

# Transition to General Practice Nursing

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## Section C - The future - personal and professional development

### Chapter 9 - The policy context and keeping up to date

The aim of this chapter is to:

- Raise awareness of the political climate in which the NHS now exists
- Consider the future for General Practice nursing
- Explore some of the impact these changes will have on practice
- How do you keep up to date?

In today's NHS there are many changes that will impact on the way in which primary care nursing is delivered and as a nurse you will need a working knowledge of what these changes will mean to you in your role. We will now look in turn at the Department of Health (DH), the Royal College of General Practitioners (RCGP), The Queen's Nursing Institute (QNI) and Royal College of Nursing (RCN) and their interpretation of some of the changes.

#### The Department of Health

The NHS faces a period of change both in terms of demographic changes and the shifting burden of disease, requiring the reassessment of the hospital based model of care (Commons of Health Select Committee 2012). The Department of Health's Structural Reform Plan recognised the shift of resources and emphasised care out in the community and it also highlighted the need to adjust working practices and roles to promote better healthcare outcomes (DH 2010a). The reconfiguration of the workforce and altering the point of service delivery has become essential. This redistribution from hospital based provision represents a need to enhance the delivery of care in the community setting. The need to make long-term cost savings whilst attempting to maintain and enhance the quality of services is paramount.

This expansion of community services and the emphasis on care closer to home resonates in many recent government and policy reports.

With an ageing population and increased prevalence of disease there will need to be a move away from the current emphasis on acute and episodic care towards prevention, self care and more consistent standards of primary care to care that is well co-ordinated and integrated (King's Fund 2011).

Close to Home (DH 2011) was an inquiry into older people and their human rights in home care. It was the first inquiry of its kind and it uncovered some real concern in the treatment of some older people, especially when examining how some services were commissioned. Its key findings highlighted neglect around delivery of care packages, financial abuse and a chronic disregard for older people's privacy and dignity. Whilst this report concentrated on older peoples experiences of receiving social care in the home setting, its findings were far reaching in terms of the infrastructure and systemic problems related to promoting human rights in the home care setting.

‘There has also been a need to return to the fundamentals of nursing which have been characterised in the 6 ‘Cs’.’

### The Five Year Forward View Report

The Five Year Forward View was published in October 2014 and sets out the current vision for the future of the NHS. It has been developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority. The purpose of the Five Year Forward View is to explain why change is needed, what that change might look like and how we can achieve it. It describes various models of care which could be provided in the future, and defines the actions required at local and national level to support delivery. It covers areas such as disease prevention; new, flexible models of service delivery tailored to local populations and needs; integration between services; and consistent leadership across the health and care system. [www.england.nhs.uk/ourwork/futurenhs](http://www.england.nhs.uk/ourwork/futurenhs)

The Five Year Forward View reinforces the need to change the way care is delivered, based not only on financial considerations but changing health and social care needs. The foundation of NHS care will remain in primary care but new partnerships between health services, local communities, local authorities and employers will need to be developed. An upgrade in prevention and public health is proposed and new models of out of hospital care suggested such as integrated hospital and primary care providers. These changes are consistent with the need to develop and expand the GPN workforce who are ideally skilled and placed to contribute to this agenda.

The nursing profession has evolved in line with changing disease patterns, new treatments and different service delivery. There has been a need to develop new knowledge and skills, accept more responsibility and accountability and create robust education opportunities. However, there has also been a need to return to the fundamentals of nursing which have been characterised in the 6 ‘Cs’. This has been characterised within the DH Strategy for Nursing 6 Cs care, compassion, competence, communication, courage and commitment [www.england.nhs.uk/wp-content/uploads/2012/12/6c-a5-leaflet.pdf](http://www.england.nhs.uk/wp-content/uploads/2012/12/6c-a5-leaflet.pdf)

There are various ways to get involved in 6C’s Live.

#### Twitter accounts to follow:

- @WeGPNs
- @6CsLive
- @nhsb

You can also follow nurse leaders such as the Chief Nursing Officer England and Director of Nursing for the Department of Health as well as specialist advisors for Practice Nursing.

