General Practice Nursing Induction Template

NHS

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Background

The General Practice Nursing 10 Point Plan (GPN10PP) (https://www.england.nhs.uk/leadingchange/staff-leadership/general-practice-nursing/) has given an investment of £15 million from the General Practice Forward View (GPFV) funding allocation, to support action which will address the significant workforce challenges and support improvements in General Practice nursing (GPN) by 2020.

The plan was initially led by Professor Jane Cummings, Chief Nursing Officer for England and its overarching focus is to build and develop the capacity and capability that is needed across the whole primary care workforce, as well as building GPN capability to support improved and innovative approaches in delivering health and wellbeing. The basis of this work has now been taken up by the new CNO, Dr Ruth May, who maintains that:

"Nursing staff will be at the heart of all plans to provide care fit for the 21st century and the nurse leadership voice is crucial to the broad health and care policy debate." Nursing in Practice (2019)

Within General Practice, it has been identified that there are significant variations between different practices in relation to orientation and induction of GPNs into this new work environment. Some nurses are offered structured courses that develop and steer them into the role gradually, while others are given as little as a week's induction before being expected to work alone.

Action 4 of the GPN10PP recognises the need to establish a national standard that will benefit all nurses making the transition into General Practice. There needs to be a shift among General Practice employers of the importance of General Practice nursing induction programmes to support nurses transitioning into GPN roles, which often challenge them with new ways of working. This template will offer guidance and shape the experience of new nurses as they progress and develop their career in General Practice nursing.

Introduction

This General Practice Nursing 10 Point Plan (GPN10PP) Induction Template is specifically designed for nurses in a first career destination in General Practice. It may also be beneficial to this group of nurses who require induction, having recently moved from a hospital or other community nursing environment. It is recognised that the template may be useful to those nurses who may have been working in primary care for some time, but who would like updating on their knowledge of GPN issues. It is also acknowledged that the template maybe useful to nursing associates, health care assistants and student nurses preparing for a primary care placement. The approach to the induction checklist updates the guidance within the Health Education England (2016) document 'Employing a newly qualified Nurse in a General Practice Nurse role: What you need to consider' by David Claxton, Programme Manager.

This new template will provide definition and guidance for practices employing General Practice Nurses. The template is underpinned by General Practice – developing confidence, capability and capacity – A ten-point action plan for General Practice Nursing (2017) and assist with good practice around induction and orientation, by developing a bespoke checklist with common 'national' elements that can be adapted to suit local areas.

Aim

The aim of this Induction Template is to provide a consistent and comprehensive system, ensuring that all newly qualified GPNs who are new to primary care receive an effective period of induction that assists supports them to become confident and competent in their new career.

Objectives

- To enable the General Practice Nurse to understand the requirements of this new role in a structured format;
- To recognise the importance of a well-considered orientation and induction programme;
- To enable the GPN to work safely and effectively within a new work environment;
- To provide guidance to the employer on the relevance and value of induction of nurses new to General Practice;
- Advise the GPN on the Educational and Training requirements of this role beyond initial nurse registration.

There will be an emphasis on the Education and Training of the GPN within this template and the importance of identifying learning needs early, beyond their initial nurse training, in order to develop clinical skills as well as recognising any knowledge deficits that will need to be addressed.

The template will refer to the reader in the 'first person' throughout, to support the GPN to identify the learning in this document as they embark on their new career in primary care.

Glossary of Terms

The language and terminology used around Induction can be ambiguous and interchangeable with some duplication of meaning. Within this document, the context and emphasis will be on primary care and the General Practice setting.

Term	Comment
Terms and Conditions of Employment (separate work being undertaken by NHSE)	**Terms of employment** are **conditions** that an employer and **employee** agree upon for a job. **Terms of employment** include an **employee's** job responsibilities, work days, hours, breaks, dress code, annual leave and sick days, salary and more. They also include benefits such as health insurance, life insurance and retirement plans.
Orientation	**'Where things are'** Involves the function of introducing a new employee to an organisation, its policies, the work environment and the team and the job responsibilities. Orientation is normally conducted within the first few days of employment.

Induction	**'How things are done'** Induction is the process for welcoming newly recruited employees and supporting them to adjust to their new roles and working environments. Induction can last several weeks or even months.
GPN Role	**'The role of the General Practice Nurse'** General Practice Nurses work as part of a team within GP surgeries and assess, screen and treat patients from across the lifespan. 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.
Employer	**'Employer Responsibilities'** It is an employer's duty to protect the health, safety and welfare of their employees and other people who might be affected by their business. Employers must do whatever is reasonably practicable to achieve this.
Education	**'How to develop'** The educational support of the newly qualified GPN in the first 18 months of employment will enable her to develop skills and knowledge to perform in the role and develop a career in primary care. Ongoing education and training for the whole workforce in this setting is also imperative.
Preceptorship (separate work being undertaken by NHSE)	**'Ongoing role development'** A newly qualified nurse requires a period of time to practice the skills acquired as a student under a degree of supervision with a preceptor. Preceptorship is normally a 'structured time phase' where a professional can develop confidence and refine these skills, values and behaviours as they practice.

General Practice Nursing
Review Job Description

As part of the application process, the GPN would have initially viewed the job description and person specification for the role. This would have assisted the applicant in ensuring that they had the correct credentials, qualifications, knowledge and experience, skills and personal attributes to apply for the post. When entering a new post, it is always good practice to re-visit both documents to clarify the role summary and principal responsibilities.

Contract of Employment and Probationary Period

Within the first few days of employment, the GPN will sign a contract of employment. The main difference when embarking upon a career in Primary Care is that most employers are independent businesses and the responsibility lies with the practice for recruiting and developing their own employees, which may differ from recruitment processes within the NHS. Probationary periods may vary somewhat with different stipulations around performance as an independent employer.

Annual Appraisal

A performance appraisal, also referred to as a performance review, is a method by which job performance of an employee is documented and evaluated. This process of career development will be discussed on an annual basis but may also have a mid-year review.

Professional Indemnity Insurance

In 2014 the UK Government introduced a new requirement for all healthcare professionals to hold an appropriate indemnity insurance arrangement in order to practice and provide care. The new five year GP Contract (2019) in England that comes into effect from April 2019 and will be run by NHS Resolution, will see all NHS GP service providers, including out-of-hours, become eligible to have their indemnity costs covered by NHS England. It means practices will no longer have to cover practice nurse insurance payments out of their own income. However, the clinical negligence scheme will not cover personal legal costs, so it is wise for nurses to maintain their own personal scheme.

Nursing and Midwifery Council Revalidation

Nursing and Midwifery Council (NMC) Revalidation is the responsibility of nurses and midwives themselves and this revalidation applies in exactly the same way in the primary care setting. One of the main strengths of revalidation is that it reinforces the NMC Code by asking nurses and midwives to use it as the reference point for all the requirements, including their written reflective accounts and reflective discussion. This should highlight the Code's central role in the nursing and midwifery professions and encourage nurses and midwives to consider how it applies in their everyday practice.

Definition of a General Practice Nurse

General Practice Nurses work as part of a multidisciplinary team (MDT) within GP surgeries and assess, screen and treat patients across the lifespan. In addition to providing traditional aspects of nursing care, such as childhood immunisations, cervical cytology and administration of medicines, they run clinics for patients with Long Term conditions such as asthma, heart disease and diabetes. They also offer new patient health checks, NHS Health Checks and well women/ men clinics. Health promotion advice is offered in areas such as contraception, weight loss, smoking cessation and travel immunisations.

PATIENT FOCUS
- Therapeutic relationships
- Patient Advocate
- Carers Support
- Self-management
- Evaluation & Review

MANAGEMENT
- Organisational skills
- Caseload
- Care management
- Emotional labour
- Resources
- Business acumen

COLLABORATIVE
- Inter-professional working
- Complex care co-ordinator
- Referral
- Written and verbal skills
- Technology

General Practice Nurse

EDUCATION & KNOWLEDGE
- Graduate/Masters level workforce
- National and local policy
- Needs Assessment
- Strategy
- Evidence-based
- LTC's
- Health Promotion/Improvement

SKILLS
- Holistic assessment
- Clinical decision making
- Clinical skills
- Communication
- Curative
- Maintenance
- Palliative

LEADERSHIP
- Role identity
- Team Leader/Staff Management
- Teacher/Educator
- Mentor
- Visionary
- Autonomy

Key skills required for a General Practice Nurse

Patient skills

- Therapeutic relationships, patient advocate, self-management, listening to patient voice, evaluation of needs and review, supporting people with deteriorating physical and mental health

Education and knowledge

- Needs assessment, strategy, local and national policy, evidence based practice, health promotion and education

Running a clinic in a GP surgery

- Organisational skills which may include running a clinic, managing own workload, prioritising resources, business acumen and having a clear understanding of General Practice care delivery requirements.

