Overview of 2014 General Practice Nurse Survey Report

This document outlines some snapshot information that was gathered by the 2014 General Practice Nurse Survey led by the Royal College of General Practitioners’ (RCGP) General Practice Foundation (GPF) that was supported by the Royal College of Nursing (RCN) and Health Education England (HEE).

1. Background

The General Practice Nursing (GPN) service is an important part of the current and future delivery of care in or closer to the patient’s home. Many policy documents now include GPN as part of the solution to delivering increasing amounts of care in Primary Care e.g. *Five Year Forward View* (NHS England, 2014) *Transforming Community Services* (DH, 2008) and *RCGP GP2022*.

The traditional role of the GPN is conducted in general practices, and this serves an important function which contributes to the current and future delivery of care in or closer to the patients home, in line with policy direction and patient need.

Historically, there has been a lack of data about the GPN role to inform the commissioning of nurses training. And this has, in part, arisen from the unique way in which GPNs are employed i.e. employed by independent practitioners (GPs) via the General Medical Services contract, rather than them being direct NHS employees.

While the RCN and the Working Partnership Snapshot Survey (2008) have collected information in the past, no detailed national information was available about GPNs per se. Consequently, the information collected in this survey can be used by different organisations to help them tackle current and future workforce issues.

2. Survey

The survey was designed by the RCGP GPN Forum and data collection was web based via Survey Monkey between March and May 2014. The survey was further publicised by NHS England via CCGs, RCN Practice Nurse Association and the ‘Independent Nurse’ and ‘Practice Nurse’ journals.

It was expected that the survey would support other data to demonstrate:

- High numbers of experienced nurses reaching retirement age in the imminent future.
- Wide variation in levels and types of training GPNs have
- Low number of nurses under 50 years
- Lack of degree and diploma level training
- Lack of nurses with teaching qualifications
2.1 - Survey response rate

2.1.1 - Actual Number
The survey included 3,542 respondents, a significantly higher number than previous surveys such as the Working in Partnership Programme (WiPP) Snapshot Survey 2008, with only 1,161 respondents. The response rate of 14.8% (3542 out of 23,833) suggests a statistical confidence level of over 90%.

However, this survey response was lower than a similar RCN survey undertaken in 2009 (4,845). This is probably because the RCN survey was administered differently i.e. a funded membership survey, sent out by post and followed up with reminders. The purpose of this survey was to establish some detailed baseline national data about GPN including their training and employment.

2.1.2 - Response rate as a percentage of estimated current GPN workforce
Data for March 2014 from The Health and Social Care Information Centre, collected from General and Personal Medical Services, states that there are 23,833 (14,942 full time equivalent registered) GPNs in post, of which:

- 59% were Practice Nurses
- 20% were Advanced Level Nurses
- 21% were Extended Roles or Specialists.
This Survey showed:
- 15.9% were Advanced Nurse Practitioners
- 35% were Senior Practice nurses
- 40% were Practice nurses
- 11% were Healthcare assistants

Respondents used their own choice of role title. An Advanced Nurse Practitioner (ANP) would usually demonstrate the competencies identified by the Royal College of Nursing ANP competencies (2012) which suggest a masters academic level. Senior or experienced Practice Nurses usually have post-registration training in one or more specialist areas. Practice Nurses usually have less academic training but are able to carry out most of the routine nursing activities. Assistant practitioners are likely to have NVQ or similar training or be studying for a foundation degree. Healthcare assistants are likely to have a variety of practical training.

2.1.3 - Response rate spread across England
In some areas there was a very low response rate. This was particularly the case for Wales, Wessex, North East, Thames Valley and North West London. In some areas the survey clashed with other local data collection so was not as widely advertised.
2.1.4 - GPN Demographics

64% over 50 with a significant number 11% over 60 only 3% under 40 years old. For some unknown reason there were no respondents at all in the 30-39 age range.
2.2 - Survey results

2.2.1 - Respondent work hours
Since previous surveys, there appears to have been an increase in nurses' weekly working hours. The average was 24 hours per week with the WIPP survey shows an average of 18 hours per week. The RCN workforce survey (2009) showed 16% full time.

![Respondent GPN hours worked by %](image)

2.2.3 - Pay Scales
Unlike hospital or other community nurses, there is no agreed pay scale for nurses working in general practice. In *Nurses Employed by GPs* (RCN2014), the RCN suggest using the Agenda for Change (AfC) pay scale. Unfortunately this is not commonly recognised by GPs in the way that it is in the rest of the NHS, where nurses are directly employed.

