LMC Members in Surrey, East Sussex, West Sussex

In April 2009 the South East Coast SHA Directors of Nursing Forum commissioned a review of the current provision of training available for Practice Nurses within the SHA. In part this was in recognition of the significantly expanding role and expected range and level of skills of Practice Nurses, most of which are not part of pre-registration nurse training. There were also concerns that some aspects of currently available training, especially those provided at Higher Education Institutes, were under subscribed. A secondary strand of the Review was to consider in the context of nurses training needs ways of assessing competency and improving the availability of mentoring and learning support mechanisms to nurses whilst in practice.

Unfortunately as some colleagues will know one key component in ensuring Practice Nurses are encouraged and supported in their training, their GP employers, were not invited to participate in this Review until a briefing paper was received in October. Both Kent and Surrey and Sussex LMCs were represented at a meeting on 27th October. I have summarised my thoughts from that meeting below:

- By October the Review had produced a document 'Core Competencies for Practice Nursing'. This considered four levels within the Nursing Team: Healthcare Assistant, Practice Nurse, Senior Practice Nurse and Practice Nurisng Team Leader, the latter being expected to have a wider community-based range of influence, for example by involvement in PBC. The competency framework as written was, however, quite akin to a series of job descriptions and it was agreed following suggestions from the Deanery that this would be expanded and perhaps subdivided according to speciality skills rather than simply the four levels above.

- The 'Core Competency' document was also felt to not fully reflect the enormous range of skills and Practice roles Practice Nurses now have: some Practice Nurses are now Partners, others have significant managerial or specialist skills and responsibilities and take a lead role in managing patients with long-term conditions. This process has been encouraged by QOF and as the evidence increases that QOF is decreasing health inequalities this is likely to remain a DH priority. The term 'Practice Nurse' was thus felt to encompass much more than the more traditional 'treatment room' role, although it was also felt the large majority of Practices would still require this function and in many smaller Practices this might be the main nursing presence.

- The need to align Practice Nurse training more closely to what General Practitioners would find valuable (the LMC has already raised this point with the PCTs). If Enhanced Service specifications can be seen as a way of driving up the quality of patient services and broadening the skills base available within Practices then linking the development of training programmes to what is required within ES specifications seems an obvious and helpful step.

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- Accessing additional training was recognised as not simply a function of the type of training courses available and three other points were made:

  1. Resourcing the training: educational budgets were felt to be difficult to identify and likely soft targets in any financial downturn. Resourcing training via appropriate LES remuneration is the LMC believes, a 'safer' and more realistic option for Practices and should be recommended to all commissioners.
  2. Obtaining adequate backfill and resourcing: this is a major stumbling block preventing Practices releasing staff. Many simply do not have the capacity to absorb such absence.
  3. Obtaining mentoring advice and support in the community is impossible unless mentors can be trained and funded, they were perceived to be a scarce resource at present.

- Of particular interest to GP colleagues may be the Practice Training Model organised via Kent LMC. With support (and continuing funding) from the three PCTs in Kent, Kent GPs pay a per capita Levy of 27p (in addition to the Statutory and Voluntary Levy) which funds a Practice training programme. This includes a substantial nurse training element. There is a very high take up of the scheme in terms of GP participation. In the current climate PCT financial support may be difficult to obtain but Surrey and Sussex LMCs could investigate this model of supporting Practices further. This would however represent a significant additional cost to Practices, the current Statutory Levy in Surrey and Sussex is only 33p.

- The concerns raised by some General Practitioners in terms of the autonomy and independent contractor status of General Practitioners and the fact that, in the main, Practices do not participate in 'Agenda for Change' pay scales have been noted to the group but in my view the perceived implications of working within General Practice, positive and negative, had already been recognised by the Review.

- Many helpful comments have been made by GPs, and as a Practice Manager noted, the most appropriate training should:

  - Be short, practically focussed courses, centred on specific skills
  - Be implemented on a group basis rather than the individual practitioner
  - Include funding for back fill
  - Be much more coherent; and aligned to the demands being made on primary care in terms of commissioned services and potential transfer of work from the Acute sector
  - Be better publicised and easy to access

I have asked that the LMC be included in all further communications.

Dr Julius Parker
Chief Executive
17th November 2009