#### Hashtags to follow:

- #6Cs
- #Caremakers

‘Compassion in practice’ is a strategy for developing a culture of compassionate care in nursing that was published in 2012 by the Chief Nursing Officer and the Director of Nursing at the DH, following an 8 week consultation with over 9,000 nurses, midwives, care staff and patients. [www.commissioningboard.nhs.uk/nursingvision](http://www.commissioningboard.nhs.uk/nursingvision)

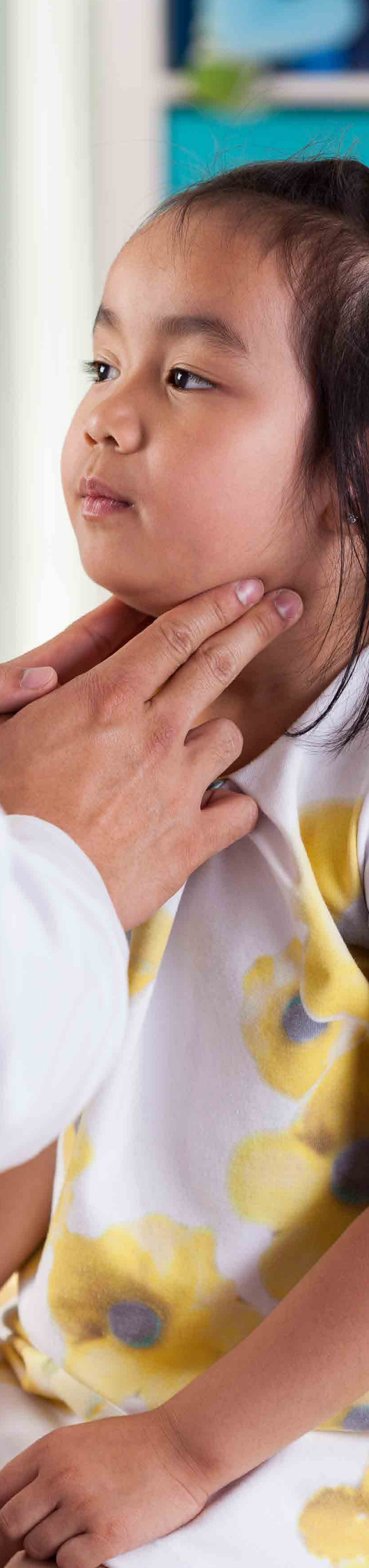
The Shape of Caring Review led by Lord Willis was published early in 2015 and aims to ensure that throughout their careers nurses and care assistants receive consistent high quality education and training that supports high quality care over the next 15 years.

It brings together findings and expertise from recent major reports and promotes good practice from across the country relating to the education and training of care assistants and nurses. Among the main themes are those of valuing the care assistant and widening access for them to enter nursing. This includes the previously mentioned Talent for Care strategy and the introduction of the Care Certificate. The review outlines suggestions for changes to the structure of nurse training that will promote community nursing and include the provision of placements in general Practice for nursing students. <https://hee.nhs.uk/work-programmes/shape-of-caring-review/>

### The Royal College of General Practitioners (RCGP)

The RCGP has also published its vision of the National Health Service in 2022. It acknowledges that the health needs of our population are changing, with an ageing population in which an increasing number of people have multiple long-term conditions.

Healthcare professionals will need to develop a range of generalist skills in order to meet the needs of patients with a growing range of long-term conditions. General Practice Teams are uniquely placed to develop and incorporate their ‘whole-person’ understanding of the patient and their family; to manage risk safely and to share complex decisions with patients and carers, while adopting an integrated



approach to their care.

The RGCP anticipates the need for integrated, community-shaped, generalist healthcare services with a greater number and diversity of skilled, generalist-trained professionals, able to care for patients in their homes and communities.

As a result they envisage that practice teams will require the skills and expertise of nurses, physician assistants and other professionals who have undergone specific vocational training in community-based settings and are trained for their generalist role, which will complement that of the General Practitioner. Their unique skills will include prescribing and advanced nursing skills in order to help deliver care for patients within the practice and wider federated organisations of practices and healthcare providers.

