

March 2016

Londonwide LMCs' response to the Health Education England Consultation "Building capacity to care and capability to treat - a new team member for health and social care"

Londonwide Local Medical Committees (Londonwide LMCs) is the clinically led independent voice of general practice in the capital. We aim to secure the future of general practice in London through our work with all partners in the health and social care sector and beyond. We support and represent over 7,000 GPs and over 1,300 practice teams in London through our 27 locally elected committees. We ensure that London's GPs and their practice teams have access to the information and support they need to help them provide the best possible service to their patients.

We welcome the opportunity to respond to this consultation on the creation of the new position of Nursing Associate.

Nursing

We are unconvinced that there is a need for this proposed role as outlined. Much of the work detailed appears to be envisaged as being conducted under the supervision of, and via delegation by, a registered professional.

In general practice the professional title of "Nurse" is clearly recognised by the public as a professional, qualified, trained, and regulated individual capable of assessing and providing nursing care and services. The inclusion of "Nurse" in the proposed role title is confusing and misleading for patients and the public. There is a risk that someone with "Nurse" in their job title who is not a Registered Nurse may be subject to unrealistic expectations from patients and colleagues which could lead to pressure, and result in work outwith the scope of the role.

There is a need to create additional capacity within the general practice team, but we think that the "uni-professional" capacity that you suggest this role will work in would not work well in a general practice setting which is moving to multi-professional generalists. Capacity needs to be expanded with professionals who can navigate boundaries and make decisions for patients as well as delegate to trained and supervised staff.

Under the current general practice structure, Registered General Practice Nurses have delegated tasks such as "treatment room" tasks. This is a work in progress because until recently there have been few recognised training programmes and little financial support for Registered Nurses training as mentors. The activities listed at 4.17 (reviewing treatment plans; measuring, evaluation of progress to make decisions on patient care; lead or designing the care planning process; managing and overseeing care interventions; and providing clinical expertise) go some way to encapsulating the roles of General Practice Nurses which are supported by Health Care Assistants carrying out delegated tasks. Whilst the proposed role might, with more comprehensive training, work within general practice, it would not be able to substitute the role of a Registered Nurse.

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Training

At present there are insufficient suitable training places in community and primary care settings for undergraduate and post-graduate nurses, and this new role would potentially diminish the primary care training opportunities made available to them.

Training and development for existing positions such as Health Care Assistants and General Practice Nurses need to be embedded into general practice. The consultation outlines that the proposed new role will, “integrate the art of science...to assimilate academic knowledge and practical learning”. This relies on a high level of academic and educational support as well as work based mentoring and supervision and this resource is not typically in existence currently within the majority of London’s general practice.

General practice nursing requires a complex mix of skills which are not solely task orientated: there are skills of prevention; holistic assessment of people from cradle to grave; and complex care delivery for a range of health interventions including chronic disease management which may also bring a myriad of other health issues – all of which emphasises the need for well trained and regulated practitioners.

We are also unclear how the new role relates to the existing educational frameworks and pathways available, such as Assistant Practitioners who may be incorporated into level 5 Trailblazer Apprenticeship standards.

Regulation and Accountability

Given the nature of the often small and multidisciplinary teams staffing community based primary care settings, there are very few roles which are purely task orientated. There is a need for roles and staff with a broader understanding of health. Patients do not present with one issue needing fixed and need to be listened to and managed in a skilful way so that health need can be determined and managed appropriately.

The consultation does not provide detail on the regulation or cover envisaged for the new position. Within a general practice context, both are causes for concern. As outlined above, there are reservations about the use of “Nurse” and the need for supervision for a high proportion of clinical activities, and the body chosen to regulate this role should have a proven track record.

Finally, we are concerned that there appears to be no reference to the indemnity requirements/ impact of this role, and we would appreciate further detail in any response to this consultation exercise.

For further information about this response please contact Gillian Rogers BA RN MSc, Director of General Practice Nursing for Londonwide LMCs via comms@lmc.org.uk.

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