Teamwork skills

- Complex care co-ordinator, multi-agency working, inter-professional working, signposting, referral, written and verbal skills

Technical skills

- Holistic assessment, clinical decision making, clinical skills, medicines management and interpersonal and communication skills

Leadership skills

- Autonomous practice, manages self and others, educator and teacher, service design and redesign

Useful Resources

- HEE (2015) District Nursing and General Practice Nursing Education and Career Framework https://www.hee.nhs.uk/sites/default/files/documents/Interactive%20version%20of%20the%20framework_1.pdf

- A Day in the life of a GPN - https://www.youtube.com/watch?v=4ff_wNCdT6A

The responsibilities of other community health and social care professionals

Health professional	Description of role and responsibilities
District Nurse	DNs 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.
Community Matron /Case Manager/ Caseload Manager	A highly experienced senior nurse that works with patients with complex health problems. Provides a single point of care to support provide care for patient and prevent hospital admissions. Usually deemed to be working as advanced nurse practitioners. Undertakes variety of tasks and responsibilities including: treating, prescribing, or referring patients to a specialist. Provides skilled care that meets patients' health and social care needs, involving other members of team as appropriate. In homeless care, plays a key role in organising and coordinating care and may run MDT (multidisciplinary team) meetings.
Community Mental Health Nurse / Community Psychiatric Nurse	Has specialist training in mental health. May be attached to a GP practice, community mental health team, or psychiatric units or working within a care home in particular an elderly mental illness unit. Has wide range of expertise and gives advice and support to people with long-term mental health conditions, and administers medication. May specialise in treating children, older people, or people with a drug or alcohol addiction.
General Practice Nurse /Practice Nurse	Works within GP practices as part of primary care team to assess, screen and treat patients of all ages. Runs clinics for patients with long-term conditions such as asthma, heart disease and diabetes. Also offers health promotion advice in contraception, weight loss, smoking cessation, travel immunisations and others.
General Practitioner (GP)	Provides a complete spectrum of care within the local community: dealing with problems that often combine physical, psychological and social components. At partner level, may be an independent contractor to the NHS and have responsibility for providing adequate premises and for employing staff. May have an interest/more training in working with people who are homeless.
Health Visitor / Specialist Community Public Health Nurse	Works mainly with families with children under the age of 5, however some have an older person focus. Supports families and children in growth and development, post-natal depression, breastfeeding and weaning, domestic violence and bereavement. Plays a role in safeguarding and protecting children from harm. A registered nurse or midwife with further training.
Learning Disability Nurse	Provides specialist healthcare to people with learning disabilities. Offers support to their families. Nurses in settings such as adult education, residential and community centre, patients' homes, workplaces and schools.

Occupational Therapist	Works to help people overcome the effects of disability caused by physical or psychological illness, ageing or accident.
Physiotherapist	Uses skills including manual therapy, therapeutic exercise and the application of electro-physical modalities. Has an appreciation of psychological, cultural and social factors influencing patients. Advises and treats patients and carers in their own homes, nursing homes, day centers, and health centres.
Rapid Response or integrated Care team	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 and provide short-term support and rehabilitation in the home.
Social Worker	Senior social workers are concerned with the welfare of communities, families, and individuals. Specialising in adults 65 and over, adult social workers are trained to find solutions to help address the numerous environmental challenges that come with aging. In short, it is their priority to improve the quality of lives of their clients, and ultimately to help protect the older people from those who might try to take advantage of their vulnerabilities.
Specialist Nurse	Plays a key role in the management of patient care. Works closely with doctors and other members of the multidisciplinary team, to educate and support patients, relatives and carers from a variety of specialties, for example, Drug and Alcohol misuse, Tissue Viability, Palliative Care, TB, Diabetes, Epilepsy, Cancer and many others. **Admiral Nurses** - provide the specialist dementia support that families need. When things get challenging or difficult, these nurses alongside people with dementia, and their families: giving them one-to-one support, expert guidance and practical solutions.
Speech and Language Therapist	Assess and treat speech, language and communication problems in people of all ages to help them better communicate. Will also work with people who have eating and swallowing problems. E.g. dysphagia.
Community Dietician	The role of a dietitian is extremely varied. In general, dietitians work as part of a team, caring for people in hospital or in the community. They also work to promote good health and prevent disease by informing and teaching the public, health professionals and others about diet and nutrition.
Community Pharmacists	Community pharmacists dispense and check prescriptions, and provide advice to patients on medicines that have been prescribed for them. Community pharmacists will take back medicines that are no longer required so they can be disposed of correctly. They can also provide advice on minor illnesses and staying healthy.
Advanced Nurse Practitioner	Advanced Nurse Practitioners are Registered Nurses who have done extra training and academic qualifications to be able to examine, assess, make diagnoses, treat, prescribe and make referrals for patients who present with undiagnosed/undifferentiated problems.

Expansion of Roles in General Practice

In agreement with NHS England, there will now be funding for five additional roles within primary care: pharmacists, social prescribing link workers, physician associates, physiotherapists and community paramedics. By 2024, these roles will become 'an integral part of the core General Practice model throughout England'. The intention is for the extra roles to ease the workload of GPs, but it may also see practice nurses triage patients more appropriately NHS LTP (2019).

Personal Skills Assessment

In some instances, a Strengths Weaknesses Opportunities and Threats (SWOT) analysis is a good way to establish an 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?' Doing a SWOT analysis 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.

Transferable Skills Assessment – Four Fields of Practice

Currently in the UK, students qualify in a specific field of nursing practice and may apply to enter the NMC register as a nurse in one or more of four fields: adult, mental health, learning disabilities and children's nursing. All nurses in all four fields of nursing must demonstrate competencies across four areas: professional values, communication and interpersonal skills, nursing practice and decision making and leadership, management and team working.

The NMC (2018) new standards will give nurses a greater understanding across all four fields of nursing practice, in particular mental health - while also increasing the emphasis on teamwork and leadership. Nurses will also have greater responsibilities in the area of public health and will be given the skills to train as prescribers immediately after qualifying - rather than wait three years to be able to undertake this role.

The competencies for General Practice nursing are very different to those for nursing in secondary care; however skills from pre-registration education and previous experience are transferable. The newly-qualified nurse needs to develop the 'expert generalist' skills of the GPN as referred to in Raising the Bar, Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants HEE (2015) .
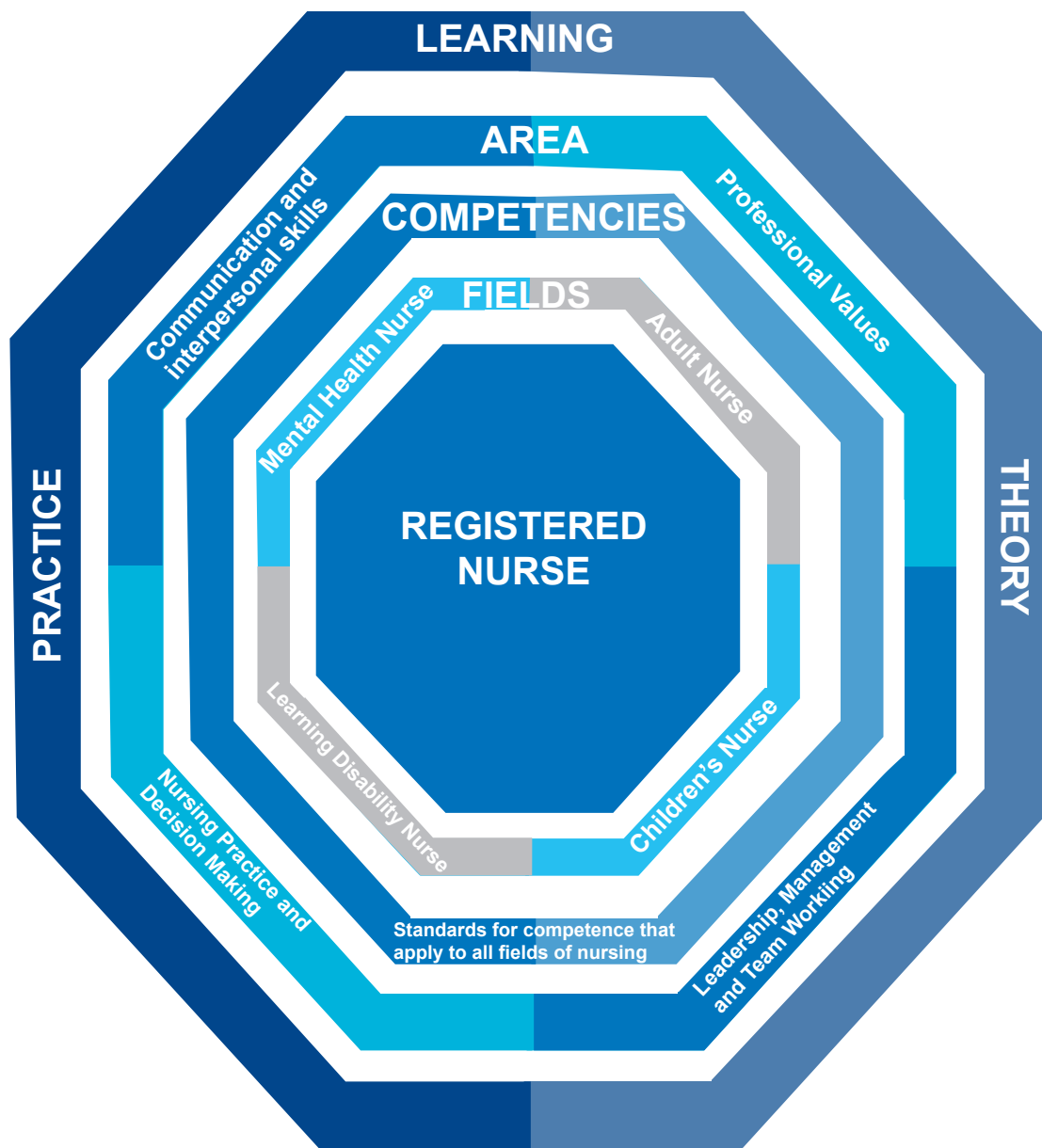
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LEARNING

AREA

COMPETENCIES

FIELDS

Communication and interpersonal skills

Professional Values

Mental Health Nurse

Adult Nurse

PRACTICE

THEORY

REGISTERED NURSE

Learning Disability Nurse

Children's Nurse

Nursing Practice and Decision Making

Leadership, Management and Team Working

Standards for competence that apply to all fields of nursing

Diagram developed by Aaron Bent (2019)

Clinical Competencies Checklist

Please note that all clinical competency training and education must be underpinned by a clear assessment and supervision strategy.

