

WOLVERHAMPTON CCG

PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

2nd April 2019

TITLE OF REPORT:	GPN Strategy and supplementary documents: <ul style="list-style-type: none"> • A career progression framework aligned to the <u>HEE career and education framework for GPNs</u> • A competency framework based on the <u>RCGP GPN framework</u> • An induction and preceptorship framework based on existing programmes e.g. <u>Capital Nurse</u>
AUTHOR(s) OF REPORT:	Liz Corrigan, Primary Care Quality Assurance Coordinator
MANAGEMENT LEAD:	Sally Roberts and Sarah Southall
PURPOSE OF REPORT:	This report outlines the GPN Strategy for all nursing staff working in primary care.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Decision <input type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This report is intended for the public domain
KEY POINTS:	GPN Strategy and Supplementary Documents
RECOMMENDATION:	The board is asked to approve the strategy and supporting documents
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	✓
2. Reducing Health Inequalities in Wolverhampton	✓
3. System effectiveness delivered within our financial envelope	✓



1. BACKGROUND AND CURRENT SITUATION

1.1 General Practice Nurse Strategy

1.1.1 Aim

The aim of this strategy and supporting documents (Appendix 1-4) is to provide a forward view for general practice nursing for the Black Country.

1.1.2 Objectives

- Align the strategy content to reflect and support the actions within national and STP documents such as
 - 10 Point Action Plan for GPNs
 - GP Forward View
 - NHS Long Term Plan
 - STP Clinical, Workforce and Primary Care strategies

- To provide an outline of good practice using the principles of compassionate care

- To provide a suite of companion documents that offer:
 - A career progression framework aligned to the HEE career and education framework for GPNs
 - A competency framework based on the RCGP GPN framework
 - An induction and preceptorship framework based on existing programmes e.g. Capital Nurse
 - Guidance around Clinical Supervision for GPNs
 - A retention strategy for GPNs

2 STRATEGY OVERVIEW

2.1 The General Practice Nurse Strategy provides a framework for a STP-wide nursing plan through seven domains and partners within the STP have agreed to:

- Support excellence in care through learning in association with patients, their families and service users.
- Increase focus on quality and continually seek to improve the care provided.
- Encourage the best nurses to join practices within the Black Country STP footprint and embrace diversity through skilled appointments.
- Responsibility for each domain will lie with relevant teams within each CCG and with the STP, with support from NHSE and HEE.

2.2 Seven domains and six priority areas have been identified to support the implementation of the strategy and its companion documents; these have been aligned to a number of national work programmes:



- GPN 10 Point Action Plan
- GP Forward View
- NHS Long Term Plan
- Compassionate Care
- NMC Standards of Proficiency for Registered Nurses
- HEE General Practice Nursing Services Education and Career Framework
- RCGP GPN Competency Framework
- RCGP General Practice Advanced Nurse Practitioner Competencies
- QNI Transition to General Practice Nursing Resource
- QNI Voluntary Standards for General Practice Nurses

These domains are not exhaustive and each CCG will have different priorities and workforce needs that will be identified locally and led by the local clinical leads.

2.3 The strategy also provides an overview of key deliverables across the STP, and guidance around:

- Competencies for nursing staff in general practice
- Education framework
- Induction and preceptorships

This is guidance for practice staff and should be used across the career lifespan in conjunction with mandatory training, NMC revalidation, apprenticeships and local training and induction.

3 CLINICAL VIEW

3.1 Consultation

This strategy and supporting documents have been sent out for consultation across the Black Country to:

- Practice Nurses
- Clinical Leads and Senior Nurses
- GPs
- Practice Managers

4 PATIENT AND PUBLIC VIEW

4.1 At this point in time, patient and public view is not applicable, because the strategy is for the purpose of supporting development of nursing staff.



5 KEY RISKS AND MITIGATIONS

- 5.1 Failure of services to adopt the strategy and supporting documents.
- 5.2 All relevant groups have been consulted in the development of the strategy to mitigate the risk and there will be a strategy launch across the Black Country once approved.

6 IMPACT ASSESSMENT

Financial and Resource Implications

- 6.1 There may be some training needs, this will be managed as appropriate and additional funding is available via HEE, apprenticeships and other streams that can be accessed by the CCG or local Training Hub to support.

Quality and Safety Implications

- 6.2 None identified (see Quality Impact Assessment (QIA) Appendix 5)

Equality Implications

- 6.3 Confirmation has been received from the Equality Lead that no Equality Assessment was required at this time.

Legal and Policy Implications

- 6.4 Confirmation has been received from the Governance lead that a Data Protection Impact Assessment (DPIA) was not required at this time. (see DPIA Appendix 6)

Other Implications

- 6.5 None at this time.

Name Liz Corrigan

Job Title Primary Care Quality Assurance Coordinator

Date: 27th March 2019

ATTACHED:

- Appendix 1 Black Country GPM Strategy V1.7
- Appendix 2 General Practice Nurse Education and Careers Framework (incorporating HEE Framework for GPNs) V1.2
- Appendix 3 General Practice Nurse Induction Framework and Preceptorship Standards V1.4
- Appendix 4 Competency Framework for GPNs, Nursing Associates and HCAs working within Primary Care (incorporating RCGP Framework for GPNs) V1.3
- Appendix 5 Quality Impact Assessment
- Appendix 6 Data Protection Impact Assessment



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	See Section 3	
Public/ Patient View	See Section 4	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	See QIA Template for full details	
Equality Implications discussed with CSU Equality and Inclusion Service	See Section 6.3	
Information Governance implications discussed with IG Support Officer	See Section 6.4	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Liz Corrigan	27th March 2019

