

# Transition to General Practice Nursing

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## Section A-Thinking about working in primary care

### Chapter 1 -What is General Practice Nursing?

#### Introduction

The aim of this Chapter is to:

- Provide you with a brief overview of the history of General Practice Nursing in the UK.
- Consider how some of the perceptions of General Practice Nursing reflect the historic development of the role
- Outline the different roles and responsibilities of professionals in the primary care setting
- Consider what skills you may need to work in the primary care setting

#### Historical Perspectives

General Practice Nursing is a rapidly expanding speciality in nursing, reflecting the shift in health care delivery from secondary to primary care over the last two decades. Initially nurses were said to be attracted to working within General Practice because of the regular hours and flexibility offered because it tended not to involve shift work. Increasingly it is because of the ability to work with individuals and families and to take on a variety of roles and responsibilities.

Following the formation of the NHS in 1948, General Practitioners were appointed as independent contractors and 'gatekeepers' of access to health care. They have been responsible for delivering primary and personal medical care to all those patients registered with them ever since. It was not until 1966 that the first contract between General Practitioners (GPs) and the National Health Service (NHS) was drawn up and funding for ancillary staff, including nurses, was made available. In the very early days nurses were generally employed to work in treatment rooms, carrying out basic nursing care tasks such as weighing patients, testing urine, taking specimens, doing dressings and giving injections and observations such as temperature and pulse (Cartwright and Scott 1961).

The limited range of duties of the General Practice Nurse (GPN) at this time would have been unlikely to exceed the competencies expected of any registered general nurse. This perception, that GPNs were unlikely to require further post registration training or education to fulfil the role, generally persisted up until the late 1980s. With subsequent changes to the contracts that GPs have held with the NHS to provide General Medical Services, both in 1990 and 2004, a greater emphasis has been put on the role of GPNs in the management of long term conditions (LTCs) such as diabetes, asthma and chronic obstructive pulmonary disease and in health promotion. This has resulted in the requirement for specific additional training for nurses working in General Practice.

The public attitude towards GPNs may reflect traditional attitudes towards community nurses such as District Nurses due to the nature of the care that they perform. Community nurses have traditionally had to be creative in the way in which they practice and deliver care in the home setting. They are renowned for being able to 'think on their

‘This perception that GPNs were unlikely to require further post registration training or education generally persisted to the 1980s.’

feet’: to adapt to situations and be resourceful in unpredictable surrounding and situations QNI (2008). Similarly GPNs have responded to a rapid expansion in their role by developing skills, gaining knowledge and maintaining informal networks to disseminate good practice. The Royal College of Nursing (RCN) practice nurse forum lobbied for specialist practitioner recognition from the United Kingdom Central Council (UKCC) and this was achieved in 1994 (UKCC 1994); however this did not result in a recognised qualification.

In addition to their role in the management of LTCs and in the treatment room, nurses in general practice have developed skills in the management of patients with undifferentiated diagnoses and those requiring unscheduled or urgent care. This has led to the development of Advanced Practice Nurses and Advanced Nurse Practitioners reflecting the diversity of opportunities available. The DH Advanced Practice Position Statement (2010) outlines the key element of Advanced Practice which include prescribing and referral.

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215935/dh\\_121738.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215935/dh_121738.pdf)

The introduction of Health Care Assistants (HCA) to the Multidisciplinary Team (MDT) within general practice has contributed to this diversification. The role of the HCA in General Practice tends to involve tasks such as simple dressings and the administration of injections under Patient Group Directives, but is still relatively new and varies from practice to practice.

The Shape of Caring review (2015) chaired by Lord Willis outlines its intention to improve the capabilities of Health and Social Care Assistants and for Health Education England (HEE) to promote structured career development for these increasingly important members of the workforce. The introduction of the Care Certificate to be completed by all new HCAs during their induction is the first step. The Care Certificate is a first level introduction to the fundamentals of care and consists of 15 standards that are assessed ‘in house’ during the first 12 weeks of employment.

Below are links to the Shape of Caring Review and to further information on the Care Certificate.

- <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/03/2348-Shape-of-caring-review-FINAL.pdf>
- [www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx](http://www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx)

## Definition of a General Practice Nurse

General Practice Nurses work as part of a Multi-Disciplinary Team (MDT) within GP surgeries and assess, screen and treat patients of all ages. In addition to providing traditional aspects of nursing care such as wound care, immunisations and administration of medicines, they run clinics for patients with Long Term Conditions such as asthma, heart disease and diabetes. They also offer health promotion advice in areas such as contraception, weight loss, smoking cessation and travel immunisations.

