HSC Public Health Agency

Northern Ireland General Practice Nursing Workforce Survey Report 2016

September 2016

Contents

This document outlines information gathered from the 2016 General Practice Manager and General Practice Nurse Surveys led by the Public Health Agency (PHA) Nursing and AHP Directorate with the support of PHA Health Intelligence Directorate. These workforce surveys were a key work stream undertaken to inform the Framework for General Practice Nursing in Northern Ireland.

Background

The context in which Health and Social Care is delivered in Northern Ireland is changing, with a continuing emphasis on the shift in workload from the acute sector to primary care, and development of new services designed to prevent unnecessary hospital admissions. The DHSSPS **Transforming Your Care,** (Health and Social Care, 2011), set out the case for change and the proposed model for the future of Health and Social Care services in Northern Ireland, and addressed the changing role for General Practice.

The DHSSPS **Quality 2020:** 10-year Strategy supports the need to strengthen the workforce, and refers to the need to provide the right education, training and support to deliver a high quality service (DHSSPS, 2011).

Since the introduction of the new GMS contract in 2004 there has been a challenge presented for the collection and analysis of General Practice Nursing information. In 2011 the PHA Primary Care Nursing Team collected workforce information, and where possible has been used to draw comparison. The RCGP General Practice Nurse survey (2014) and Queens Nursing Institute (QNI) survey (2015) has also been referenced.

Introduction

A key work stream of the Framework for General Practice Nurses was to collect information on the General Practice Nursing workforce. Two surveys were developed, one to be completed by the Practice Manager and one for each General Practice Nurse. The purpose was to determine the environment within which General Practice Nurses operate across Northern Ireland (NI). The questionnaires covered a number of areas.

The Practice Manager survey aimed to collect information on:

1. The number of nurses and Health Care Assistants working within each practice
2. The total number of contracted hours for these staff
3. Whether nursing staff have provided details regarding their individual NMC revalidation date
4. Staff cover for leave including study leave
5. Annual staff appraisal for nursing staff

The General Practice Nurse survey aimed to collect information on:

1. Workforce and clinical workload
2. Training and education
3. Length of time worked within General Practice
4. The total number of contracted hours
5. Staff cover/replacement/study leave
6. Annual staff appraisal

Methodology

Two questionnaires were formulated and 'Survey Monkey' software was used to collect electronic responses from 6 Jan – 26 Feb 2016. The survey was promoted by email to all NI GP Practices, at GPN workshops and training events and via existing Nurse emails lists.
189 Practice Managers and 221 General Practice Nurses responded, and respondents had the option to skip questions. This report presents the analysis of the information submitted by respondents, including both quantitative and qualitative data.

Part A Findings – Practice Manager Survey

Response rate

Table 1 represents the response rate by Local Commissioning Group (LCG). The overall response rate was 54%, as 189 GP practices responded to the survey. This is a lower response rate than in the previous PHA 2011 survey; however in that survey follow-up telephone contact was made with 199 GP practices.

Table 1 - Practice response rate by LCG

LCG	Number of Practices by LCG area	Number of Practices who did respond	Response rate by LCG area %
Belfast	85	45	53%
Northern	78	47	60%
South Eastern	56	29	52%
Southern	74	31	42%
Western	57	34	60%
Total*	350	189	54%

*Includes 3 practices not able to be assigned to LCGs.

Respondents were asked to indicate the number of wte GP and Nursing staff in the practice.

From the 189 (54%) responses received there was a total of 601.6 wte GPs providing a total of 4887 sessions.

Practice managers were then asked to identify the headcount and the whole time equivalent Nurse staffing (wte) in their practice by the title of post. Table 2 shows the number of staff and the wte per post. This table does not account for Nursing staff who are employed in more than one practice.

Table 2 - Headcount and wte of Nursing Staff by Job Title

Job title	Headcount	wte
Advanced Nurse Practitioner	16	9.91
Nurse Practitioner	34	21.86
Specialist nurse	9	8.75
Practice 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)

If the 189 practices are representative this would suggest a workforce of approximately 900 staff of all grades and 540 wtes. Practice nurses represent fifty per cent of the individuals.

Analysis of the data received regarding the GP wte helped establish the volume of GPNs to GPs. This has been presented in Figure 1 and Table 3, using 4 categories. The figures show the percentile distribution with the dark box showing the middle 50% of practices and the lines show the ranges from 10-90% of practices.