Skills	Date completed
Assessment and Supervision	
Asthma training	
Cervical Cytology	
Chronic Kidney Disease	
Clinical Supervision	
Clinical Examination	
Clinical Diagnostics	
Compression Bandaging / Doppler Assessment	
Contraception	
COPD: Emphysema, Bronchiectasis, Chronic Bronchitis	
Coronary Heart Disease – Cerebrovascular Disease, Peripheral Arterial Disease, Rheumatic Heart Disease, Congenital Heart Disease, Deep Vein Thrombosis, Pulmonary Embolism	
Dementia	
Diabetes Management Type 1 & 2	
Ear Care	
ECG	
Epilepsy	
Emergency Treatment	
First Aid	
Hypertension – including ambulatory monitoring	
Immunisations – National Immunisation Programme – Childhood & Adult	
Injection Administration - Gonadotrophin releasing hormone antagonist	
Learning Disabilities – health checks	
Leadership	
Non- Medical Prescribing	
NHS Health Checks	
Phlebotomy	
Physical Assessment Skills	
Spirometry – Association of Respiratory, Technology & Physiology	
Sexual Health Screening	
Travel Health	
Triage / Advice	
Therapeutic Drug Monitoring/ Near patient Testing	
Wound Care	

NB This list is not exclusive and skills can be added or removed according to area of practice.

Diagnostic self-assessed identification of learning needs for working in primary care

SWOT Analysis

STRENGTHS	WEAKNESSES
OPPORTUNITIES	**THREATS**

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

Having completed your SWOT Analysis, 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 areas you need to develop.

General Support

When embarking on a new career in General Practice nursing, good practice would be for the employer to identify a 'buddy' or 'mentor' in the first instance. Ideally, that person would be a qualified nurse who has suitable experience of the discipline and will be able to assist you with your development, both in terms of making the transition to General Practice and any additional support you may need. Ideally you should try and meet with your buddy or mentor weekly to reflect upon your week's learning and to get an experienced GPN perspective on the challenges you may face.

Preceptorship

The NMC strongly recommends that all 'new registrants' have a period of preceptorship on commencing employment (NMC, 2008).

The role of the 'preceptor' is to:
• Facilitate and support the transition of a new registrant;
• Facilitate the application of new knowledge and skills;
• Raise awareness of the standards and competencies set that the new registrant is required to achieve and support to achieve these;
• To provide constructive feedback on performance.

This is a crucial area of support, as the first year in practice is often a stressful time. The learning that has occurred at university, in order to develop a level of knowledge and proficiency in nursing, produces highly motivated and professional individuals. It is acknowledged that the realistic nature of practice with its resource issues and other frustrations can lead be quite challenging. A good preceptor will be someone who will support the consolidation of knowledge and skills, be a listening ear and be positive in their approach, to help ensure that there is a low attrition rate. In some areas, courses that are aimed at nurses new to General Practice may fulfil the requirements for your preceptorship year.

Useful Resource
http://www.nhsemployers.org/campaigns/care-makers/the-care-makers-hub/learning-and-development/preceptorship

Clinical Supervision

In some areas, there may be access to regular clinical supervision sessions. Clinical supervision in the workplace was introduced as a way of using reflective practice and shared experiences as a part of continuing professional development (CPD). It has the support of the NMC and fits well in the clinical governance framework, whilst helping to ensure better and improving nursing practice. GPNs may find that most of their clinical supervision is done informally and possibly in a group, for example at a GPN Forum. Traditionally, clinical supervision may not have been

accessible to practice nurses, due to the nature of their employment, often as the only nurse in the practice. However, the Care Quality Commission will seek to establish that nurses have access to clinical supervision during their inspection process. You should contact your Clinical Commissioning Group (CCG) lead nurse or equivalent for further advice.

Useful Resource
The RCN have developed guidance on clinical supervision:
http://www.rcn.org.uk/__data/assets/pdf_file/0007/78523/001549.pdf

Social Media

The influence of social has transformed the way in which we can connect and engage. This is particularly useful when developing new ideas and updating on new initiatives in practice. Twitter when used professionally is a good source of information. Here are a few suggestions of who to follow:

@TheQNI
@WeNurses
@WeGPNs
@NHSE
@PHE
@HEE
@RCN GPN Forum

Building resilience to maintain a patient focus

As a registered nurse working in primary care, you will have to establish a personal authority and assertiveness in order to influence other health and social care professionals, colleagues and patients to promote care. Being assertive means respecting yourself and other people, seeing people as equal to you, not better or less important than you. The goal of assertive behaviour in this context is to stand up for patient's rights and act as an advocate. Being assertive does not always mean you get what you want, but it can help you achieve a compromise. You will need to develop a deeper degree of self-awareness, and self-belief in your ability to convey information with confidence and conviction.

Leadership skills

A nurse working in General Practice will need to be a strong leader and advocate for high quality patient care for those most vulnerable in our communities. This makes them well suited to formal leadership roles in the future. There are a variety of online and face to face educational programmes that may be suitable. It may be useful to make contact with your local Heath Education England, CCG or Community Education Provider Network (CEPN) representative or for further information, in respect of local courses and funding opportunities for any university-based modules. This will apply whether you are working for an NHS trust, in primary care or for a third sector (charitable) organisation.

Supervision and Assessment

Whilst it will not be your initial responsibility as a newly qualified nurse working in General Practice to supervise student nurses completing their pre-registration nursing degree, it would be good for you to be aware of the changes that have happened in the way in which nurses will be trained in the future and the plans for supervision and assessment of students.

Useful Resources
- Standards for student supervision and assessment: Part 2 of Realising professionalism: Standards for education and training
- https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/

Record Keeping / Serious Untoward Incidents

Record keeping is a way of collaborating with all those people involved in the care of your patient. Accurate record keeping and documentation is very important in professional practice. Once something is written down, it is a permanent account of what has happened and also what has been said. Remember, if it is not written down there is a sense that somehow 'it didn't happen'.   Without a written record of events, there is no evidence to support a decision made or an audit trail from which to follow a sequence of events. It is therefore crucial that accurate and consistent records are kept at all times. Ensure you are familiar with other records, e.g. General Practitioners, District nurse records, dietician notes and social care notes, to name a few.

A Caldicott Guardian is a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly. All NHS organisations and local authorities that provide social services, and GP Practices must have a Caldicott Guardian.

In General Practice you will be using specific computer systems such as System One, VISION, and EMIS for record keeping, medicines management and for clinical information. You should receive appropriate training to enable you to use these systems effectively.

The other element of accurate record keeping relates to investigations and serious untoward incidents (SUI) (DH, 2006b). The principal definition of an SUI is:

 '.. something out of the ordinary or unexpected, with the potential to cause serious harm, that is likely to attract public and media interest that occurs on NHS premises or in the provision of an NHS or a commissioned service. SUIs are not exclusively clinical issues, for example, an electrical failure may have consequences that make it an SUI.' (NHS, 2009).

Significant Event Analysis is an increasingly routine part of General Practice. It is a technique to reflect on and learn from individual cases to improve quality of care overall. Significant event audits can form part of your individual and practice-based learning and quality improvement and the process mirrors that of your own reflections on practice as a General Practice Nurse.

Whether clinical, administrative or organisational, the significant event analysis process should enable the practice to answer the following questions:

- What happened and why?
- How could things have been different?
- What can we learn from what happened?
- What needs to change?

Child Protection

It is recognised that all staff working in health care settings, even when their client group is mainly adult, should receive appropriate statutory and mandatory training in matters of child protection. As a General Practice Nurse, you may be exposed to potential 'risks of harm' to patients how you are able to understand and work with risk will evolve as you become more experienced.

Duty of Care

The law imposes a duty of care on practitioners, whether they are support workers, students, registered nurses, doctors or others, when it is 'reasonably foreseeable' that they might cause harm to patients through their actions or their failure to act (Cox, 2010). All nurses have a duty of care to protect people at risk of harm.

