

A decorative graphic consisting of several overlapping, wavy bands of light blue and purple, with a soft, glowing effect, positioned horizontally across the upper middle of the page.

**Northern Ireland Practice and Education Council for
Nursing and Midwifery**

**PROJECT PLAN
FOR
DEVELOPMENT OF A CAREER PATHWAY FOR
NURSES WORKING IN PRIMARY CARE**

January 2018

1.0 Introduction

In the publication of *General Practice Now and the Future: A Framework for Northern Ireland* (2016) there is a recommendation for the Northern Ireland Practice Education Council for Nursing and Midwifery (NIPEC) to “develop a competency framework for General Practice Nurses” (page 58,59). NIPEC has undertaken to complete this as part of the development of a career pathway for Primary Care Nursing as laid out in its 2017/2018 Business Plan.

2.0 Background

The Health and Social Care service in Northern Ireland continues to undergo unprecedented change driven by, increasing workload pressures, reduced length of hospital stays and increasing complexity of patients being cared for at home (RCN 2013, Ball et al 2014). In Primary Care these challenges have accumulated and manifested as a growing gap between demand and capacity. This has been the impetus for service redesign and change in the way healthcare is promoted and delivered in Primary Care. *The Health and Wellbeing 2026 - 12 month Progress Report* (DoH 2017) clearly states that the future model of primary care will be based around multi-disciplinary teams, embedded in general practice. The Department of Health Transformation Implementation Group (TIG) is in the process of reviewing existing models of primary care multi-disciplinary working, from a range of countries including Northern Ireland, in order to draft a set of principles to underpin a primary care multi-disciplinary model by early 2018.

General Practice Federations

The rising demand for General Practice services and reduced workforce capacity in Northern Ireland has led to the creation of the General Practitioner Federation Model. Key components of the Model are:

- An average size of a GP federation, circa 100,000 patients with 20 practices.
- The boundaries are in line with the current boundaries for Integrated Care Partnerships.
- Each Federation has been established as a Community Interest Company

- Limited by Guarantee in the not for profit sector.
- Currently there are 17 Federations incorporated covering 1.8 million of a patient population (See Table 2).
- Northern Ireland is the only part of the United Kingdom that has a unified model of Federations governed by a unified Members Agreement covering its entire population.

Table 2: GP Federations and Locations

Federation	Location	Federation	Location
Belfast Area 4 Federations	North Belfast	Northern Area 4 Federations	Antrim/Ballymena
	South Belfast		East Antrim
	East Belfast		Causeway
	West Belfast		Mid Ulster
South Eastern Area 4 Federations	Down	Southern Area 3 Federations	Newry & District –
	Lisburn		Armagh & Dungannon
	North Down		Craigavon
	Ards		
Western Area 2 Federations	Derry/Limavady		
	South West		

General Practice Nursing Workforce

General Practice Now and the Future: A Framework for Northern Ireland, published by Public Health Agency (PHA) and Health and Social Care Board (HSCB) in 2016, identified the need to develop and sustain the General Practice Nursing workforce supported by a regional competency framework. The *Framework* is intended to be a reference tool for General Practices to highlight the key nursing issues, roles, competencies and professional governance arrangements required to support the nursing workforce in Primary Care.

The *Framework* includes recommendations to support implementation across all GP practices in Northern Ireland. Within the *Framework* there is an identified “need for a

model to agree roles and responsibilities and activities for nurses in GP practices to have consistency across NI including job roles and job descriptions” (p. 34). This will require the development and standardisation of an agreed list of roles and core competencies to promote safe, effective, efficient patient-centred care across all GP practices. In addition, a set of regionally agreed job descriptions for use by employers of General Practice Nurses will be required.

Northern Ireland General Practice Nursing Workforce Survey Report (cited in PHA & HSCB 2016) estimated in their report a workforce of approximately 900 staff of all grades and 540 whole time equivalents (Page 6). With seventy six percent (76%) qualified staff (see Table 1). This report is most useful as it provides statistics on the different positions nurses are employed in, their qualifications, and opportunity for further study, revalidation as well as detailing hours worked including additional hours, vacancies, pay scales, age range and implications of retirement. It also lists the different clinical work areas although caution is suggested in making generalisations as there was only a fifty four percent (54%) response rate.