GPN wte per GP wte

1. All Nurses (registered) **excluding** HCA and Phlebotomist and **including** access to HSC Trust Treatment Rooms (50% between 0.25 and 0.53 percentile range)
2. All Nurses (registered) **excluding** HCA and Phlebotomist and **excluding** access to HSC Trust Treatment Rooms (50% between 0.36 and 0.6 percentile range)
3. All Nurses **including** HCA and Phlebotomist and **including** access to HSC Trust Treatment Rooms (50% between 0.27 and 0.58 percentile range)
4. All Nurses **including** HCA and Phlebotomist and **excluding** access to HSC Trust Treat (50% between 0.4 and 0.67 percentile range)

Using the same 4 categories, further analysis of the number of GPN wte per 1000 practice population was carried out. This is presented in Figure 2 and Table 4

<u>GPN wte per 1000 practice population</u>

1. All Nurses (registered) **excluding** HCA and Phlebotomist and **including** access to HSC Trust Treatment Rooms (50% between 0.14 and 0.29 percentile range)

2. All Nurses (registered) **excluding** HCA and Phlebotomist and **excluding** access to HSC Trust Treatment Rooms (50% between 0.19 and 0.33 percentile range)
3. All Nurses **including** HCA and Phlebotomist and **including** access to HSC Trust Treatment Rooms (50% between 0.17 and 0.35 percentile range)
4. All Nurses **including** HCA and Phlebotomist and **excluding** access to HSC Trust Treat (50% between 0.27 and 0.39 percentile range)

Figure 1 - Nurse staffing per WTE GPs at practice level

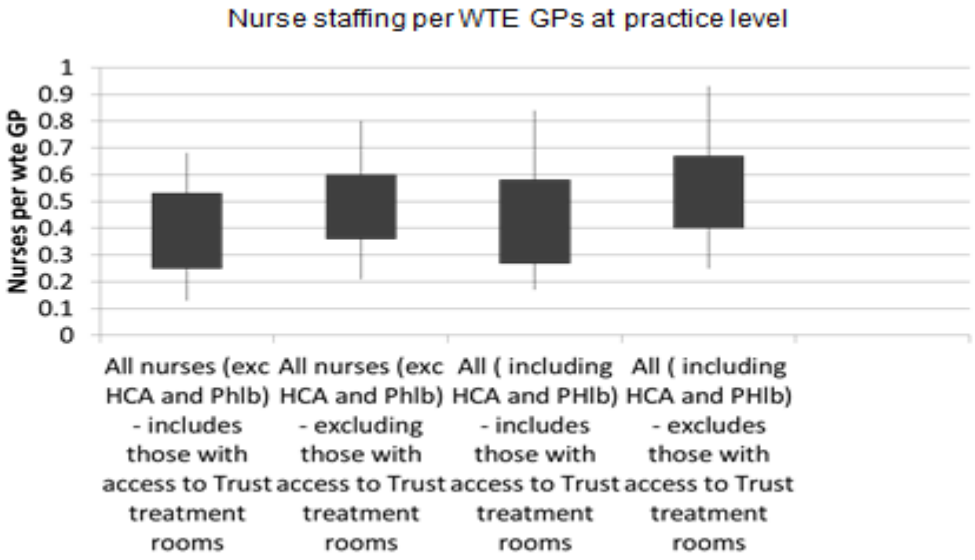


Table 3 - General Practice Nurse wte per wte GP

	General Practice Nurse wte per wte GP				
		Percentile distribution			
Category	**10%**	**25%**	**50%**	**75%**	**90%**
All nurses (excluding HCA and phlebotomist)-**includes** access to trust treatment room	0.13	0.25	0.38	0.53	0.68
All nurses (excluding HCA and phlebotomist)-**excludes** access to trust treatment room	0.21	0.36	0.47	0.6	0.8
All nurses (including HCA and phlebotomist)-**includes** access to trust treatment room	0.17	0.27	0.4	0.58	0.84
All nurses (including HCA and phlebotomist)-**excludes** access to trust treatment room	0.25	0.4	0.52	0.67	0.93