It is your responsibility as a health care professional to act promptly if you have any concerns. Duty of care may include:

- Acting in the patient's best interest and in the least restrictive way if they do not have capacity to make the decision at that time;
- Acting to protect the adult at risk from harm or abuse;
- Dealing with immediate needs, as far as possible, central to the decision-making process;
- Report any concerns;
- Get support to make referrals where needed;
- Talk concerns through with your line manager;
- Contact the local safeguarding lead for advice. They will advise if police involvement is necessary if you think a criminal act is involved;
- Accurately record the incident;
- Follow up your concerns.

However, if a patient has capacity to make their own decision, then as clinicians we have a duty of care to follow their wishes, even if this appears to be an unwise decision.

Adults at Risk / Adult Safeguarding

The Care Act (2014) defines an adult at risk, and therefore safeguarding duties apply to an adult who:

'Has needs for care and support (whether or not the local authority is meeting those needs) and is experiencing, or at risk of abuse or neglect and as a result of those care needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.'

What constitutes abuse or neglect can take many forms and the circumstances of the individual case should always be considered:

Physical abuse	including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
Domestic abuse	including psychological, physical, sexual, financial, emotional abuse; so-called 'honour' based violence.
Sexual abuse	including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual exploitation and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
Psychological abuse	including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, Verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
Financial or material abuse	including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Modern slavery	encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
Discriminatory abuse	including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
Organisational abuse	including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission	including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
Self-neglect	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding

Consent

Patients must give their permission for medical tests, examinations and treatment, other than in some select circumstances. These circumstances are if the patient:

- lacks capacity to consent to treatment of their mental health (for example, in cases of dementia)
- requires hospital treatment for a severe mental health condition
- is a risk to public health (for example due to Ebola, cholera, tuberculosis)
- is severely ill or infirm and living in unhygienic conditions
- needs an additional emergency procedure during an operation
- if the patient requires life-saving treatment and they are unconscious.

Mental Capacity Act (MCA) (2005)

Mental Capacity is the ability to make a decision, however big or small, for example the ability to choose what to wear, whether to take prescribed medication, where you want to live, or consenting to medical treatment.

A person lacking capacity 'means they lack the capacity to make a particular decision or take particular action themselves at the time the decision or action needs to be taken' (MCA Code of Practice 2005).

The 5 Principles of the Mental Capacity Act aim to protect people who lack capacity and help them take part as much as possible in decisions that affect them.

1. An adult must be assumed to have capacity unless there is proof that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
3. Don't assume a person lacks capacity to decide just because they make an unwise decision.
4. If you have to make a decision for a person who lacks capacity to decide themselves this must be in their best interests.
5. You must decide on least restrictive way to meet their needs.

Your organisation will offer MCA Awareness Training to develop how to deal with decision making in primary care.

Nursing Skills
Person and Relationship-Centred Approaches to care

Person-centred care supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and health care.

The Health Foundation has identified a framework that comprises four principles of person-centred care:

1. Affording people dignity, compassion and respect.
2. Offering coordinated care, support or treatment.
3. Offering personalised care, support or treatment.
4. Supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life

Visit the Health Foundation Inspiring Improvement website for more information www.health.org.uk.

Mike Nolan and a team at Sheffield University identified six dimensions that underpin 'relationship-centred care' in the Six Senses Framework (2006). These six 'senses' acknowledge the subjective and perceptual nature of the key determinants of care for the three groups of people in the care setting: older people, families and staff. Nolan and his colleagues argue that each of these three groups need to feel:

- a sense of **security** (to feel safe);
- a sense of **continuity** (to experience links and connections);
- a sense of **belonging** (to feel part of things);
- a sense of **purpose** (to have a goal(s) to aspire to);
- a sense of **fulfilment** (to make progress towards these goals); and
- a sense of **significance** (to feel that you matter as a person).

The Senses Framework: improving care for older people through a relationship-centred approach. Getting Research into Practice (GRiP) Report No 2. NOLAN, M. R., BROWN, J., DAVIES, S., NOLAN, J. and KEADY, J (2006) http://shura.shu.ac.uk/280/1/PDF_Senses_Framework_Report.pdf

Personalised Care and Support Planning is a series of facilitated conversations in which the person, or those who know them well, actively participates to explore the management of their health and well-being within the context of their whole life and family situation.

For more information about the NHSE universal personalised care visit:
https://www.england.nhs.uk/wp-content/uploads/2019/01/universal-personalised-care.pdf

Comprehensive Health Assessment – including-history taking, clinical examination and nursing diagnosis

As you develop into this new work environment, there will be a need to develop comprehensive health assessment and skills. History taking is a key component of patient assessment, enabling the delivery of high-quality care. Understanding the complexity and processes involved in history taking allows nurses to gain a better understanding of patients' problems. Care priorities can be identified and the most appropriate interventions commenced to optimise patient outcomes.

As a General Practice Nurse, you will need to develop your physical assessment and safe clinical examination skills, leading to nursing diagnosis and implementation of treatment regimes.'

There are many different training and education programmes to assist with this development, as well as supervision form your mentor in practice.

NHS Health Screening

Several screening tests are carried out in General Practice, in which General Practice Nurses (GPNs) might be involved. Screening is the process of identifying people who are at increased risk of a disease, despite appearing to be in good health.

Medicines Management

The way in which medications are administered and stored in General Practice will be unique to the specific surgery, as well as the primary care setting. Whilst some of the same principles as the hospital setting may apply, it will be for you to access these policies and abide by this new way of working.

Within General Practice, the surgery may operate under Patient Group Direction or PGDs. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PGDs can act as a direction to a nurse to supply and/or administer prescription-only medicines to patients using their own assessment of patient need, without necessarily referring back to a doctor for an individual prescription. PGDs are not intended to be used for planned treatment and are only designed for short term use.

Useful Resources
- Patient Group Direction: https://www.england.nhs.uk/south/info-professional/pgd/
- Electronic Medicines Compendium (eMC): https://www.medicines.org.uk/emc
- The eMC is a very useful to look up drugs either by their generic or brand name. You can look up information such as the list of excipients, to check for allergies within the Summaries of Product Characteristics (SmPC) or print out Patient Information Leaflets (PIL):
- British National Formulary https://bnf.nice.org.uk/

Vaccinations & Immunisations

The area of vaccinations can for nurses new to General Practice seem daunting, especially when administering childhood immunisations. The Green Book is an invaluable resource to assist with current knowledge around administration.

Please note: GPNs should not be giving vaccinations until the 2-day Immunisation and Vaccination training has been completed (included in fundamentals programmes), according to National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners.

Useful Resources
- The Green Book - https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book
- Vaccine Update - https://www.gov.uk/government/collections/vaccine-update
- Immunisation Training Standards for HealthcareProfessionals
- https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare
- Vaccination of individuals with uncertain or incomplete immunisation status https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status

Travel Health

Most GP surgeries offer basic travel advice and vaccinations available on the NHS, for more information see resources below:

- National Travel Health Network and Centre https://nathnac.net/
- Travax https://www.travax.nhs.uk/
- Centres for Disease and Control Prevention – Yellow Book https://wwwnc.cdc.gov/travel/page/yellowbook-home
- Malaria prevention guidelines for travellers from the UK https://www.gov.uk/government/publications/malaria-prevention-guidelines-for-travellers-from-the-uk
- Jane Chiodini – Travel Health Specialist Nurse: https://www.janechiodini.co.uk/

Ear Care

Ear care and ear wax removal is one of the areas of care that maybe unfamiliar to a newly qualified nurse in General Practice. The nurse will need to gain additional knowledge in ear anatomy and physiology, preventative care including patient education and advice regarding hearing loss, assessment and management.

Useful Resources
- https://www.nice.org.uk/guidance/NG9
- Rotherham Ear Care Guidance

Sexual Health, Contraception and Cervical Screening

Another specialist area of care is sexual health, also known as family planning. A sexual health clinic may offer advice on sexually transmitted diseases and contraception.

The NHS Cervical Screening Programme (NHSCSP) offers screening for all women between the ages of 24.5 years and 64 years at different intervals, depending on their age and whether their recent cervical cytology sample is abnormal.

There are many different training and education programmes to assist with this development, as well as supervision from your mentor in practice.

Useful Resources
- Family Planning Association https://www.fpa.org.uk/for-professionals/home
- Jo's Cervical Cancer Trust https://www.jostrust.org.uk/information-healthcare-professionals
- Mandatory reporting of female genital mutilation: procedural information https://www.gov. uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information
- Brook Free E-Learning https://www.brook.org.uk/our-work/category/e-learning
- British Association for Sexual Health and HIV https://www.bashh.org/

Wound management

Wound care is a significant and important part of the duties often assigned to the GPN. Diabetes and other illnesses can compromise the strength of an individual's skin. This can result in a greater susceptibility to sustaining a wound. Additionally, once a wound forms, the skin can have a slower rate of healing. Wound care is often considered in a context of treating chronic wounds and making sure that they do not get any worse. Instead of aiming for complete eradication of a chronic wound, the approach may focus on managing a chronic wound and keeping overall damage to a minimum.