### GP Commissioning

You will need some understanding of GP Commissioning and its potential impact on patient care. This clip is a useful introduction:

[www.nuffieldtrust.org.uk/talks/videos/clare-gerada-commissioning-impact-patient-care?gclid=C12a8dHvg7cCFcXKtAodLG8A1A](http://www.nuffieldtrust.org.uk/talks/videos/clare-gerada-commissioning-impact-patient-care?gclid=C12a8dHvg7cCFcXKtAodLG8A1A)

You can also read about current issues with The New NHS - Clinical Commissioning groups by visiting the following link: [www.kingsfund.org.uk/projects/new-nhs/clinical-commissioning-groups?gclid=CNCZ0eDwg7cCFTMRtAodYzYAsA](http://www.kingsfund.org.uk/projects/new-nhs/clinical-commissioning-groups?gclid=CNCZ0eDwg7cCFTMRtAodYzYAsA)

From April 2013 the NHS Outcomes Framework has formed part of the way in which the government will hold the new NHS Commissioning Boards to account. The NHS Outcomes Framework 2014/15:

- Explains the purpose of the NHS Outcomes Framework and how it will work in the wider system;
- Highlights the main indicator changes across each of the five domains.

**Domain 1** - Preventing people from dying prematurely

**Domain 2** - Enhancing quality of life for people with long-term conditions

**Domain 3** - Helping people to recover from episodes of ill health or following injury;

**Domain 4** - Ensuring that people have a positive experience of care;

**Domain 5** - Treating and caring for people in a safe environment; and protecting them from avoidable harm.

[www.gov.uk/government/publications/nhs-outcomes-framework-2013-to-2014](http://www.gov.uk/government/publications/nhs-outcomes-framework-2013-to-2014)

'Without carers there would be many more hospital admissions.'

## The Queen's Nursing Institute (QNI)

The QNI carried out an extensive survey of patients and carers' experiences of being cared for in the home in 2011. This resulted in the report 'Nursing People at Home - the issues, the stories, the actions' (QNI 2011). The findings highlighted three things that patients said they wanted from community nurses: they want them to be competent, confident and caring. This theme was the start of the larger DH strategy launched in December 2012 (DH 2012a).

The case for integrated care has never been stronger with the ageing population and increased prevalence of chronic diseases. Care for people with complex health and social care needs must be made a real priority with commissioners and providers (King's Fund 2011). The new model of integrated community care that focuses on prevention of ill health as opposed to treating people when they become ill is viewed as forward thinking. This integrated model will require all key stakeholders to work in partnership in the co-ordination of this care. A network of primary care providers that promote and maintain continuity of care and act as links for the provision of chronic disease management and generalist care (Holland and McIntosh 2012).

## How do I keep up to date?

Keeping up to date is a requirement of the NMC registration. You are required to maintain currency in your field of practice to ensure that best evidence based practice is maintained and the public protected (NMC, 2015). It is also crucial given the rapidly changing NHS that all nurses monitor changing policy and respond appropriately.

One method of keeping up to date is to perform a literature search of a particular topic of interest related to your practice.

### The purpose of a literature search:

- It broadens your knowledge on a topic
- Increases your general knowledge, specialist knowledge, vocabulary and confidence
- Shows your skill in finding relevant information.

Contributing to consultation documents should also be an important aspect of the community nurse role. This means signing up to relevant professional forums such as the RCN or The QNI and ensuring that you are on relevant e-mailing lists. Your practice managers will be on circulation lists from different organisations, such as government departments. Make sure that anything is forwarded to you that is of

interest. Anyone can contribute to policy consultation documents either as individuals or groups and this is crucial in raising the profile of community nursing.



### Activity 1

What impact do you think GP Commissioning will have on patient care? Consider the advantages and disadvantages.



### Activity 2

Choose a topic that interests you or a topic that you know very little about, either must relate to General Practice Nursing.

- Search on the DH, The QNI, RCN, Kings Fund or any other related website for information
- Look at any resources you may have in your clinic or local surgeries
- Access all the related websites that are attached to this resource that may assist your search
- Start to compile an information file of your topic.



## Chapter Summary

This chapter has introduced the importance of understanding the government NHS reforms and other related literature and their impact on primary care. The emphasis will be on GPNs to be involved in service planning and the work of the Clinical Commissioning Groups. In order to do this they will need to be up to date and politically aware of how the changes will affect the delivery of primary care services.

## Web Resources

- [www.evidence.nhs.uk](http://www.evidence.nhs.uk) NHS Evidence database
- [www.kingsfund.org.uk](http://www.kingsfund.org.uk) The Kings Fund
- [www.nice.gov.uk](http://www.nice.gov.uk)