Figure 2 - Nurse wte per 1000 patients at practice level

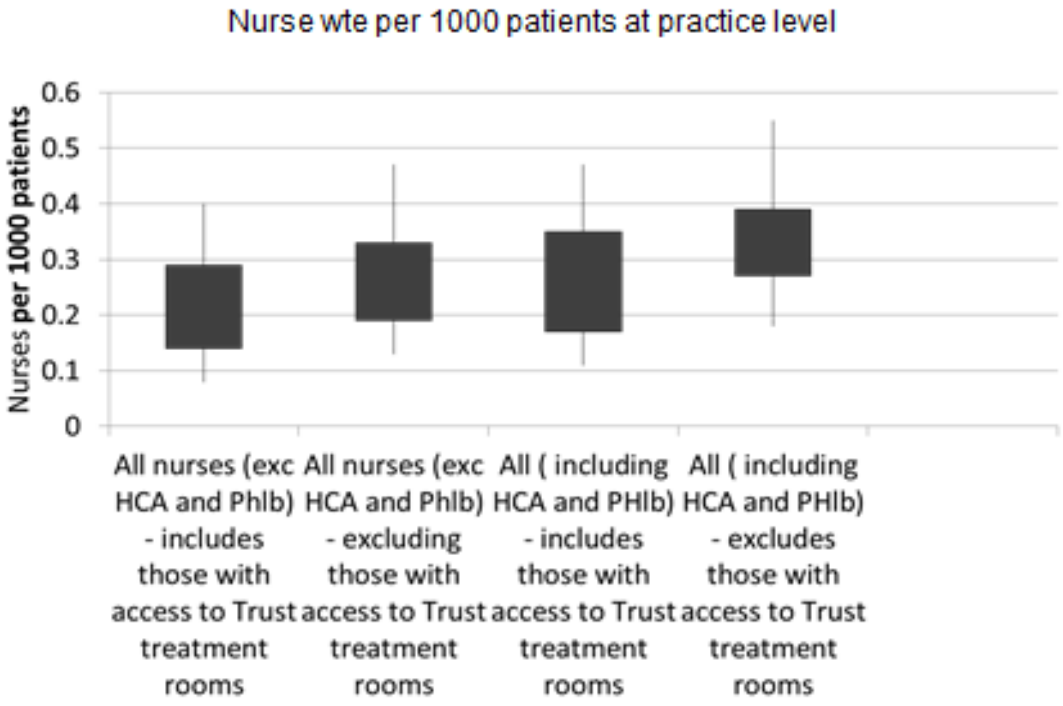


Table 4 - General Practice Nurse wte per 1000 practice population

	General Practice Nurse wte per 1000 practice population				
		Percentile distribution			
Category	**10%**	**25%**	**50%**	**75%**	**90%**
All nurses (excluding HCA and phlebotomist)-**includes** access to trust treatment room	0.08	0.14	0.20	0.29	0.40
All nurses (excluding HCA and phlebotomist)-**excludes** access to trust treatment room	0.13	0.19	0.26	0.33	0.487
All nurses (including HCA and phlebotomist)-**includes** access to trust treatment room	0.11	0.17	0.27	0.35	0.47
All nurses (including HCA and phlebotomist)-**excludes** access to trust treatment room	0.18	0.27	0.33	0.39	0.55

Temporary Nursing staff

Respondents (n=180) provided reasons for using temporary Nursing staff which is detailed in table 5. More than 1 response was permitted for this question and whilst 61% of respondents indicated that the practice never used temporary staff, the greatest reason was staff cover for leave (37.8%) followed by seasonal clinics (34.4%)

Table 5 - Reason for use of temporary Nursing staff

Reason for use of temporary Nursing staff	%	Number
Temporary staff are never used at this practice	33.9%	61
Staff cover for leave (e.g. annual leave or sickness leave)	37.8%	68
Seasonal clinics (e.g. Flu clinic)	34.4%	62
Other clinics (e.g. long term conditions clinic	7.8%	14
Treatment room duties	12.8%	23
Other (please specify)	15%	27

Other reasons for use of temporary nursing staff were provided by respondents, and responses were grouped and ranked in Table 6 below

Table 6 - Other reasons for use of temporary staff

Other reasons for use of temporary staff	Number
Long term sick leave, maternity cover	4
NI LES Additional Capacity	2
Advanced Nurse Practitioner/ Nurse Practitioner –for winter pressures and when no GP locum available	2
Learning disability reviews	1
When existing staff can't cover	1
Minor surgery clinics	1
Phlebotomy	1
Nurse prescribing course cover	1
HCA to relieve pressure on appointments	1

Additional hours worked by Nursing staff

Respondents (n=126) indicated the total number of additional hours worked per week for each category of Nursing staff, and this is outlined in table 7. This excludes practices who indicated zero additional hours worked (n=71, 56%). Some practices did not identify specific additional hours or report zero additional hours hence the totals do not add back to the 189 practices. The majority of respondents indicated that Nursing staff worked between 1-5 hours (n=18) and 6-10 hours per week (n=17), and the largest Nurse staffing group to work additional hours was Treatment Room Nurses.

Table 7 - Number of additional hours worked

	Number of additional hours worked							
Job title/descriptor	1-5	6-10	11-15	16-20	21-25	26-30	as required	Total
Advanced Nurse Practitioner		1						1
Nurse Practitioner	1		1		1			3
Practice Nurse	5	5				1	1	12
Treatment Room Nurse (GP employed)	6	7	4	2	1		3	23
Health Care Assistant	2			2				4
Phlebotomist	2	3						5
Other	2	1					3	6
Not specified							4	4
Total	**18**	**17**	**5**	**4**	**2**	**1**	**11**	**58**

Nurse staff vacancies

Respondents provided further detail on Nurse staff vacancies in the practice, and 175 out 187 respondents (94%) indicated zero vacancies. From the remaining responses it was identified that there were 11 vacancies in total (2 practices had 2 vacancies each). This represents a two per cent vacancy rate based on the reported headcount.