Wound care difficulties may be caused by:	
Infection:	An open wound can develop a bacterial infection. If a wound becomes infected, the body will focus on fighting the infection instead of healing the wound.
Dead Skin:	Also known as necrosis, dead skin around a wound may interfere with the body's ability to heal itself and close the wound
Bleeding:	If a wound bleeds on a regular basis, the bleeding may obstruct the body's ability to close the edges of the wound.
Poor Diet:	If an individual is not receiving essential nutrients like protein, vitamin C and zinc, then the wound may heal slower.
Immobility:	Wound care is complicated when a patient is unable to move. Constant friction and pressure can worsen a wound's severity and also cause issues such as pressure ulcers.
Excessive Dryness/ Wetness:	In order to maximize the results of wound care, it is important that wounds are neither too dry nor too wet.

Some practices operate a first dressing or first choice initiative, where a list of tried and tested products are used on a wound in the first instance. The aim of this approach is to provide a clinically effective appropriate and cost-effective use of products to manage the vast majority of wounds. The list should be evaluated and updated on an ongoing basis, to reflect innovations in practice and new, evaluated products.

Introduction to Long Term Conditions

As a nurse, working in General Practice you will come into daily contact with many patients that are living with one or more Long Term Conditions (LTC). The issue of (LTC) has been at the top of the government's health agenda for many years and now takes up 70% of the health service budget. The NHS Five Year Forward View (2014) notes that managing long term conditions is a central task for the NHS and makes the case for improved personalised care and support for people with LTCs and their carers.

With the introduction of the NHS (2019) Long Term Plan there will be a greater emphasis on primary care and the way in which patients with LTC will be cared for:

'Over the next five years, every patient will have the right to online 'digital' GP consultations, and redesigned hospital support will be able to avoid up to a third of outpatient appointments – saving patients 30 million trips to hospital, and saving the NHS over £1 billion a year in new expenditure averted. GP practices – typically covering 30-50,000 people – will be funded to work together to deal with pressures in primary care and extend the range of convenient local services, creating genuinely integrated teams of GPs, community health and social care staff.' NHS (2019) Long Term Plan

Useful Resources
• NHS (2014) Five Year Forward View www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
• NHS (2019) Long Term Plan https://www.england.nhs.uk/long-term-plan/

Frailty

Frailty affects older people in many ways and hinders their ability to live independently and to maintain social interactions, and is often related to a decline in mental health. Frailty is closely linked to an increased risk of falls and consequent fractures. It can also lead to social isolation, a need for social care and ultimately transition from home into a residential or nursing care setting.

Frailty can be difficult to define, but older people can present with a combination of the following issues:

• Accumulated impairments in physical, mental or environmental wellbeing;

• A diagnosis of dementia can indicate frailty even when the patient's physical state does not;

• Weak muscles and conditions like arthritis, poor eyesight, deafness and memory problems;

- They typically walk slowly, get exhausted quickly and struggle to get out of a chair or climb stairs. Slow walking speed is a simple test that could help; taking more than five seconds to walk four metres is highly indicative of frailty;

- People with frailty have a substantially increased risk of falls, disability, long-term care and death. Age UK website http://www.ageuk.org.uk/

There are several recognised assessment tools used to identify and manage frailty:
- Edmonton Frailty Scale: https://www.nscphealth.co.uk/edmontonscale-pdf
- Kenneth Rockwood – Professor of Geriatric Medicine developed, early screening, and frailty diagnostic tool.
- Rockwood Clinical Frailty Scale: https://www.cgakit.com/fr-1-rockwood-clinical-frailty-scale

Diabetes

Diabetes is a complex condition. Many people with type 1 diabetes are still managed within hospital clinics, whereas almost all people with type 2 diabetes are managed within primary care. Find out what is happening in your own locality. Some areas hold virtual clinics where you can discuss individual patients with experts.

Useful Resources:
- NICE Guidance on Diabetes - https://www.nice.org.uk/guidance/conditions-and-diseases/diabetes-and-other-endocrinal--nutritional-and-metabolic-conditions/diabetes#quality-standards
- Type 2 diabetes in adults: management https://www.nice.org.uk/guidance/ng28
- Diabetes Foot Screening http://www.diabetesframe.org/
- Diabetes Uk https://www.diabetes.org.uk/
- Diabetes UK – e- learning package https://www.diabetesinhealthcare.co.uk/lnt/Login.aspx?ts=636639574783763332

Respiratory Care

Respiratory care includes a number of conditions. The main reviews GPNs will undertake are those for patients with asthma and Chronic Obstructive Pulmonary Disease (COPD). There are hundreds of different inhalers, and therefore it is impossible to learn them all. Nevertheless, they are all made up of a quite small group of drugs either given singularly or in combination.

Therefore, it is really important to learn about these drugs.

- Inhaled corticosteroids (ICS).
- Short-Acting Beta-Agonists (SABAs).
- Short-Acting Muscarinic Antagonists (SAMAs).
- Long-Acting Beta-Agonists (LABAs).
- Long-Acting Muscarinic Antagonists (LAMAs)

Useful Resources
- The British Thoracic Society (BTS) / Scottish Intercollegiate Guidelines Network (SIGN) guidelines are a useful resource for anyone managing asthma:
- Asthma: diagnosis, monitoring and chronic asthma management https://www.nice.org.uk/guidance/ng80/
- Asthma UK https://www.asthma.org.uk/
- Global Initiative for Chronic Obstructive Lung Disease https://goldcopd.org/wp-content/uploads/2016/12/wms-GOLD-2017-Pocket-Guide.pdf
- British Lung Foundation https://www.blf.org.uk/
- Education for Health – Free E-Learning https://www.educationforhealth.org/allresources/free-elearning/
- Primary Care Respiratory Academy https://respiratoryacademy.co.uk/clinical/cpd-modules/

Coronary Vascular Disease

The majority of patients with coronary heart disease are supported and managed in the primary and community care setting. Treatment may involve medication management and lifestyle changes. As a GPN you will be running clinics and supporting patients through education and health promotion initiatives.

Useful Resources:
- British Heart Foundation https://www.bhf.org.uk/
- British and Irish Hypertension Society https://bihsoc.org/
- Hearte https://www.heartelearning.org/
- The Open University – Free E-learning https://www.open.edu/openlearn/science-maths-technology/science/biology/understanding-cardiovascular-diseases/content-section-0?active-tab=description-tab

Health Promotion / Smoking Cessation

Health promotion is the process of empowering people to increase control over their health and its determinants through health literacy efforts and multisectoral action to increase healthy behaviours. Disease prevention and health promotion share many goals, and there is considerable overlap between functions. Health Promotion in General Practice is a growing field and an area of practice that you will be involved with on a daily basis. An area of success in health promotion has been the development of smoking cessation clinics run by GPNs.

Smoking Cessation Resources
- https://www.england.nhs.uk/leadingchange/staff-leadership/smoking-cessation/smoking-cessation-resources/

Falls

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care (King's Fund, 2014). Falls are increasingly common with age and frailty and must form part of a prevention care plan for all patients.

NICE Guidance (2015) Falls in older people
https://pathways.nice.org.uk/pathways/preventing-falls-in-older-people

Loneliness & Social Isolation

Loneliness and social isolation are often discussed in the same sentence; however, they mean different things. Loneliness can be understood as an individual's personal state of mind that perceives themselves to be lonely; whereas social isolation refers to separation from social or familial contact, community involvement, or access to services. It is therefore possible to be isolated without being lonely, and to be lonely without being isolated. Older people are particularly vulnerable to loneliness and social isolation and the impact on their health can be detrimental to their quality of life. Social isolation is associated with raised blood pressure, poor physical health, increased mortality and poorer mental health including depression, suicide and dementia.

Aspects of Mental Health & Dementia

Depression can be difficult to detect as symptoms can be non-specific, e.g. tiredness, forgetfulness, malaise or insomnia, which may well be identified in part as consequences of modern-day living.

Dementia is one of the biggest challenges faced by an ageing population in the UK today. Often people who have dementia are looked after by their families for as long as possible at home, and this is where as a General Practice Nurse you will come into contact with them. The symptoms, types and treatment options for dementia are complex and varied and require in-depth specialist knowledge.

NHSE (2017) Dementia – Good Care Planning Information for primary care providers and commissioners.

Learning Disability

People with learning difficulties are often disadvantaged in relation to accessing good health and health services. This might be for many reasons, including lack of awareness that they might have a health issue, understanding what constitutes a healthy lifestyle and even knowing how to make an appointment. It is important that we give thought to our knowledge and understanding around learning disability, in order to advocate for supporting their health and wellbeing. Primary Care liaison nurses are available in many areas to provide training, advice and support for Primary Care staff in meeting the health needs of people with a learning disability.

Mencap also produce useful resources for healthcare professionals:
https://www.mencap.org.uk/learning-disability-explained/resources-healthcare-professionals
Cultural / Spiritual Aspects of Care

Spiritual, cultural and religious needs play an important part in many people's lives and should not be underestimated when considering a patient's health and wellbeing. Religion and spirituality can play an important role in guiding the lives of people and can assist in establishing meaning to

their lives. Cultural belief systems can also help with explanations of illness and causal factors. It is with this in mind that when delivering patient care that these aspects are considered and discussed with patients, to assist you further in building a meaningful relationship.

End of Life Care

End of life care is central to the care provided by the General Practice Nurse within primary care. It requires an active compassionate approach that treats comforts and supports individuals who are dying from progressive or chronic life-threatening conditions. The term 'end of life care' includes wider aspects of care of the dying e.g. supportive, palliative and terminal care that could go on for the last weeks, months or years of life. Macmillan nurses and palliative care nurses will be included in the wider multi-disciplinary primary care team and will work closely with GPs and other nurses in sharing expert knowledge and providing support when caring for those patients at the end of life.