## Role of general practice nurse

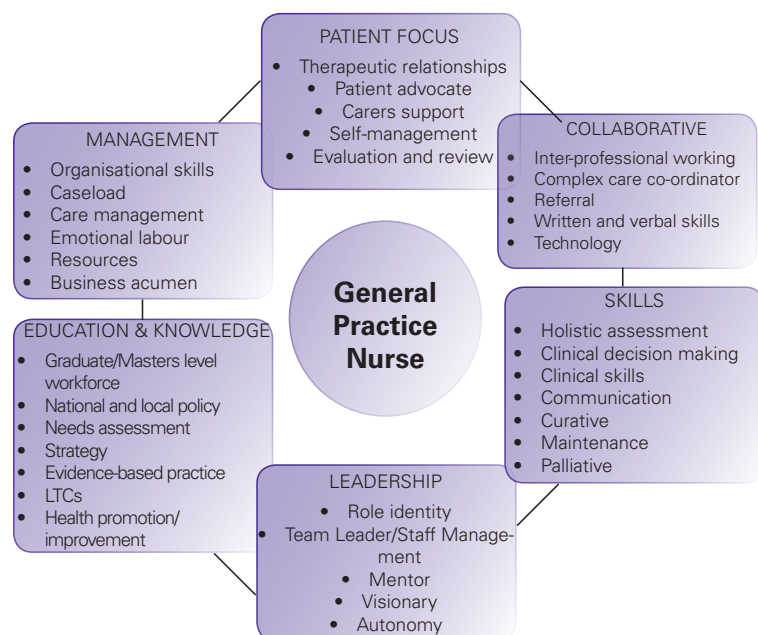


Figure 1. Created by Sharon Aldridge-Bent (2012)

## The Future

The Health and Social Care Act (2012) primary care saw the introduction of Clinical Commissioning Groups led by GPs responsible for the commissioning and delivery of health care. As a result many GP practices are working closely together to redesign primary care services and consider how the MDT might work in different ways.

‘The Five Year Forward View’ (2014) stresses the need to change the way in which health care is delivered and suggests ways in which health and social care organisations might change. As a result it is predicted that General Practice Nurses’ and community nurses’ roles will continue to change in response to the demands and challenges presented by an ageing population with complex physical and mental health needs.

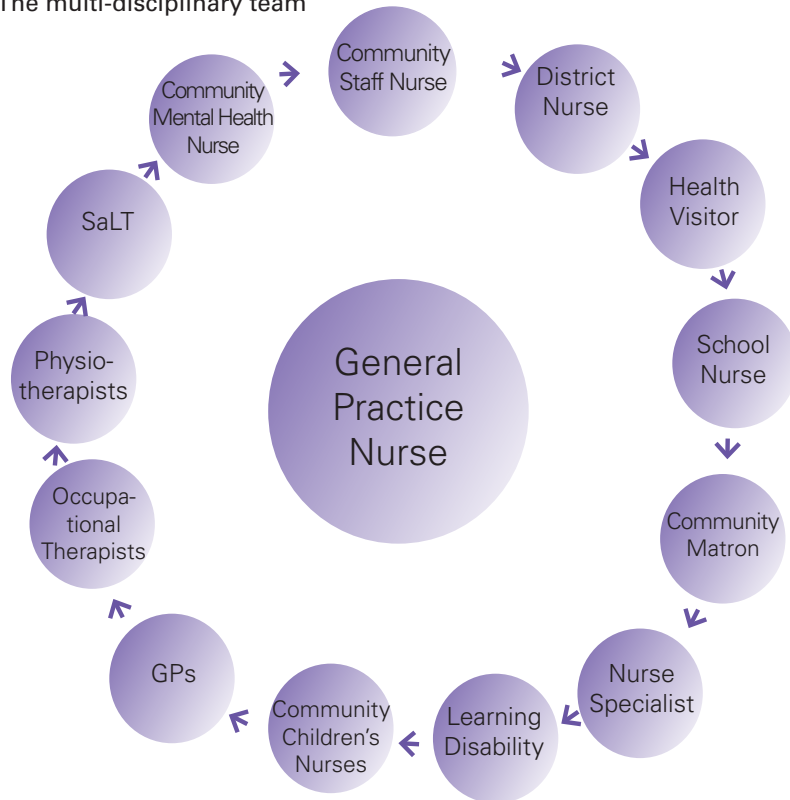


It is likely however that nursing in general practice will continue to offer a diverse range of career options.