Health Care Assistants

The majority of respondents (n=122 out of 187, 65%) indicated that there were no HCAs employed in the practice. This was not measured in the 2011 PHA survey so comparison cannot be made, however that survey found that the proportion of staff within practices who were HCAs increased with increasing practice size.

74% (n=48 out of 65) of those who employed HCAs indicated they had an NVQ or equivalent qualification (Table 8). This is higher than the 2011 PHA survey when 64% HCAs self-reported an NVQ or equivalent qualification.

Table 8 - Qualifications of Healthcare Assistant staff

Qualification	Detail provided	Number
Level 2		2
Level 3	NVQ Healthcare Diploma in clinical skills (City and Guilds)	15
Level 4		5
Level not specified	General NVQ Health and Social Care NVQ in Healthcare	7
Primary HCA, HCA		4
HCA distance learning		1
Clinical skills training		6
GCSE		1
RGN	PIN lapsed	1
N/A or not specified		5
Total		47

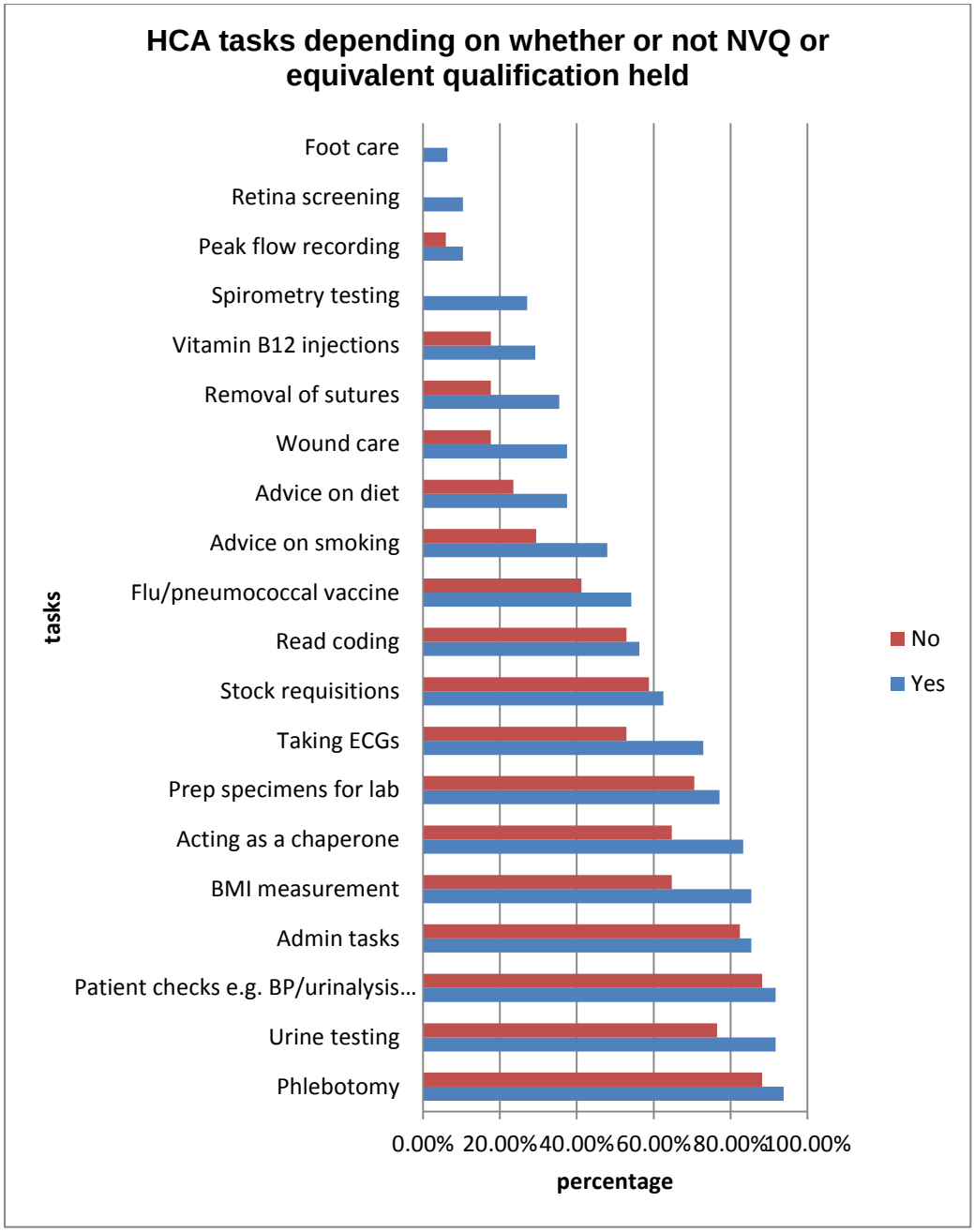
Respondents (n=40) also provided detail regarding training providers where NVQ or equivalent qualifications were obtained (Table 9). A few respondents provided more than one response, as some HCAs had more than one qualification. 39% (n=18) received their qualification from an outside NI education provider. This is higher than the 2011 PHA survey where approximately one quarter of HCA respondents self-reported that they received their qualification outside NI.