Conclusion

The above section focussed upon the fundamentals of nursing in a General Practice setting. It highlighted some of the key responsibilities and skills required to deliver high quality patient care at all times. The complexity of this varied role cannot be underestimated and the importance of continuing to develop your learning to provide the best possible person-centred approaches to care.

GPN Checklist

Role and Organisation Induction Within the first few weeks	Date completed
THE ROLE OF THE General Practice Nurse	
Review Job Description	
Contract of Employment and Probationary Period	
Annual Appraisal / PDR	
Professional Indemnity Insurance	
NMC Revalidation	
Definition of a General Practice Nurse	
Key Skills required	

The role of other community health and social care professionals	
Personal Skills Assessment	
Transferable Skills – Four Fields of Practice	
CLINICAL COMPETENCIES CHECKLIST	
Skills 'SWOT Analysis'	
General Support / Preceptorship / Clinical Supervision	
Social Media	
Personal Resilience	
Leadership Skills	
Record Keeping	
Child Protection	
Duty of Care	
Adults at Risk / Adult Safeguarding	
Consent and Capacity	
NURSING SKILLS	
Person and Relationship- Centred Approaches to care	
Comprehensive Health Assessment – including- history taking, clinical examination and nursing diagnosis	
NHS Health Screening	
Medicines Management / Electronic Medicines Compendium/ British National Formulary	
Patient Group Directives	

Patient Specific Directives	
Vaccinations	
Travel Health	
Ear Care	
Sexual Health/ Contraception/ Cervical Screening	
Wound Management	
Introduction to Long Term Conditions	
Frailty	
Diabetes	
Respiratory Care	
Coronary Vascular Disease	
Health Promotion / Smoking Cessation	
Falls	
Loneliness and Social Isolation	
Aspects of Mental Health and Dementia	
Learning Disability	
Cultural/ Spiritual Aspects of Care	
End of Life	

NB This list is not exclusive and topics can be added or removed according to area of practice.

Orientation
Introduction

A good initial orientation into a new work setting could be the difference between retaining an employee, or them deciding that it is too daunting and deciding to leave. Orientation 'sets the scene' for what the employee can expect from an employer, colleagues, clients and the whole organisation.

The beginning of a newly qualified nurse's career can be challenging and initial experience can shape how they develop in their career, so to assist in the best possible start, it is essential that a quality orientation is adopted in a structured and considered manner. The physical introduction to an organisation cannot be underestimated and a planned timely guided tour will in the first instance provide a warm welcome.

Providing information regarding health and safety requirements and responsibilities ensures that the new nurse knows who to contact and where to go to if safety is compromised. By discussing all terms and conditions of employment and setting a detailed induction programme for the individual, communicates clearly early on the commitment to them as a new employee.

Orientation Checklist

Introduction to Workplace Within the first few days	Date Completed
INTRODUCTION TO THE PRACTICE	
Tour of practice premises / site – including emergency exits and door codes	
Practice Profile / Local Hospitals	
Fire Procedures, location of alarms (how to operate) and emergency exits, extinguishers, evacuation and assembly points. Fire wardens	
Location of Emergency equipment e.g. Defib, Oxygen, ECG, Emergency Kit bag, Spillage kit	
Dining facilities /coffee area, fridges, safe storage	
Location of toilets, cloakroom	
Dress code requirements and organisation policy, also access to uniform	
Identification of any special requirements in order that 'reasonable adjustments' can be made	

Introduction to key people, immediate colleagues	
Introduction to a previous identified mentor or buddy	
Socialisation – how to develop and build new relationships within a new team	
General Support	
DOCUMENTATION & INFORMATION	
Health & Safety in the workplace	
Health & Safety Procedures – Moving & Handling, Infection Control/ Sharps	
Accident Reporting & COSHH Folders	
TERMS & CONDITIONS OF EMPLOYMENT	
Working hours, shifts, rotas and breaks	
Security of personal belongings/property, personal safety whilst working	
Safe Working – Security / Panic button / Chaperones	
Lone worker Policy	
Appointment System / Admission & Discharge processes / Handover	
Direct to and provide equipment for role eg computer, stationary, diaries, mobile phones – including passwords and access to IT support	
All equipment shown and discussed and training needs discussed	
Prescribing Protocols, Referral, Test Requests	
Infection Control / Sharps Disposal / Handwashing Techniques / autoclave requirements	

How to order equipment, clinical storage, specimen collection and storage	
Stock Management	
Identification of all local area or Trust specific Induction	
Statutory & Mandatory Training Checklist	
General (Written) plan and discussion of further Induction into the organisation and role	

NB This list is not exclusive and topics can be added or removed according to area of practice.

Conclusion

This section has demonstrated that comprehensive orientation to a new work environment is crucial for the General Practice Nurse, with an emphasis on ensuring true integration to this new area of practice.

Employers

The HEE (2017) General Practice Nursing Workforce Development Plan – Recognise, Rethink and Reform stated that:

"There needs to be a cultural shift amongst some General Practice employers and greater recognition in General Practice nursing induction programmes to support nurses transitioning into GPN roles which often challenges them with new ways of working."

This section will provide an overview of the areas that an employer should be considering when inducting newly qualified General Practice Nurses into this new setting. It discusses the pre-employment checks that should be in place in the initial stages and develops a narrative around the ethos of the specific organisation, including a mission statement and business objectives.

Introducing the new employee to policy and procedures and the world of regulation and monitoring is given with a more detailed explanation of Quality Outcomes Frameworks and the role of the Care Quality Commission.

There is an emphasis on the responsibility of the employer from a Health and Safety perspective and consideration of any reasonable adjustments that need to be made in order to support the new employee to be able to carry out their role.

Finally, this chapter examines statutory and mandatory training as there are many frameworks under which employers should be delivering mandatory training. Frameworks will vary depending

on the risks encountered in the working environment, the needs of the workforce, insurers' standards, and the governance and legal frameworks in place and country specific requirements.

New GP Contract (2019)

The new GP contract for England is the biggest change to GP services since 2004. The Contract includes changes that will directly impact the work of practice nurses over the next five years, and the future of the profession.

The Quality Outcomes Framework (QOF)

The QOF consists of 'clinical domains' that relate to long term or enduring medical conditions that patients may present with, such as diabetes. Practices are required to hold registers of their patients with these specified conditions and to meet specific targets relating to their management, in order to achieve the additional funding. There are also public health domains such as the primary prevention of cardiovascular disease.

Each domain is worth a fixed number of points and practices score points according to the level of achievement within each domain. The higher the number of points achieved, the higher the financial reward to the practice. The aim of the QOF is to improve standards of care, provide information and to enable practices to benchmark themselves against local and national achievements (The Health and Social Care Information Centre, 2012).

Useful Resources
- Quality Outcomes Framework https://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/quality-and-outcomes-framework
- 2018 /19 The General Medical Services GMS contract Quality Outcomes Framework QOF – Guidance for GMS Contract April 2018   https://www.nhsemployers.org/-/media/Employers/Documents/Primary-care-contracts/QOF/2018-19/2018-19-QOF-guidance-for-stakeholders.PDF?

Clinical Commissioning Groups

Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act (2012). Primary Care co-commissioning is one of a series of changes set out in the NHS (2014) Five Year Forward View, which gives CCGs an opportunity to take on greater responsibility for GP Commissioning. CCG will have a GPN lead, who can provide information and signpost local GPN networking groups. Some even provide regular emails to those GPNs in their locality regarding events, courses and other information.

Another initiative is the creation of Primary Care Networks sometimes known as 'Primary Care Homes' or 'Primary Care Neighbourhoods'. All GP practices are being encouraged to be part of a local primary care network. Primary care networks are based on GP registered lists, typically serving natural communities of around 30,000 to 50,000. Primary care networks build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care.

It would be an advantage for you to find out more about your local CCG and Primary Care Network.

Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It plays a vital role in ensuring that people have the right to expect safe, effective, compassionate, high quality care. As a General Practice Nurse, you may from time to time be involved when the CQC comes to inspect your place of work. You may also be aware of their monitoring role in your day to day practices as the organisation adheres to their recommendations, action points and reporting measures to improve quality care.

The inspections are based upon five key questions:

1. **Is it safe?** – Patients are protected from physical, psychological or emotional harm or abuse.

2. **Is it effective?** – Patients' needs are met and care is in line with national guidelines and NICE quality standards, and promote the best chance of getting better.

3. **Is it caring?** – Patients are treated with compassion, respect and dignity and that care is tailored to their needs.

4. **Is it responsive to people's needs?** – Patients get the treatment or care at the right time, without excessive delay, and are involved and listened to.

5. **Is it well led?** – There is effective leadership, governance and clinical involvement at all levels, and a fair, open culture exists which learns and improves listening and experience.

To read more about the Care Quality Commission visit their website.

At the end of an inspection where all the evidence collected is assessed, the inspection team will make a judgment about the care home's quality of service for each of the five key lines of enquiry.