Table 1: Headcount and whole time equivalents of Nursing Staff by Job Title

Job Title	Head Count	Whole Time Equivalents
Advanced Nurse Practitioner	16	9.91
Nurse Practitioner	34	21.86
Specialist Nurse	9	8.75
Nurse	238	158.29
Treatment Room Nurse (non-Trust employed)	68	37.8
Health Care Assistants	71	35.48
Phlebotomists	36	10.2
Others	7	3.8
Total	479 (n=187)	272.4 (n=177)

Role of General Practice Nurses

Within Primary Care General Practice Nurses are critical in the provision of services, because of their close links with the community they serve and their unparalleled local knowledge. The role of the General Practice Nurse is to provide services to the patients registered with a General Practitioner (GP) group, and is responsible for co-ordinating care and supporting individual patients. The role also involves the provision of care for minor illnesses, acute and chronic health conditions, and end of life care, as well as promoting public health. Due to the complexity and variability in workload they require strong interpersonal skills which span primary, secondary and tertiary care. The delivery of these services is supported by multi-disciplinary teams and a skill mix of registered and unregistered staff.

Career Pathway for General Practice Nursing Workforce

In order to support the General Practice Nursing workforce, including pre-registered nurses and nursing assistants a career pathway is required encompassing defined roles, core competencies, learning and development and job descriptions. Work has already been completed by the Queens Nursing Institute and The Queens Nursing Institute Scotland which developed *Voluntary Standards for General Practice Nursing Education and Practice* (2017).

In addition, Health Education England and NHS Education for Scotland (NES) have also recently developed career frameworks within General Practice which can be used as a source of reference to inform the career pathway for NI.

3.0 Aim and Objectives

This project aims to develop a career pathway to support the General Practice nursing workforce to enable the delivery of safe, effective, person-centred nursing care within General Practices across Northern Ireland.

The objectives are as follows:

- scope existing career pathways and models of employment for the General Practice Nursing workforce, nationally and internationally

- develop a career pathway and propose a model of employment to support the education, professional development, appraisal and revalidation of the General Practice Nursing workforce to include:
 - core competencies and job descriptions; and
 - relevant educational requirements/programmes
- develop a section for the nursing and midwifery career pathway website to promote and support General Practice Nursing workforce.

4.0 Scope & Methodology

This Project will commence in January 2018 with the establishment of a Steering Group (See Appendix B) to oversee the direction of the project. The Steering Group will be chaired by the Director of Nursing of the Down GP Federation and comprise representation from the following: General Practice Nurses, Treatment Room Nurses/Managers, Public Health Agency, General Practitioners, Northern Ireland Medical and Dental Training Agency, Royal College of Nursing, Regional Trade Union Forum, Department of Health (DoH), Queen's University Belfast, Ulster University and Clinical Education Centre.

Subgroups will be formed as necessary to progress the development of the various components of the project, within the agreed timescale.

5.0 Resources

NIPEC will provide project management and administrative support to ensure the delivery of the Project. Any additional support required will be discussed and agreed by NIPEC's Business Team.

6.0 Equality and Governance Screening

As required by Section 75, Schedule 9, of the Northern Ireland Act, 1998, any equality implications of this project/workstream/initiative* have been considered. In addition, consideration has been given to the terms of the Human Rights Act 1998.

As a result of these considerations a screening of the project has been commenced and when completed, can be viewed at <http://www.hscbusiness.hscni.net/services/2166.htm>. Using the Equality Commission's screening criteria, no significant equality implications have been identified. This project will therefore not be subject to an equality impact assessment.

In addition, to ensure NIPEC and its stakeholders are meeting its legal obligations and responsibilities under various Corporate Governance areas, the project plan, its aims and objectives and outcomes have been examined and screened for any issues relating to the following areas:

- Risk Management
- Privacy Impact Assessment (PIA)
- Personal Public Involvement (PPI)

A summary of these considerations and any action required is documented in Appendix A.

7.0 Dissemination and Implementation

Communication and consultation processes will be ongoing throughout the project using various mechanisms including the NIPEC website and news bulletin, along with utilisation of key stakeholders' communication mechanisms. This will reflect the progress of the project and encourage individuals' to contribute to and participate in the project at various stages.

On completion, the project will be summarised in a Final Report which will be submitted along with a proposed implementation plan to the Chief Nursing Officer DoH. These documents will be available on NIPEC's website.

8.0 Evaluation

Ongoing evaluation of the management of the project will be conducted through NIPEC and will ultimately feed into the progress and outcomes of the project. This

evaluation will address the achievements of the objectives outlined in the project plan and the project management process.

References

Ball J., Philippou J., Pike G. & Sethi J. (June 2014) *Survey of District and Community Nurses in 2013. Report to the Royal College of Nursing, Kings College, London: RCN.*

Department of Health, Social Services and Public Safety (2011) *Quality 2020* Belfast: DHSSPS.

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Department of Health, Social Services and Public Safety (2011) *Transforming Your Care. A Review of Health and Social Care in Northern Ireland.* Belfast: DHSSPS.