### Different roles in the community

General Practice Nurses work with a wide range of health and social care professionals. Trying to identify and establish all the different roles will seem quite daunting to begin with. Here is a brief overview of the roles to get you started:

The multi-disciplinary team



**General Practitioners (GPs)** - provide a complete spectrum of care within the local community: dealing with problems that often combine physical, psychological and social components. Most GPs are independent contractors to the NHS. This independence means that in most cases, they are responsible for providing adequate premises from which to practice and for employing their own staff.

**District Nurses** - are qualified and registered nurses who undertake further training and education to become specialist community practitioners. They visit people in their own homes or in residential care homes, providing care for patients and supporting family members. As well providing direct patient care, district nurses also have a teaching role, working with patients to enable them to care for themselves or with family members, teaching them how to give care to their relatives.

**Health Visitors- also known as a Specialist Community Public Health Nurse (SCPHN)** - Health Visitors work with families with children under the age of 5 years. They support families and children in issues such as growth and development, post natal depression, breast feeding and weaning, domestic violence and bereavement. They also play a role in safeguarding and protecting children from harm.

**School Nurses** - also known as a Specialist Community Public Health Nurse - (SCPHN). School nurses work primarily with children in the

## 'There are many specialist nurses working in the community setting.'

school setting. They offer a wide variety of services including health and sex education, development screening, immunisation screening and personal, social and health education across primary and secondary education.

**Community Children's Nurses** - provide holistic care to sick children by providing nursing care in the community setting, empowering and enabling the child, family/carers to become more competent in the management of the child's condition, thereby reducing the need for hospital admissions or enabling early discharge. Community Children's Nurses provide nursing care to children and young people with a life limiting, life threatening condition, complex disability, long term conditions such as asthma, eczema or allergies as well as palliative and end of life care.

**Community Matrons** - are usually deemed to be working as advanced nurse practitioners. These highly-skilled nurses have a variety of tasks and responsibilities, including: carrying out treatment, prescribing medicines, or referring patients to an appropriate specialist. They plan and provide skilled and competent care that meets patients' health and social care needs, involving other members of the healthcare team as appropriate

### Specialist Nurses

There are many specialist nurses working in the community setting and they play a key role in the management of patient care. Working closely with doctors and other members of the multidisciplinary team, they educate and support patients, relatives and carers from a variety of specialties e.g. Tissue Viability, Palliative Care, Diabetes, Parkinson's, Continence Advisors and Coronary Heart Disease.

**Community Mental Health Nurses** - A Community Mental Health Nurse (CMHN), also sometimes known as a Community Psychiatric Nurse, is a registered nurse with specialist training in mental health. Some CMHNs are attached to GP surgeries, or community mental health centres, while others work in psychiatric units. CMHNs have a wide range of expertise and offer advice and support to people with long-term mental health conditions, and administer medication. Some CMHNs specialise in treating certain people, such as children, older people, or people with a drug or alcohol addiction.

**Learning Disability Nurses** - provide specialist healthcare to those with a range of learning

disabilities. They also offer support to their families. Learning disability nursing is provided in settings such as adult education, residential and community centers, as well as in patients' homes, workplaces and schools.

**Pharmacists** - are experts in medicines and work to ensure the safe supply and use of medicines by the public. Pharmacists register with the General Pharmaceutical Council (GPhC) following completion of a four-year Master of Pharmacy degree from a UK school of pharmacy. They then work for at least a year under the supervision of an experienced and qualified pharmacist, either in a hospital or community pharmacy such as a supermarket or high street pharmacy. Around 70% of pharmacists work in the community preparing and dispensing prescription and non-prescription medicines in premises on local high streets.

**Occupational Therapists** - work with people of all ages to help them overcome the effects of disability caused by physical or psychological illness, ageing or accident. The profession offers enormous opportunities for career development and endless variety.

**Physiotherapists** - A physiotherapist's core skills include manual therapy, therapeutic exercise and the application of electro-physical modalities. They also have an appreciation of psychological, cultural and social factors influencing their clients. Most physiotherapists work in the community and a growing number are employed by GPs. Treatment and advice for patients and carers take place in their own homes, nursing homes, day centres, schools and health centres.

**Rapid Response or Integrated Care Teams** - are multidisciplinary health and social care teams made up of physiotherapists, occupational therapists, support workers and nurses. The service aims to prevent unnecessary patient admission to hospital. These teams provide short-term support and rehabilitation in the home.

