be equality in pay for nurses working at all levels within general practice, including for those nurses who are Partners. Additionally, as part of the transformation agenda, many roles now have shared job descriptions, competencies and often shared rotas (where a role is suitable for a range of appropriately qualified health care professionals including doctors, nurses, and Advanced Health Practitioners)¹². There must be equity in remuneration for nurses with other professionals working in these roles.

At minimum, remuneration for nurses and care staff working in general practice should be underpinned by the real Living Wage (as defined by the Living wage Foundation¹³) and aligned with NHS. During the negotiations with the Government

⁷ S Nutbrown (2016) 'Out of Hours The contribution of nurse partners to primary health care', British Journal of General Practice, November 2016

⁸ https://www.qni.org.uk/wp-content/uploads/2016/09/gpn_c21_report.pdf

⁹ Smith, P. & Berry, L. 2018, "General practice nurse workforce review: Findings from York", *Practice Nursing*, vol. 29, no. 6, pp. 265-269.

¹⁰ https://www.qni.org.uk/wp-content/uploads/2016/09/gpn_c21_report.pdf

¹¹ Smith, P. & Berry, L. 2018, "General practice nurse workforce review: Findings from York", *Practice Nursing*, vol. 29, no. 6, pp. 265-269.

¹² <https://www.england.nhs.uk/urgent-emergency-care/nhs-111/urgent-care-workforce-development/>

¹³ <https://www.livingwage.org.uk/calculation>

regarding pay rises for NHS employed staff in England earlier this year, the RCN called for equivalent pay increases for all other RCN members, including GPNs, who are not directly employed by NHS organisations but who deliver NHS services. This is crucial to demonstrate the value and importance of the GPN workforce for transforming primary care and improving recruitment and retention.

To facilitate a more integrated way to review the pay of all nurses and health care staff in England, we recommend the establishment of a new, separate national staff council, negotiating for all nurses and care assistants in health and social care who are not directly employed by an NHS organisation. A new inclusive sector council would provide a mechanism to improve workforce planning, recruitment, retention, staff engagement, employment skills, standards of care and productivity across independent health and social care. A staff council would also facilitate future pay discussions for staff in this sector to take place in an effective manner; engaging all parties, including the Government, employers and trade representatives and trade unions in ensuring that there is a level playing field on pay and conditions for all providers and nursing staff working in this diverse sector.

The RCN is currently working on a 'good employer guide for GPNs' which is targeted at practice managers and GPs. This will provide advice to general practice employers in how they can best support the professional practice and employment of GPNs, such as fair pay, terms and conditions, professional practice and guidance, clinical supervision, education, professional revalidation for nurses, and health and wellbeing. When this work is completed we would urge general practice Partnerships to utilise the guidance in their work.

We are also in the early stages of working with NHS England and other stakeholders to explore the potential for a national standard contract for GPNs. Through this, we want to see the best aspects of Agenda for Change used across the employment of general practice nursing. These discussions cover the full breadth of employment terms and conditions for GPNs and the outcomes of this would be significant for GP Partners.

Role development for GPNs

General Practice Nurses are mainly employed by individual and independent GP partnerships, with the exception of GPNs who have become partners, and practices run by companies such as One Medical and Virgin. There is also the example of the innovative and highly successful Cuckoo Lane Practice in West London, which is run by nurse practitioners Julie Belton and Carol Sears, and is one of the only nurse-led practices in the country. It was rated outstanding by the CQC in April 2015.¹⁴

There are no official numbers of Nurse Partners in the UK, although research from the Queen's Nursing Institute (QNI) highlighted just 1.6% of practice nurses are nurse partners in a GP practice.¹⁵ Nurses may become partners through a variety of

¹⁴ <http://www.independentnurse.co.uk/news/serious-lack-of-practice-nurses-in-leadership-roles-finds-qni-research/114524/>

¹⁵ https://www.qni.org.uk/wp-content/uploads/2016/09/gpn_c21_report.pdf

arrangements,¹⁶ but most secure their initial offer of partnership while working as a salaried employee in a practice. Most of those who have become Partners are advanced nurse practitioners (ANPs) who have seized an opportunity to develop the autonomy their advanced clinical skills have given them¹⁷.

Currently the General Medical Services contract in England allows for partnerships to be formed with practice managers and nurses, as long as there is one registered general practitioner (GP) involved¹⁸. We want to see this option continued in any reform of the GP Partnership model, with support and encouragement given to nurses to become Partners when they want to. It must be recognised that staff across the practice, including nurses, have a valuable role to play in the business and this should be reflected in the reforms.

There is a strong case for involving nurses in primary care leadership positions. The new care delivery models and the broader focus on integration in Sustainability and Transformation Plans (STPs) will require teams to incorporate and foster multi professional working¹⁹. It is crucial that general practice leadership and that of new and emerging care models is multi professional and inclusive of nurses.