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Department of Health (2016) *Health and Wellbeing 2026 - Delivering Together.* Belfast: DoH.

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Public Health Agency (PHA) and Health and Social Care Board (HSCB) (2016) *General Practice Nursing Now and in the Future: A Framework for Northern Ireland.* Belfast: Public Health Agency (PHA) and Health and Social Care Board (HSCB)

https://www.qni.org.uk/wp-content/uploads/2016/09/gpn_c21_report.pdf

Department of Health (2017) *Health and Wellbeing 2026 Delivering Together 12 Month Progress Report October 2017.* Belfast: DoH.

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Northern Ireland Practice and Education Council for Nursing and Midwifery (2017) *NIPEC Business Plan 2017-2018.* Belfast: NIPEC.

www.nipec.hscni.net/.../corporate-publications/businessplans

Royal College of Nursing (2013) *Moving Care into the Community: An International Perspective.* London: RCN.

https://my.rcn.org.uk/_data/assets/pdf_file/0006/523068/12.13..._PDF_file

The Queens Nursing Institute and The Queens Nursing Institute Scotland (2017) *TheQNI/QNIS Voluntary Standards for General Practice Nursing Education and Practice.*

<https://www.qni.org.uk/.../2016/09/GPN-Voluntary-Standards-for-Web.pdf>

Equality and Governance Screening

Area	Comments
Risk Management questions	
<ul style="list-style-type: none"> • Have any risks been identified? • What is the potential impact of these? • How can these be mitigated or have alternatives options been identified which would have a lower risk outcome? • Where negative impacts are unavoidable, has clarity been given to the business need that justifies them? 	
Equality and Human Rights questions	
<ul style="list-style-type: none"> • What is the likely impact on equality of opportunity for those affected by this policy for each of the Section 75 equality categories (minor/major/none)? • Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories? • To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group (minor/major/none)? • Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group? <p>NB – please refer to NIPEC’s Equality Screening Policy and Screening Template to assist in considering equality and human rights</p>	<p><i>Please see section 7.0 within the PID</i></p>
Privacy Impact Assessment (PIA) questions	
<ul style="list-style-type: none"> • Will the project use personal information and/or pose genuine risks to the privacy of the individual? • Will the project result in a change of law, the use of new and intrusive technology or the use of private or sensitive information, originally collected for a limited purpose, to be reused in a new and unexpected way? <p>NB – please refer to NIAST guidance and template to assist in considering the PIA screening questions and whether a full assessment is required</p>	
Personal and Public Involvement (PPI) questions	
<ul style="list-style-type: none"> • Has a requirement for PPI been identified, and if so, what level of PPI will be required for the project? <p>NB – please refer to and use NIPEC’s PPI Decision Tree/Algorithm to assist in considering PPI</p>	

Steering Group Membership

Name	Designation	Organisation
Maura Devlin	Director of Nursing	Downe GP Federation
Nicola Brown	Trainee Advanced Nurse Practitioner	Down GP Federation
Oriel Brown	Senior Manager: Safety, Quality and Patient Experience	PHA
Conor Craig	Student Nurse – (Adult)	Queen's University
Margaret Diamond	Professional Lead for Community Nursing	Northern HSC Trust
Dr Colin Fitzpatrick	Clinical Director Primary Care	South Eastern HSC Trust
Heather Finlay	Nursing Officer Workforce, Education & Health Facility Planning	DoH
Caroline Fletcher	Treatment Room Services Co-Ordinator	Western HSC Trust
Louise Hales	School of Nursing	Queen's University
Amber Jones	Treatment Nurse	Southern HSC Trust
Ruth Kirk	Primary Care Manager Donaghadee Health Centre	South Eastern HSC Trust
Caroline Lee	Head of HSC Clinical Education Centre, Clady Villa	Clinical Education Centre
Fiona Linehan	Treatment Nurse	South Eastern HSC Trust
Dr Claire Loughrey	Director for Post-Graduate General Practice Education	NIMDTA
Linzi McIlroy	Senior Professional Development Officer	Royal College of Nursing
Maura McKenna	Trade Union Rep	
Anne McGale Replaced Julie Montgomery	Practice Nurse	Harland Practice
Deirdre O'Donnell	Senior Lecturer School of Nursing	Ulster University
Sophie Polatol	Practice Nurse	Castlereagh Medical Centre
Dr David Ross	General Practitioner	NIGPC representative

Jill Scullion	Manager for Treatment Rooms	Belfast HSC Trust
Caroline Whitten	Practice Nurse	Southern GP Federation
Caroline Graham	Associate Professional Officer	NIPEC
Cathy McCusker	Senior Professional Officer	NIPEC

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