

Royal College of Nursing response (word count 2900)

UK Parliamentary inquiry into the future of general practice

1. Introduction to you and your organisation

With a membership of around 465,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of primary care and community settings.

General Practice Nurses (GPNs) now make up the second largest group of RCN members and are particularly keen to contribute and influence both the delivery of health and care and policy aligned to this. 13,000 GPN members are employed by 7,500 independent NHS contractors, and their employment terms and conditions are recognised as being significantly inferior to colleagues employed directly

contract would be unaffordable, therefore unlikely, adding to the frustration and feeling of being undervalued.

Other inequity is identified in policy such as the NHS Long Term Plan which supports

sometimes the catch all phrase of 'see your GP if it persists or is a problem' can create a significant administrative burden and it would be helpful to also highlight other choices and channels in accessing other health care professionals like the GPN, ANP, pharmacist, non-clinical workforce or a voluntary organisation, which can also be appropriate routes.

Career Pathways- There is no clear staff development pathway so ultimately nurses accrue extra skills in one or two areas and then either leave to go and specialise in one area such as respiratory for example or go on to undertake an ANP course and so no longer perform in a Practice Nurse role. With no AFC pay and conditions there is no parity across the country with nurses being paid whatever the surgery 'going rate' is. Generally, opportunity for discussion about pay and career progression is limited to an annual appraisal, and these do not always happen on the frequency they should. Despite support and training nurses remain poor at approaching the subject of pay, terms and conditions with their employer.

Reassuringly and without doubt a reflection of the hard work that has been undertaken by

decide not to seek medical advice because it is simply too difficult to get an appointment.

It should be noted that resource allocation for the general practice nursing workforce is fragmented across the country; this includes roles such as the Nursing Associate. A variation in training and development provision has been identified and can be dependent upon which Primary Care Network (PCN) a practice is situated. RCN members have indicated that often this variation is impacted by the infrastructure of a PCN and importantly the recognition and positioning of nurse leadership. Members have also reported significant variation in the funding Health Education England (HEE) provides across England which has led to inconsistency in workforce development and training provision.

A helpful document for reference is the [RCN workforce standards](#) which highlights the absolute need for executive level nurse leadership and sets out what is required for staffing for safe and effective care

6. What can be done to reduce bureaucracy and burnout, and improve morale, in general practice?

RCN members believe that morale in general practice nursing can be improved in a number of ways. This includes the assurance of consistency of practice via a national career framework, and support for the development of GPN leadership roles at local, regional, and national levels.

It is also proposed that formal progression/development opportunities should take the form of a structured regular and formal career review alongside a clinically supported appraisal process, mandated as part of the GP contract along with formal clinical and safeguarding supervision. This is to ensure that the GPN role is recognised and valued for the highly skilled role it is.

Additionally, there is a requirement to:

- Utilise skill mix and source alternative solutions to aid completion of administrative tasks such as Fit notes/ DVLA reports.

- The new transformation models must have a nurse on their board or executive team ([RCN Nursing Workforce Standards 2021](#)), with each system ensuring visible Practice Nurse leadership as equal partners.
- Annual appraisal with a clinical colleague rather than the practice manager.
- Requirement for both clinical and safeguarding supervision.
- Professional recognition of nurse's role, knowledge, skills and expertise in general practice should bring improved partnership and team work in managing care and the planning and provision of responsive and effective services.
- GPN training and providing placements for student nurses should also be a mandatory condition of the GP contract. All nurses new to general practice should undertake full induction via the GP fellowship programme. Funding for

RCN members have highlighted that many practices already have in-house pharmacists to assist with monitoring of prescribing, however members also suggest there are other areas where partnerships could improve patient care:

- Enabling self-care and direct access to other services (community / voluntary / charity provision)