AfC Bands 1 - 4 cover a wide range of GPN service HCA roles, with band 4 (sometimes called assistant practitioners) likely to have NVQ or equivalent training.

The figures suggest that newly qualified nurses (band 5) are less commonly employed, largely because GPN is often not considered as being a viable career option. Much work is now being undertaken to profile the GPN role with undergraduate nurses to do this and encourage them to undertake GP placements during their training.

In the past, many nurses would have entered GPN service at band 6 AfC or equivalent Whitley Pay Scale G but may never have progressed, even if they had undertaken further formal training. Also, unlike other NHS nurses, the annual pay increase was not automatic in general practice, thus making it a less attractive place in which to work. While survey respondents have provided information about their own pay, the actual rate paid is at the discretion of the practice they work for, and thus varies.

Experienced nurses with additional training such as in diabetes, asthma or family planning are likely to be receiving higher pay, equivalent to a band 7, as are nurse practitioners, senior, or specialist practice nurses. Bands 8 - 9 approximately map to advanced nurse practitioners or nurse partners.
2.2.4 - Roles

The 2013 General and Personal Medical Services (HSCIC) figures now have three categories for registered nurses working in general practice and “direct patient care”, which includes HCAs. These figures are taken from table nine of the census. The 2014 census of registered nurses working in general practice (General and Personal Medical Services 2003-2013) divides GPN into three groups:

1. Advanced level nurses: includes advanced nurse practitioners, nurse prescribers, nurse clinicians, nurse managers, practice development nurses. This level of nurse needs high level clinical skills, competence and autonomous decision making. Comparable GPN 2014 survey 15.9% and HSCIC 19.7%

2. Extended role & specialist nurses with additional training in specialist areas such as diabetes, asthma and sexual health, etc. Comparable GPN 2014 Survey Practice Nurses 35% and HSCIS 21%

3. Practice Nurses: all registered nurses working in general practice. Comparable GPN 2014 survey 40% Practice Nurses and HSCIC 58%

4. While the figure for Healthcare Support Workers (assumed to be “direct patient care” Comparable GPN 2014 survey 40% and HSCIC figures 8,327
2.2.5 - Employment conditions

Employment terms and conditions vary considerably, with few employers paying NMC or RCN fees, but most paying for indemnity (this is in line with all other NHS nurses). This may reflect the fact that many GP practices offer group cover which includes nurses as part of their schemes.

![Numbers of employer paid membership](image)

2.2.6 - Appraisal

Percentage of respondents who have an annual appraisal.

<table>
<thead>
<tr>
<th></th>
<th>GPN Survey</th>
<th>RCN 2009</th>
<th>WiPP 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>93.90%</td>
<td>80%</td>
<td>85%</td>
</tr>
<tr>
<td></td>
<td>6%</td>
<td>20%</td>
<td>15%</td>
</tr>
</tbody>
</table>
2.2.7 Underpinning training (post registration)

This was a difficult area to measure as there is no standardised training for GP nurses. The 43% who identified their underpinning training as practice nursing may suggest that training is not at any recognised level. Many nurses will have entered general practice with no post registration qualifications and may never have studied to diploma or degree level.

Only 429 Nurses stated that they have the NMC SPQ. Some have the NMC recordable qualification SPQ. A search of university courses would reveal almost no courses leading to the NMC SPQ in general practice nursing being run currently, despite several being listed by the NMC.

The survey does appear to show a significant number of advanced nurses having accredited masters level training, however academic qualification does not equate to clinical competence.

Independent prescribing qualification was identified separately as 25% of the total number of respondents. Involved in Commissioning at CCG level was 7-6% with mainly more senior nurses.

2.2.8 - Specialist Training

Many GPNs have attended HEI accredited certificate, diploma, degree or masters level training. However, most academic courses are not clinically assessed, except M level ANP programmes.
What this appears to show is that levels of training varies with the specialism. With asthma, family planning and diabetes there are well established national training programmes. The numbers of nurses with specialist training above diploma level is low.

