

Would 'growing our own' practice nurses solve the workforce crisis?

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Solving the Workforce Crisis in General Practice: Why not 'grow our own' Practice Nurses? --Manuscript Draft--

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Solving the Workforce Crisis in General Practice: Why not 'grow our own' Practice Nurses?

The current workforce crisis in primary care has prompted a rethink in the way that general practice is organised and patient care is delivered. Workforce reconfiguration is clearly a priority within general practice, and this paper highlights the need to look further than GPs to solve the problem.

Key points

- The move from a secondary to a primary care focus as advocated by the 'Five year forward view' (NHSE 2015) has created significant challenges for general practice.
- This transition of care responsibility, in addition to the financial crisis facing the NHS, has accentuated the workforce issues facing primary care.
- Significant numbers of GPs and GPNs are due to reach retirement age in the near future, a situation exacerbated by the pressures currently being placed upon general practice
- The challenges facing the GPN workforce need to be addressed.
- There is an urgent need for investment in the GPN workforce, including support for a defined career pathway

Background

There is constant reference in the media to an 'impending workforce crisis' in general practice, set against the backdrop of the Health Education England (HEE) report into primary care (PCWC 2015) and the Royal College of General Practitioners (RCGP) Practice Forum Report (RCGP 2014). Both of these reports conclude that General Practitioner (GP) partners are finding it harder to recruit GP trainees and to replace those GPs who are increasingly opting to retire early.

NHS England's *Five Year Forward View* (NHSE 2015) outlined plans to move more services into the community, and there is widespread agreement that this does need to take place. However it is equally acknowledged that if general practice is to be able to meet this future demand, the necessary resources must be put in place to support that transition. So, what are the real issues that need to be addressed? First and foremost there is a shortage of suitably qualified and experienced general practice staff to deal with the increasing workload that will result.

Local demographics

In some parts of Yorkshire there is certainly a significant shortfall in the number of GPs, and the age profiles of GPs are such that there is significant concern over the supply of appropriately trained GPs to fill future vacancies. Despite the decision to increase the numbers of GP training opportunities available, applications to GP training nationally continue to fall. Some parts of the UK, including Yorkshire, struggle to recruit sufficient numbers of GP trainees.

The GPN situation

The recent '10 point plan' (RCGP 2015) will go some way to addressing the workforce issues in general practice, but fails to recognise the need to address the underlying issues affecting nurses working in general practice. Only two out of the ten points could be said to address the needs of GPNs. Worryingly, both the RCGP and HEE papers also appear to underestimate the impact of the impending shortage of general practice nurses (GPNs). The Queens Nursing Institute (QNI) report (QNI 2015) identified that 33.4% of GPNs surveyed are due to retire by 2020, and that 43.1% did not feel that their general practice team had sufficient numbers of appropriately qualified and trained staff to meet the needs of their patients.

A 'perfect storm'

The age profile of GPNs is slightly different to those of GPs. The QNI report (2015) identified that approximately 33% of all GPNs are 'able' to retire within the next 5 years. The retirement 'risk' for GPNs is therefore significantly higher than that for GPs. This critical mass of experienced and skilled GPNs will potentially have disappeared by 2020. If there is no clear recruitment and retention strategy in place to increase the numbers of GPNs to both replace those GPNs due to retire and to address the increased workload being placed upon GPNs, then there is a 'perfect storm' brewing in which there will be an acute shortage of both GPs and GPNs at a time when the workload in primary care will be at its greatest.

The current context: what needs to be done?

The chronic shortage of GPs has already had a number of consequences for patient care. In particular, the GPN role has evolved to address some of these workforce issues. Most chronic disease management and surveillance now comes under the aegis of the GPN role. This has resulted in GPNs taking on more responsibility for long term conditions (LTCs) such as asthma and diabetes. This extended clinical responsibility has also required specialist education and training, such as the ability to 'independently' prescribe medication from the British National Formulary (BNF) (HEE 2015).

A substantial proportion of the chronic disease management in primary care is therefore provided through GPN-led clinics. The delegation of chronic disease surveillance work from GPs to GPNs has placed greater emphasis upon the importance of the GPN role to the successful running of general practice. Indeed, the evidence shows that GPNs make a significant financial contribution to general practice income through meeting Quality and Outcomes Framework (QOF) targets, particularly in relation to chronic disease surveillance (Griffiths et al 2011; Ball et al 2015).

GPN recruitment: culture and practice

Until recently, there has been little or no incentive for younger, newly qualified graduate nurses to consider a GPN post. This situation has arisen, at least in part, because GPs are small businesses that work *for* the NHS but are not part of it. GPNs are employed by the GPs and not the NHS, and are therefore an added 'cost' to the business. GPs would therefore rather recruit already experienced nurses than invest in newly qualified nurses and the extra costs involved in providing them with the education and training required for the role. When a GPN post has become vacant, there is evidence of a GPN recruitment 'merry go round' in which new GPNs are often appointed by poaching staff from other GP practices locally (Lane 2015; Lewis et al 2017). The recruitment of experienced nurses from other clinical environments has also meant that there is no established career structure or pathway for GPNs to follow.