The ratings are categorised as:
- Outstanding
- Good
- Requires Improvement
- Inadequate

How the CQC monitors, inspects and regulates NHS GP Practices
https://www.cqc.org.uk/sites/default/files/20180306_how-we-regulate-primary-medical-services-gp-practices_updated.pdf

Sources of information CQC Insight includes a range of information on practice activity and patient experience, including from:

- Quality and Outcomes Framework (NHS Digital)
- GP Patient Survey (NHS England)
- NHS Business Services Authority
- Public Health England

Employers' Checklist

Role and Organisation Induction Within the first few weeks	Date Completed
DOCUMENTATION & INFORMATION REQUIRED	
Documents confirming proof of eligibility of employment within the UK	
P45 / National Insurance Number	
Salary Information – bank details & paperwork	
Pension Details	
Emergency Contact details	
DBS/NMC Pre- Employment Checks / Revalidation date	
Driving Licence	
EMPLOYER INTRODUCTION	
Organisations – Mission or Values Statement / Business Objectives	
Business Objectives- to include QOF Commitments	
Organisations Structure – lines of responsibility and accountability	
Area of work or Department / Staff Meetings	
Allocation of Mentor	

TERMS & CONDITIONS OF EMPLOYMENT	
Contract of Employment	
Job Description – clarity of duties and role of new staff member	
Indemnity Insurance details	
Probationary Period – 3month date / Action Planning	
Period of notice	
ID badges / access codes / smart cards / car parking	
Uniform Policy	
Leave Policy – annual, sick, maternity, paternity, compassionate, study - All leave booking protocols	
Initial PDR / Appraisal / Performance Review	
Clinical Supervision / Support	
Confidentiality – data protection GDPR Policy	
HEALTH & SAFETY	
Emergency Procedures	
Risk Assessment	
Reporting of Incidents	
Health Surveillance Procedures	
The role of the Safety Representative	
Safety Handbook	

WORKER / EMPLOYER RELATIONS	
Ascertain any 'special requirements' of staff member that may require reasonable adjustments	
Trade Union Membership	
Access to local Trust Policies (if applicable)	
WELFARE & WORKER BENEFITS / FACILITIES	
Childcare vouchers	
Protective Clothing – supply / replacement	
Medical services	
Savings scheme	
Transport / Parking arrangements	
Practice discounts	
POLICY & PROCEDURES	
Audit – Patient Assessment & Monitoring Policy (Track and Trigger tools)	
Complaints Procedure	
Whistleblowing	
Serious Untoward Incidents	
Bullying & Harassment Policy	
Grievance & Disciplinary Policy	
Appeals Processes	
Whistleblowing	

Primary Care & Community Care Structures / Role of the Clinical Commissioning Groups – Link	
REGULATION	
Care Quality Commission – CQC	
NMC Regulation and Revalidation	
EMPLOYEE DEVELOPMENT	
Career options including promotion	
Training & Education Provision	
Statutory & Mandatory Training Checklist	

NB This list is not exclusive and topics can be added or removed according to area of practice.

Statutory & Mandatory Training

Statutory training normally refers to training that an organisation is legally required to provide as defined by law, or where a statutory body has instructed organisations to provide training on the basis of legislation. Mandatory training refers to essential training that an organisation provides for the safe and efficient running in order to reduce organisational risks and comply with policies, government guidelines. Essential or compulsory are also terms used to describe mandatory training. Some organisations use mandatory training as a 'catch all' phrase to cover mandatory and statutory training. There are many frameworks under which employers should be delivering mandatory training. Frameworks will vary depending on the risks encountered in the working environment, the needs of the workforce, insurers' standards, and the governance and legal frameworks in place and country specific requirements.

Statutory & Mandatory Training Checklist

Ongoing	Date Completed
E-Assessments	
Infection Control	
Anaphylaxis / Basic Life Support / CPR	

Management of Emergency Situations	
Health and Safety	
Fire Safety / Evacuation	
Information Governance / GDPR	
Child Protection / Adult Safeguarding	
Equality and Diversity	
Moving and Handling	
Conflict Resolution	
Bullying and Harassment	
Prevent Strategy	

NB This list is not exclusive and aspects can be added or removed according to area of practice.

Education
Introduction

If a future GPN workforce is to be successfully recruited there must be a radical review of how GPNs are trained and educated. The traditional route of training GPNs is not sustainable HEE (2018) and therefore the GPN10PP seeks to develop and new and alternative ways of training. All GPNs should have access to accredited training to equip them for each level of their role.

Education and Training Needs Assessment

Throughout this template education and training have been referred to both in the practice setting and more formalised education in the university setting. Both are deemed as crucial elements for the development of the role of the General Practice Nurse. As a new General Practice Nurse along with your mentor and employer it will be important for you to recognise where you have deficits in your education and to seek out relevant courses to support your growth and development as a competent practitioner.

Reflective Practice
Professional reflective practice

However much you prepare and try to address your concerns ahead of beginning your career in primary care, you will find that as you practice new learning, new strengths and new concerns will emerge. Your nursing practice should become the richest source of your learning. In all professional roles it is important to spend time actively thinking back on what happened in practice situations; how you felt, how you managed the situation and what the outcome was.

This kind of thinking is called reflection and regular reflection will help to improve your practice. Reflection is critical thinking and is a process of reviewing an experience of practice in order to describe, analyse, evaluate and so inform learning about practice[1]. It is common for people to reflect back on situations when 'something has gone wrong'[2]. It is good reflective practice to reflect on a variety of situations from practice, including ones that ended with positive and negative outcomes.

Models can help some nurses structure their thinking, when undertaking reflective practice. There are many models of reflection that can be used. However, the model that is used is not as important as long as a process occurs. One of the most common models of reflection is Johns (1992), the basics of which are:

Johns' model of reflection[3]

- Description of the experience - describe the experience and what were the significant factors?
- Reflection - what was I trying to achieve and what are the consequences?
- Influencing factors - what things like internal/external/knowledge affected my decision making?
- Could I have dealt with it better - what other choices did I have and what were those consequences?
- Learning - what will change because of this experience and how did I feel about the experience?[4]

Models are simply tools that you are free to use to support your own reflective practice. More important than the choice of model itself, are the skills to reflect, read body language, think deeply and laterally, and ask yourself honest exploratory questions with a focus on personal improvement as a nurse.

In the 'Gibbs reflective cycle'[5] there are six steps to aid reflective practice:

1. **Description**: First you describe what happened in an event or situation
2. **Feelings:** Then you identify your responses to the experience, for example "What did I think and feel?"
3. **Evaluation**: You can also identify what was good and bad about the event or situation.
4. **Analysis:** The 'Feelings' and 'Evaluation' steps help you to make sense of the experience.

5. **Conclusions:** With all this information you are now in a position to ask "What have I learned from the experience?"
6. **Action plan:** Finally, you can plan for the future, modifying your actions, on the basis of your reflections.

The Driscoll Model[6]
Another model to support reflection is the Driscoll Model. It follows a simple three stage process:
1. What happened? Describe the event in practice
2. So what? Analyse the event
3. Now what? Take action based on the result of learning from experience in clinical practice

Johari Window[7]
When making the transition in to a new working environment, a model such as the Johari Window might help to raise your self-awareness, personal development and group relationships. Your relationship with your colleagues and employer may feel very different.

1 The KNOWN SELF Things that you know about yourself and that other people know about you	**2 The HIDDEN SELF** Things that you know about yourself and other people do not know about you
3 The BLIND SELF Things that other people know about you that you do not know about yourself	**4 The UNKNOWN SELF** Things that neither you nor other people know about you

The Johari Window may help you explore your own behaviour and attitudes at a deeper level. By working with others to complete it, you can learn new things about your impact on others. The challenge is to explore and understand a little bit more about you using this framework.

By considering the four domains it should assist you to identify what is known by you, what is known by others and what is yet to be discovered. It can assist to get feedback on performance and increase self- awareness of your own practice.

An example: using the Johari Window to reflect on a scenario

A patient is admitted to the care home you are working in, and you observe that their general condition has deteriorated in the last twenty-four hours. Your assessment is that they present as over anxious and depressed although their general observations are within normal limits. You feel the need to act as an advocate for this patient and decide to contact the GP.

1. Known self - these are things that you know about yourself and that you may consciously present to others.
I felt happy that I had the ability to rely on my knowledge of the deteriorating resident.

2. Hidden self - these are things that you know about yourself but you choose to hide from others.

I felt a degree of concern that the GP would not take my word for the general deterioration of the patient especially as her vital signs were not in question. This was giving me a physical reaction to my anxiety and my heart was beating faster.

3. Blind self - these are things about you that others can see but are unknown to you.

When reporting back to my senior nurse the anxieties I had about this patient and how I acted, I was somewhat surprised at the amount of faith she had in my ability to cope. She stated that she could see how I had developed over previous months and knew that this type of situation 'would not faze me.'

4. Unknown self - these are feelings and abilities that you are not aware of and which others have not seen.

As I grow in experience, I feel that I am working towards a more senior role within the practice and the GP trust my clinical decisions.

How well do you feel you engage with patients in the clinic setting?The Burford Model of Reflection[8] is a series of questions designed to promote deeper thinking about a patient and their life circumstances. The tool may help you to reflect on your patients and their families.