Table 9 - Training Provider

Training provider	Detail provided	Number of responses
NI provider	Northwest Regional College Southern Regional College Castlereagh College Belfast Met College HSC Trusts & HSCB Rutledge Recruitment & Training Brookfield Business School Clinical Education Centre 352 Healthcare	22
Outside NI provider	Annie Barr Associates (n=10) Primary Care Training Centre University of Huddersfield Edexel Geopace City & Guilds	18
Grammar School		1
Not specified		5
Total		46

The tasks that HCAs undertake are detailed in Figure 3, and this has been analysed depending on whether or not a NVQ or equivalent qualification was held. The difference is least obvious in areas such as phlebotomy, patient checks, admin tasks, prep specimens for lab, stock requisitions and read coding. The difference is more noticeable in areas such as foot care, retina screening, spirometry, vitamin B12 injections, removal of sutures, wound care, health promotion and taking ECGs. However, not having an NVQ or equivalent qualification does not always mean that these activities are not being undertaken.

Figure 3 - HCA tasks depending on whether or not NVQ or equivalent qualification held



Other responses were provided from 14 respondents, some of which had already been included in the list of tasks provided, and included:

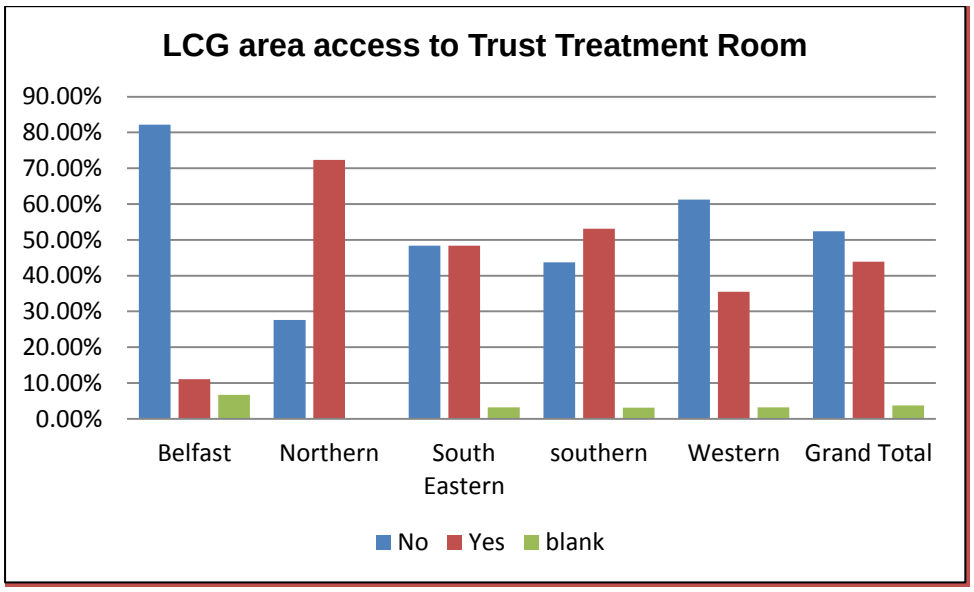
Assist at clinics, diabetic, minor surgery and coil clinics (n=3), simple wound care (n=3), ear syringing/ear care (n=2), monitoring (24 hour BP, 24 hour E.CG) (n=4), routine health promotion (n=1), warfarin clinic (n=2), administering eye drops (n=1), admin (call/recall, and system for patients on amber list drugs) (n=1).

Nursing staff information

Access to Trust Treatment Room

Respondents indicated if their practice had access to refer patients to an allocated HSC Treatment Room service (Figure 4). The NI average from 183 respondents was 45%. This varied by Trust /LCG area.