<table>
<thead>
<tr>
<th>Specialist area</th>
<th>Certificate</th>
<th>Diploma</th>
<th>Degree</th>
<th>Masters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>34%</td>
<td>59%</td>
<td>3.60%</td>
<td>1.70%</td>
</tr>
<tr>
<td>Asthma</td>
<td>23%</td>
<td>73%</td>
<td>2.40%</td>
<td>0.70%</td>
</tr>
<tr>
<td>COPD</td>
<td>28.90%</td>
<td>65%</td>
<td>4.30%</td>
<td>0.70%</td>
</tr>
<tr>
<td>CVD</td>
<td>38%</td>
<td>56%</td>
<td>3.90%</td>
<td>1.10%</td>
</tr>
<tr>
<td>Family planning</td>
<td>46%</td>
<td>47%</td>
<td>5%</td>
<td>0.80%</td>
</tr>
<tr>
<td>Immunisations</td>
<td>79%</td>
<td>16%</td>
<td>1.50%</td>
<td>1.80%</td>
</tr>
<tr>
<td>Anticoagulation</td>
<td>72%</td>
<td>22%</td>
<td>2.10%</td>
<td>3.30%</td>
</tr>
</tbody>
</table>

The survey appears to show that the quality outcomes framework drives training. Whereas there are national guidelines such as screening and immunisations training updates which are also
higher. Mentorship figures are low and do not match with the numbers of practices with student placements. There were 765 who took students with only 272 who attend ended an update. Nurses may not be aware of [the NMC guidance](https://www.nmc.org.uk/). 

2.2.9 – In house or online training

The survey show that there were substantial amounts of in-house or online training. This may be related to cost, as much online training is available free. Alternatively convenience may play a role.

- In House - 25%
- Online - 23%
- Higher Educational Institutes -11.1%

2.2.10 - Mentoring and teaching qualifications

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENB 997/998</td>
<td>53%</td>
</tr>
<tr>
<td>Mentorship</td>
<td>23%</td>
</tr>
<tr>
<td>Mentorship level 6</td>
<td>3%</td>
</tr>
<tr>
<td>Mentorship level 7</td>
<td>1%</td>
</tr>
<tr>
<td>NMC Recordable Lecturer / practice Educator</td>
<td>1%</td>
</tr>
<tr>
<td>PGCE</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

NB Some of these training qualifications are no longer valid such as ENB 997/998.

2.2.11 - Provide pre registration student placements

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently take students</td>
<td>25%</td>
</tr>
<tr>
<td>Took students in past</td>
<td>11%</td>
</tr>
<tr>
<td>Do not take students</td>
<td>64%</td>
</tr>
</tbody>
</table>

2.2.12 - Journal accessed

<table>
<thead>
<tr>
<th>Journal</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCN</td>
<td>1,460</td>
</tr>
<tr>
<td>Practice Nurse</td>
<td>1,830</td>
</tr>
<tr>
<td>Nursing In Practice</td>
<td>1,235</td>
</tr>
<tr>
<td>Independent Nurse</td>
<td>1,143</td>
</tr>
<tr>
<td>RCGP</td>
<td>326</td>
</tr>
<tr>
<td>other</td>
<td>389</td>
</tr>
</tbody>
</table>
3. Key Findings, Conclusions and Further Research

- 3,542 is a reasonable response rate, and provides a high level of representativeness. We can therefore conclude that it is accurate and credible.
- The demographics presented here help to confirm other data.
- The survey shows that a large percentage of experienced nurses are nearing retirement, and demonstrates that a very small percentage of GPNs are under 40 years old.
- The lack of a national standard of GPN training is reflected in the many different courses listed as underpinning training. As expected, there is a wide variation in levels of training, with the majority at certificate or diploma level. This demonstrates the lack of available and accessible courses.
- Where there are nationally delivered courses such as asthma and diabetes uptake appears to be higher.
- The numbers of nurse independent prescribers (25%) is useful as there is no other national data to indicate the numbers in General Practice.
- The information about pay and working hours is useful to those looking at the workforce.
- Access to continuing professional development appears to have a significant proportion delivered in house or online which may suggest that being released for training remains an issue for many GP Nurses. It may also reflect a preference for online training, which consistent with an increase in overall use of the internet.
- An area of concern is the lack of student placements, lack of nurses with teaching qualifications and those attending mentorship updates.

The survey demonstrates the need to attract more nurses into General Practice if the predicted workload increase is to be addressed. To enable this to happen, more nurses need to become trained educators and a more detailed training needs analysis need to be carried out inform the commissioning of appropriate training, particularly for younger nurses and those in education now.
References

- Health and Social Care Information Centre March 2014 general and personal medical services 2003-2013 [PDF]
- NHS England 2014 Five Year Forward View [PDF]
- Health and Social Care Information Centre Quality Outcomes Framework 2013-14
- Nursing & Midwifery Council standards for pre registration [PDF]
- RCGP GP 2022
- RCN 2014 Nurses employed by GPs [PDF]
- RCN 2009 Practice Nurses employment survey [PDF]
- RCN 2011 view from the frontline employment survey [PDF]
- Transforming Primary Care [PDF]
- Working in Partnership Snapshot Survey 2008 [PDF]