**Speech and Language Therapists (SaLT)** - assess and treat speech, language and communication problems in people of all ages to help them better communicate. They'll also work with people who have eating and swallowing problems.



**Exercise**

What personal skills are required to work in the community?

In some instances a SWOT analysis is a good way to establish insight into your own abilities. Take a sheet of paper and divide it into four cells and label them 'strengths' 'weaknesses' 'opportunities' and 'threats'. Under each heading within each cell write down as many things that you can think of that relate to your role as a nurse. You can then ask yourself, 'What are the threats that the weaknesses expose us to?' and 'What opportunities arise because of your strengths?'. By doing a SWOT analysis it allows you to become critical of and to reflect upon your own behaviour. This can sometimes be a step towards changing and developing as a result both personally and professionally.

**Diagnostic self-assessed identification of leaning needs for community based practice:**

Strengths	Weaknesses
Opportunities	Threats

**Example of a completed SWOT**

Strengths	Weaknesses
Excellent clinical skills Good communication skills Enthusiastic Like being able to make decisions	Have not worked in the community before Lack confidence Worried about additional skills needed Not confident to teach others Lack of knowledge of a wide range of LTCs Lack of clinical skills
Opportunities	Threats
Working in a team Change in career pathway Support from my mentor Opportunity to do the course	Not sure if primary care nursing is for me Working on my own Safety Making the right decisions

# 'When I first moved to the community I wasn't aware that I would have so much to learn.'

Having completed your SWOT, it will be clear that you possess many transferable skills from your present position that can be used in a different setting. It may also allow you to realise that working in the community is not for you, or perhaps there are areas you need to develop before deciding upon a move.

In a recent QNI (2013) community survey, 58% of all nurses identified lack of clinical skills as one of their main concerns when starting a career in the community.

*'When I first moved to the community I wasn't aware that I would have so much to learn. I thought that the skills I had as a qualified nurse would be all I needed- Oh how wrong I was!'*



## Exercise

Now consider what additional clinical skills do I need to work in General Practice? Make a list of them here:

Additional clinical skills needed may include:

- Wound and leg ulcer assessment and management including: use of Doppler, wound products, compression bandaging.
  - Ear irrigation
  - Venepuncture
  - Management of Long Term Conditions e.g. diabetes and asthma
  - Childhood immunisations
- (This list is not exhaustive).

## General Practice Nurses' Quotes

What do you most enjoy about working in General Practice?

*'Patient contact - in our practice we do get to know patients and their families.'*

*'Being able to use all of my nurse skills to deal with acute and chronic presentations.'*

*'Helping patients achieve their goals. Optimising care and encouraging self- management.'*



## Chapter Summary

This Chapter has looked at the history of General Practice Nursing in the UK and some of the public attitudes towards community nurses. It has identified the distinct role of the General Practice Nurse and the importance of developing a clear understanding of all the other health care professionals that provide care to people in the home.

It has challenged you to consider if primary care nursing is for you and also to think about your own clinical skills and what additional skills you may need to work in general practice.

## Web Resources

- [www.qni.org.uk](http://www.qni.org.uk) - The Queen's Nursing Institute
- [www.nhscareers.nhs.uk](http://www.nhscareers.nhs.uk) - NHS Careers
- [www.bupa.co.uk/buildingthecase](http://www.bupa.co.uk/buildingthecase) - BUPA
- [www.rcn.org.uk/development/nursing\\_communities/rcn\\_forums/practice\\_nurses](http://www.rcn.org.uk/development/nursing_communities/rcn_forums/practice_nurses) - RCN
- [www.practicenursing.co.uk](http://www.practicenursing.co.uk) - Practice Nurse's Association
- [www.rcgp.org.uk/membership/practice-team-resources/~media/1E0765D171B44849876EA38FC97E96F1.ashx](http://www.rcgp.org.uk/membership/practice-team-resources/~media/1E0765D171B44849876EA38FC97E96F1.ashx) - RCGP GPN competencies
- [www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0003/146478/003207.pdf](http://www.rcn.org.uk/__data/assets/pdf_file/0003/146478/003207.pdf) - RCN ANP Competencies
- [www.6cs.england.nhs.uk/pg/cv\\_content/content/view/149160/129853](http://www.6cs.england.nhs.uk/pg/cv_content/content/view/149160/129853) - DH Visual
- [www.gov.uk/government/publications/advanced-level-nursing-a-position-statement](http://www.gov.uk/government/publications/advanced-level-nursing-a-position-statement) - DH Advanced Nursing Practice position statement