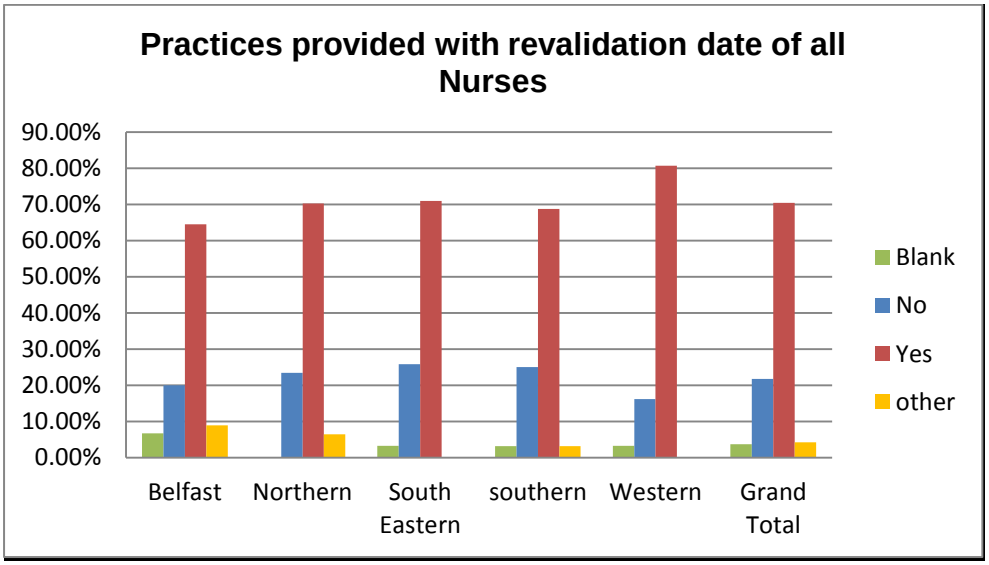
Figure 4- LCG area access to Trust Treatment Room



Revalidation

Respondents were asked if all Nurses in the practice had provided their NMC revalidation date. Excluding non-responses the NI level (from 183 respondents) was 73.1% (Figure 5). There were 8 other responses and 5 were considered relevant, which included nurse on long term sick leave (n=2), nurse currently finding out (n=2), and provided with year but not date (n=1).

Figure 5 - Practices provided with revalidation date of all Nurses



Access to work email address

The majority (78.7%) indicated that Nurses had access to an individual email address (table 11). This is higher than the 2011 PHA survey which was 54%. There were 5 other responses, which included shared email address/treatment room specific address (n=2), don't all use it (n=1), both nurses do but one via another practice where she works (n=1), blank (n=1).

Table 10 - Access to an individual work email

Access to an individual work email address	Number	(%)
Yes	144	78.7
No	34	18.6
Other	5	2.7
Total	183	100

Student Nurse placements

Findings indicate that only 17% of practices have or are providing placements for pre-registration nursing students (table 12). This is lower than the RCGP survey (25%) and the QNI survey (29.7%). In the QNI survey, which was completed by Nurses, 30.6% of respondents in NI said their practice provides placements for pre-registration nursing students.

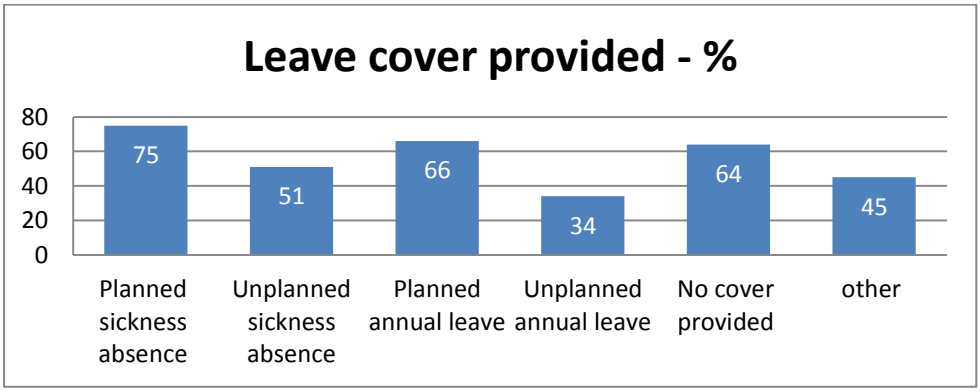
Table 11 - Student nurse placements

	Number	(%)
Yes, we currently take students	15	8.20
Yes, we have participated in a previous audit with universities	4	2.19
No, but we did in the past	12	6.56
No, we have never provided student placements	152	83.06
Total responses	183	

Leave cover provided

There was a total of 335 responses from 183 respondents, and 35% (n=64) indicated that no cover was provided for planned/unplanned sickness and annual leave (Figure 6). Respondents could however select more than one option to this question. This is consistent with the 2016 PHA GPN survey which highlighted 37% had no cover provided.