As we are aware, GPs are small businesses that employ GPNs but have previously had little or no exposure to undergraduate nurse education *per se*, and this has given rise to a number of 'urban myths'. For example, graduating student nurses are often under the impression that they need to have secondary care experience before applying for GPN posts (McLaren et al 2016; Lewis et al 2017). These myths have had the effect of both dissuading graduate nurses from considering a career in general practice, and continuing to dissuade GPs from employing them. As with most myths, over time they have assumed a certain degree of truth, and the net result has been that general practice has, in the past, been perceived as something of a clinical 'backwater' that does not attract new, proactive graduate nurses. As far back as 2013, the RCGP 'Roadmap to Excellence' report (RCGP 2013) clearly articulated the need to attract more new graduate nurses into general practice if the predicted workload increase in primary care is to be satisfactorily addressed. It is argued that the commissioning of appropriate education and training, particularly for younger, newly qualified graduate nurses in general practice needs to be addressed as a matter of urgency.

Lack of placements in general practice

It may be argued that at least part of the impending GPN recruitment crisis relates to the lack of placements for student nurses in general practice. Unlike medicine, there is no established tradition of student nurses spending time on placement in general practice. As a result, there has been little reference to general practice within many undergraduate nursing programmes in the UK.

This means that even in 2017 many newly qualified nurses do not necessarily know what general practice nursing has to offer (Lane & Peake 2015). This situation clearly needs to be addressed, and one practical way to do this is to increase the number of clinical placements for student nurses within general practice. However, the RCGP survey noted the distinct lack of student nurse placements in general practice, exacerbated by a lack of GPNs with mentorship qualifications. These findings were borne out by the QNI survey (QNI 2015) which found that only 27.0% of GPs currently offered placements for undergraduate nursing students, compared to 61.5% offering placements to undergraduate medical students. Most general practices are used to offering placements for student doctors and GP trainees, and the cultural shift towards offering placements for student nurses is taking some time to achieve.

Why not 'grow our own'?

Given the historical dearth of student nurse placements in general practice, there have been a number of innovative solutions to address the impending GPN recruitment crisis (Lane & Peake 2015; Gale et al 2016; McLaren et al 2016). In some areas of the UK, the predicted shortage of GPNs is being addressed by increasing the placement capacity in general practice through the commissioning of student nurse placements by HEE. The Yorkshire and Humber Advanced Training Practices Scheme (ATPS) is example of one such scheme.

The ATPS works with participating GP practices and partner universities such as Sheffield Hallam University (SHU) to provide opportunities for student nurses at all levels of training to gain exposure to and experience of working in general practice. By providing placement experiences for student nurses within general practice comparable to those provided within the hospital-based setting, the students are able to gain a much more authentic insight into the role of the GPN. The move of student placement capacity from secondary to primary care is also in line with the philosophy of the Five Year Forward View, and has the added value of increasing the number of sustainable placements available for student nurses at a time where the existing ward-based placement 'circuit' is rapidly shrinking.

A cause for cautious optimism?

Now the initial obstacles to new graduate GPNs have been overcome, a 'virtuous spiral' should ensue whereby practices move from a 'why would we?' attitude to a 'why wouldn't we?' attitude to GPN recruitment, training and development. This cultural shift has been achieved through the ATPS by bringing together general practice and higher education. Now that this partnership working is embedded into the general practice culture, it will support future workforce planning and the development of the general practice nursing workforce, which in turn will help GP practices to meet the future health needs of their local population(s).

'Growing your own' GPNs

The idea is that GP practices are now encouraged to 'grow their own' GPNs through the ATPS (Lane 2015; Lewis et al 2017). Although still in its infancy, the preliminary results from the ATPS scheme have indicated that it is beginning to 'bear fruit' by encouraging GPs to consider recruiting newly qualified graduate nurses. By providing GPs with a better understanding of nurse education on the one hand and student nurses with a better understanding of general practice on the other, new graduate nurses are now being encouraged and supported to apply for posts within general practice. Once they have staff in post, the ATPS practices are being further supported to address the training and development needs of these neophyte GPNs. The 'opportunity cost' of new GPN development is a key aspect to consider in any potential solution (Lewis et al 2017).

The development of the 'GPN Ready' scheme through HEE is a good example of an initiative that provides participating GP practices with support and guidance in the recruitment and retention of new graduate nurses. The scheme includes an HEE-supported period of preceptorship and education for the new GPNs. Once the ATPS and GPN Ready schemes are firmly embedded into general practice culture, the next stage will involve the development of a career structure for nurses within general practice comparable to career pathways both within general practice (for GP trainees) and elsewhere within the NHS (HEE 2015; Lewis et al 2017).

In summary, workforce reconfiguration is clearly a priority within general practice. The significance of the cultural shift that has already taken place through the ATPS should not be underestimated, and GPs should be further encouraged and supported to embed these organisational and cultural changes. The burgeoning success of schemes such as the ATPS is testament to the progress that has already been made. In line with the move towards looking at alternative ways of working within the NHS, it clearly makes sense to look at the most clinically and cost-effective ways to address the impending workforce crisis within general practice. By developing the GPN workforce through investment in training and education, and supporting the implementation of a career pathway for GPNs, it should be possible to ensure that the health needs of the local population are being met now and in the future.

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