Although models can be helpful to guide your process, the key to writing reflectively is to structure reflective work into your everyday practice, to be brave and ask yourself tough and difficult questions, to be honest with yourself and to be committed to learn from experiences.

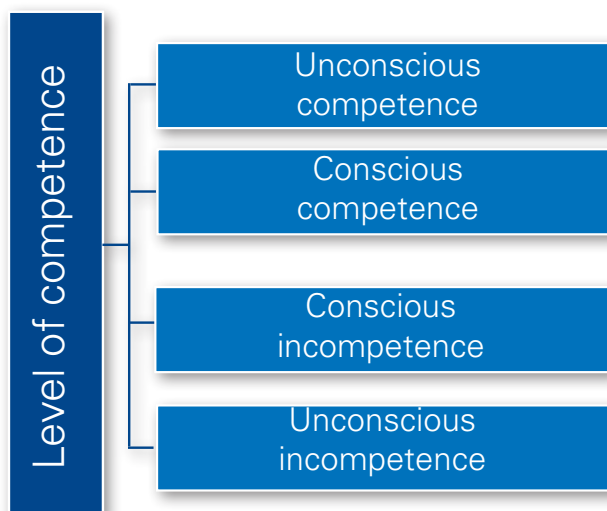**Some questions to use when writing reflectively**

The questions you can ask yourself when reflecting are limitless, and the best insights may come from the questions you have thought of yourself. However, as a starting point here are some questions you could use to think back over an experience to extract key learning to improve your practice.

- Where the event took place?
- Who was involved?
- What actually happened?
- How you were involved?
- What your feelings were at the time?
- What contribution did you make?
- What happened after the situation?
- What did you learn from this experience?
- Did you gain any new knowledge?
- Did you gain any new skills?
- What does this mean for your ongoing personal and professional development?

Working within your own scope of practice

In all nursing, it is essential for you to know what your level of knowledge is, to ensure you are working within your competence at all times. This ensures that you are protected and that the care you provide is safe and effective.
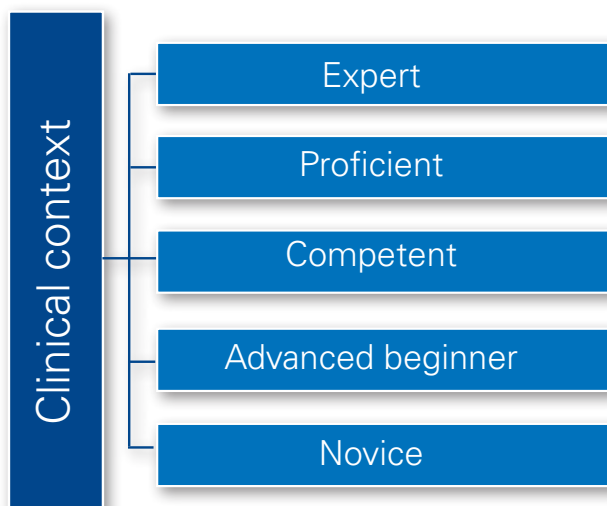
Look at the diagram below and read the description below - where would you place yourself on the ladder of competence?

Level of competence

- Unconscious competence
- Conscious competence
- Conscious incompetence
- Unconscious incompetence

- Unconscious Incompetence – You don't know that you don't know
- Conscious Incompetence – You know that you don't know
- Conscious Competence – You know that you know
- Unconscious Competence – You don't know that you know, it just seems easy!

Using this ladder as a tool will assist you in identifying where more learning needs to take place, but it also helps you reflect on your areas of competence.

Benner's Model – Ranking your competence

Clinical context

- Expert
- Proficient
- Competent
- Advanced beginner
- Novice

Benner's model describes how nurses pass through five levels of proficiency, as they develop a new skill: novice, advanced beginner, competent, proficient, and expert. This model may help you and your buddy to identify those areas of skill and knowledge requiring further development.

National Organisations

DHSC	The Department of Health and Social Care (DHSC) helps people to live better for longer. They lead, shape and fund health and care in England, making sure people have the support, care and treatment they need, with the compassion, respect and dignity they deserve.
NHS Improvement	NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. They offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, they help the NHS to meet its short-term challenges and secure its future.
NHS England	NHS England – abbreviated to NHSE - leads the National Health Service (NHS) in England. It sets the priorities and direction of the NHS, encourages, and informs the national debate to improve health and care.
The Royal College of Nursing	The Royal College of Nursing (RCN) is the world's largest nursing union and professional body. It represents more than 435,000 nurses, student nurses, midwives and health care assistants in the UK and internationally.
The Queen's Nursing Institute	The Queen's Nursing Institute (QNI) is a registered charity dedicated to improving the nursing care of people in the home and community and primary care setting. The QNI achieves its objectives: • Through our national network of Queen's Nurses, who are committed to the highest standards of care and who lead and inspire others • By funding nurses' own ideas to improve patient care, helping them develop their skills through leadership and training programmes• By publishing research into nursing practice, workforce and education, improving knowledge and standards • By influencing government, policy makers and employers, and campaigning for investment in high quality community nursing services • By offering educational grants to enhance nurses' clinical knowledge • By helping working and retired community nurses in times of financial need or life crisis • By linking up working and retired nurses for regular telephone contact.

The role of Health Education England (HEE)

Health Education England (HEE) exists for one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

Association of Academic General Practice Nurse Educators (AAGPNE) – HEIs

This initiative arose following findings arising from the QNI project to develop voluntary standards for senior General Practice Nurses, and is funded by NHSE. Telephone interviews undertaken as part of the project with GPN HEI (university) educators identified feelings of isolation and limited collaboration between HEIs. A forum has now been established, bringing HEI GPN programme leads from England, Northern Ireland and Wales together to network and work collaboratively.

Community Education Provider Networks (CEPNs) – Training Hubs

Community Education Provider Networks (CEPNs) are organisations which run non-academically accredited courses for Primary Care staff. They are primarily funded by Health Education England and are based in General Practice. The CEPNs sometimes work with the University around supporting the GPN workforce.

General Practice Nursing 10 Point Plan – GPN10PP

The GPN10PP is a vital document for all nurses working in General Practice to read and understand, as it outlines the future direction and career progression of General Practice nursing. https://www.england.nhs.uk/wp-content/uploads/2018/01/general-practice-nursing-ten-point-plan-v17.pd

Key Educational Resources

All GPNs should have access to accredited training to equip them for each level of their role. Training should be aligned with the following:

- RCGP General Practice Foundation, General Practice Nurse Competencies file:///C:/Users/user/Downloads/RCGP-GPF-Nurse-Competencies%20(1).pdf
- QNI (2015) Transition to General Practice Nursing Resource https://www.qni.org.uk/wp-content/uploads/2017/01/Transition-to-General-Practice-Nursing.pdf
- HEE (2015) District Nursing & General Practice Nursing Services Education & Career Framework https://www.hee.nhs.uk/sites/default/files/documents/Interactive%20 version%20of%20the%20framework_1.pdf
- QNI/QNIS (2016) Voluntary Standards for General Practice Nurse Education and Practice. https://www.qni.org.uk/wp-content/uploads/2016/09/GPN-Voluntary-Standards-for-Web.pdf

Education Checklist

Knowledge and Skills Assessment Within the first few weeks and as part of Induction	Date Completed
Education and Training Needs Assessment	
Assessment and Supervision	
Study Leave entitlement / Application processes	
Protected Learning Time	
Reflective Practice	
Working within a scope of Practice / Competence	
Leadership Development	
GPN10PP	
Primary Care & Community Care Structures	
Role of National Organisations	
Education Programmes	
AAGPNE	
CEPN's – Community Education Provider Networks	
KEY EDUCATIONAL RESOURCES	
RCGP General Practice Nurse Competencies	
QNI Transition to General Practice Nursing Resource	
HEE Framework DN & GPN Practice Education and Career Framework	
QNI Voluntary Educational Standards	

NB This list is not exclusive and aspects can be added or removed according to area of practice

Resources

- HEE (2017) General Practice Nursing Workforce Development Plan – Recognise, Rethink and Reform
- HEE (2015) District Nursing and General Practice Nursing Service- Education and Career Framework
- HEE (2015) Raising the Bar- Shape of Caring: A Review of the Future Education and Training of Registered Nurses ad Care Assistants
- Kings Fund (2015) Placed based systems of care – A way forward for the NHS in England
- NHSE (2016) The General Practice Forward View
- NHSE (2017) General Practice – Developing confidence, capability and capacity: A ten point action plan for General Practice Nursing
- NHS (2019) The NHS Long Term Plan https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf
- PHE (2016) Making Every Contact Count
- Primary Care Workforce Commission (2015) The Future of Primary Care – Creating teams for tomorrow
- QNI (2016) Transition to General Practice Nursing Resource
- QNI (2016) General Practice Nursing in the 21st Century: A time for Opportunity

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https://spark.adobe.com/page/tlR3zcqpuiTfa/

NHS

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Dr Pete Lane	Clinical Lead	HEE Primary Care Workforce and Training Hubs across Yorkshire and Humber
Gillian Beardmore	Primary Care Workforce Lead	HEE East Midlands Office
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Ellen Nicholson	Forum Member	RCN GPN Forum
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NHS England