Figure 6 - Leave figure provided



There were 37 other responses which were themed and ranked in Table 12

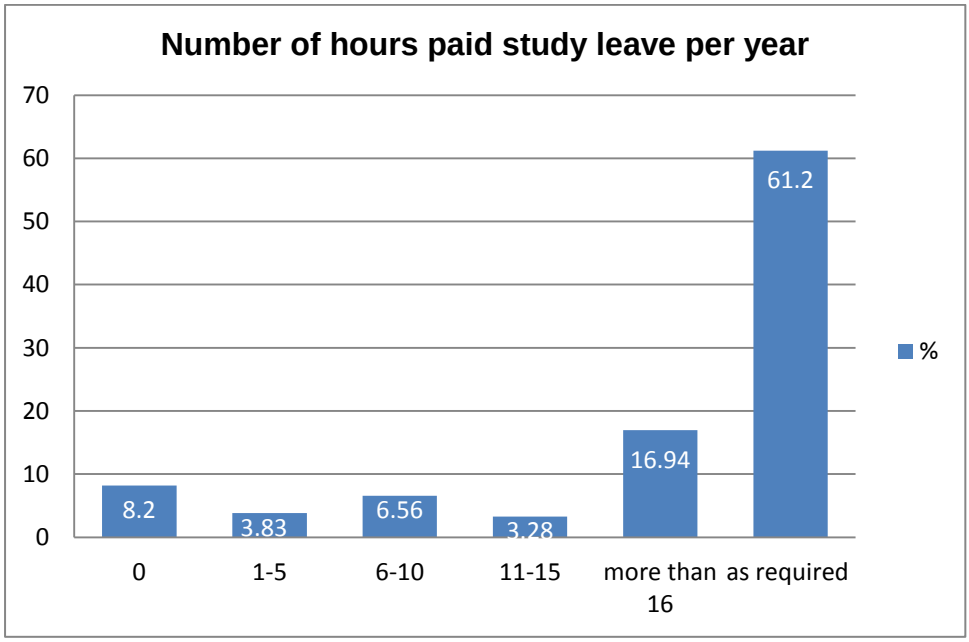
Table 12 - Other leave arrangements

	Number
Nurses cover themselves, and/or extra hours	10
Depends if nurse cover is available	9
Treatment room covered (particularly if Trust employed)	8
Long term absence	6
Maternity leave only	1
Try to plan ahead	1
Unplanned events hard to plan for	1
Annual leave not covered	1

Study leave

Respondents provided detail on the number of hours paid study leave a full-time nurse would receive each year. Whilst 8.2% (n=15) of practices provide no study leave the majority (61.2%, n=112) received paid study leave as required. The 2016 PHA GPN survey highlighted a number of variables that influenced provision of study leave, however almost a third (32 out of 72 respondents) indicated that the number of hours would equate to one week.

Figure 7 - Number of hours paid study leave per year



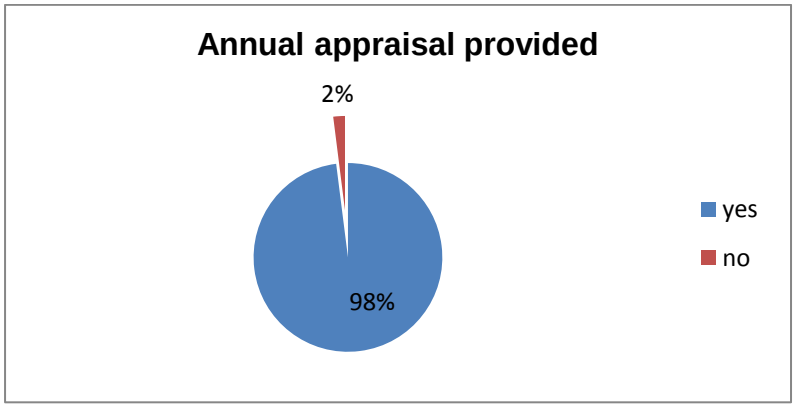
Other comments made by respondents (n=15) in relation to paid study leave included:

- Nurse gets equivalent of one week contracted hours
- For courses, e.g. Nurse Prescribing course
- Protected learning time, SALT
- Trust staff get paid study leave
- Ensure fulfil development requirements
- No set amount, all considered-variable
- Discretion of GP

Appraisal

Respondents were asked if all nursing staff in the practice received an annual appraisal, and 98% (n= 179 out of 183) indicated that they did. This is consistent with the 2011 PHA survey (97%). These findings do however need to be considered in conjunction with the Nurse survey, which indicated a much lower appraisal percentage (76%).

Figure 8 - Annual appraisal provided



A few respondents (n=5) provided explanation for not having an appraisal which included:

- Trust staff
- Lapse due to change of GP
- Practice Nurse appraisal carried out in another practice

The majority (92.9%) of respondents indicated that the appraisal was conducted by the GP. This finding is similar to the PHA 2016 Nurse survey (91.5%).

Table 13 - Conduction of Appraisals

Who conducted appraisal	Number	(%)
GP	170	92.90
Practice Manager	55	30.05
Other Nursing staff	17	9.29
No appraisals are conducted	1	0.55
Other	7	3.83
Total respondents: 183		

Other responses included Trust staff, Nursing staff for HCA, GPs x 2, Nurse Practitioner, and due to increasing number of nursing staff this may change to GP.