There is consensus about the need to address the growing shortage of GPs in England and workload issues²⁰. Increasing the number of GPNs working at a strategic level and investing in their training and development would help to address this, by enabling more GPNs to share the GP workload.²¹ As stated in the National Primary and Care Trust Development Programme factsheet on 'Nurses becoming Partners', nurse partners can bring a range of benefits to the practice itself including bringing a different professional perspective to strategic and operational decision-making, providing a leadership role to the other nurses working in and with the practice, providing release for GP time, and also at the individual level in terms of job satisfaction. Furthermore, multi-professional partnerships (nurses, practice managers and GPs) have the potential to break down traditional professional hierarchies and recognise the contribution made by different professionals in meeting a practice's goals.²²

The will to progress to leadership roles is there: in response to one poll, 81% of nurse respondents said they would become nurse partners if given the opportunity. However, GPNs have raised concerns with us about a lack of investment in their training, updating or advancing their skills beyond clinic room nurse. In England, Continuing Professional Development (CPD) funding for GPNs is included in wider

¹⁶ <https://www.england.nhs.uk/gp/gp/v/ redesign/gpdp/>

http://www.natpact.info/uploads/2004_Dec/Nurse%20Partner%20Factsheet%20FINAL.pdf

¹⁷ S Nutbrown (2016) 'Out of Hours The contribution of nurse partners to primary health care', British Journal of General Practice, November 2016

¹⁸ <https://www.england.nhs.uk/wp-content/uploads/2017/02/GMS-16-17.pdf>

¹⁹ <https://www.england.nhs.uk/wp-content/uploads/2016/07/mcp-care-model-frmwrk.pdf>

²⁰ <http://www.rcgp.org.uk/about-us/news/2018/january/workload-in-general-practice-a-real-concern,-says-rcgp.aspx>

²¹ S Nutbrown (2016) 'Out of Hours The contribution of nurse partners to primary health care', British Journal of General Practice, November 2016

²² http://www.natpact.info/uploads/2004_Dec/Nurse%20Partner%20Factsheet%20FINAL.pdf

general practice funding, leading to an inconsistent offer to GPNs and a fragmented approach to knowledge and skills development for them.²³

All GPNs should have access to quality assured CPD to support career development, which is based on practice population health needs and individual annual appraisal. Employers in general practice, including GP partnerships, must support this. Funding for CPD for GPNs must be equal with doctors working in general practice, and with nurses working in other parts of the healthcare system. Nurses in general practice should be encouraged to advance and deepen their knowledge and skills, which will in turn will bring benefits for patient care, the practice and the business.

The Nursing and Midwifery Council's recordable specialist practice qualification (SPQ) in General Practice Nursing sets consistent standards for the workforce, yet in response to a QNI survey of GPNs, only 10.6% of respondents held the SPQ²⁴. We want to see greater recognition of the value of the specialist qualification, and increased support and investment for nurses working in general practice to access it.

Furthermore, any prospective Partner, including a nurse, who is considering partnership will require access to leadership and business training and support to ensure that they understand the full legal implications of becoming partners and can pursue that as a career route if they so wish.

Anecdotal evidence tells us that GPNs often feel that their creativity and role development is stifled by lack of wider communication and poor teamwork, micro management, lack of flexibility, and not being listened to. Strong senior nurse leadership could help to address these issues, but it is also crucial to develop systems that better support integration and address fragmentation. The current system that community nurses and practice nurses see the same patient population and yet often have limited communication or information sharing is one such example. There must be full engagement of the whole primary and community nursing teams, including GPs, to promote seamless and effective care.²⁵

There must be greater clarity, development and promotion of a career pathway from nursing student to GPN, to specialist qualification and advanced practice and leadership roles, such as clinical leads and Nurse Partners. There are many examples of clinical leads of GP practices who provide governance and leadership to GPs, as well as the wider workforce.

Greater recognition by GP employers of the value and skills nurses can bring to the Partnership, and the need for nurses to maintain and advance their skills and learning, as stated in their professional Code of Conduct²⁶, should be encouraged. There must be a fundamental shift in the language used in general practice

²³ Kathy Oxtoby (26 March 2018) 'CPD funding for practice nurses – why is it so variable?', *Nursing in Practice*, <https://www.nursinginpractice.com/article/cpd-funding-practice-nurses-%E2%80%93-why-it-so-variable>

²⁴ https://www.qni.org.uk/wp-content/uploads/2016/09/gpn_c21_report.pdf

²⁵ <https://www.rcn.org.uk/professional-development/advanced-practice-standards>

²⁶ NMC Code of Conduct <https://www.nmc.org.uk/standards/code/>

contracts, as this is often interpreted into local practice in a way that is focused on GPs and not inclusive of the wider general practice team.

In order to reflect the multidisciplinary teams in general practice, nurses and other practice staff should be integral to the language of general practice contracts. As Nutbrown (2018) has argued, *“the entrepreneurship and expertise demonstrated by nurse partners in multi professional working is vital to the continuation of modern effective primary health care”*. However, this will also require a willingness by GP Partners to accept a shift in the traditional hierarchy between nursing and medicine.

About the Royal College of Nursing

The RCN is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

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