Additional comments

A number of comments were submitted by respondents (total 31) and related to the challenges in obtaining 'locum' Nurse cover and difficulty in recruiting Nurses, especially suitably trained Nurses, and the need to introduce HCA skill mix. Funding and accessing Nurse and HCA education programmes was another issue. It was felt that funding for Practice Nurses and Treatment Room was based on historical allocations and was not always fairly distributed.

Whilst practices acknowledged the contribution of Nursing staff to General Practice, increasing workload was a concern, e.g. increase in the number of patients with diabetes and shift in workload from secondary care, e.g. complex wound dressings, bloods.

One respondent said *'Our Nursing Team is vital to the successful running of a busy surgery- with ever increasing workloads due to patient demand, QOF, Enhanced Services as well as an increase in work received from secondary care it is becoming more difficult to give sufficient time off for training, updates, and even to take their leave without it affecting something else i.e.: staff stress levels; increase in patient waiting times; less capacity for Treatment Rooms in order to work safely; obtaining cover for clinics or Treatment Room; even getting appropriate training for what Practice Nurses are expected to carry out within General Practice (e.g. Childhood Immunisations).'*

Another respondent said *'We have a brilliant Nurse and Health Care Assistants. A lot of the day is booked out for patient dressings which used to be done in hospital or patient homes -if it wasn't for GPs employing HCAs for phlebotomy in Treatment Room 3 mornings a week, the system could collapse.'*

A few respondents provided solutions to existing workforce pressures which included, having a Trust attached Nurse, upskilling Nurses to take some pressure from GPs, e.g. Nurse Practitioner for minor/emergency illness, and interest in student Nurse placements.

Nurse revalidation was also seen as an area of concern for relief staff. One respondent said *'I have concerns regarding the impact of revalidation on Nurses who have retired from permanent positions and provide relief cover - they have little incentive to complete the paperwork required for revalidation as they have no commitment to any practice, however practices like ourselves rely on this pool of Nurses to provide cover when we have unplanned sickness or annual leave. I am trying to encourage our regular temporary staff to consider revalidation and offering support re portfolio - I think many of the nurses who are revalidating in 2017 will not bother and will choose to just work one further year.'*

Part B Findings - General Practice Nurse Survey

Response Rate

Table 14 indicates the number and percentage of Nurses who responded to the survey by LCG area. It was not possible to identify the LCG area in almost 10% of responses.

Table 14 - Response rate per LCG

LCG	Number	(%)
Belfast	40	18.10%
Northern	63	28.51%
South Eastern	22	9.95%
Southern	45	20.36%
Western	30	13.57%
None given	21	9.50%
Total responses	**221**	**100%**

This includes 2 responses from Health Care Assistants. When compared with the 2011 PHA GPN survey nearly one quarter more Nurses responded this time (219 versus 176 excluding HCAs) and both compare very favourably with the 2014 General Practice Nurse survey nationally which had an estimated response rate of 14.8%.

Number of years worked in General Practice

The largest group of respondents indicated that they have worked in General Practice for more than ten years (n=146), and approximately 17% (n=38) for five years or less (table 15).

Table 15 - Number of years worked in General Practice

Number of years worked in General Practice	Number	(%)
Less than 2 years	16	7.24%
Between 2-5 years	22	9.95%
Between 6-10 years	37	16.74%
More than 10 years	146	66.06%
Total	221	100%

Response by job descriptor/title

Respondents were asked to select the role they fulfilled in the practice for which the survey was completed, and if a dual role they were asked to select all options that applied. Table 16 shows the variety of job titles held by the 218 General Practice Nurses who provided a response. The largest percentage in the descriptions collected were Practice Nurse (81.19%). Dual role was identified by 29 respondents

(13%), 1 was Practice Nurse and Advanced Nurse Practitioner, 2 were Practice Nurse and Nurse Practitioner, 5 were Practice Nurse and Specialist Nurse, and 21 were Practice Nurse and Treatment Room Nurse.

Job titles stated by respondents were not analysed against the NI Advanced Practice Framework[1] in this survey.

Table 16 - Response rate by job descriptor/role

Job Title	Number	%
Advanced Nurse Practitioner	11	5.05%
Nurse Practitioner	15	6.88%
Specialist Nurse	6	2.75%
Practice Nurse	177	81.19%
Treatment Room Nurse (GP employed	38	17.43%
Total responses: 218		

In the 'Other' section 13 comments were received, 10 were from respondents who had already identified themselves as Practice Nurse, which included Nurse Prescriber (n=4), Nurse Practitioner (n=2), Specialist Practitioner in General Practice (n=1), Treatment Room Trust employed (n=1).

This also included Health Care Assistant (n=2) and Vaccination Nurse (n=1)

Hours of work

A broad range of hours worked was indicated by respondents with only 25 (11.31%) working full time, and 80 (36 %) working 20 hours or less. Almost one quarter work between 21-25 hours per week (Table 17).

Table 17 - Hours of work

No. hours worked per week	Number	Response rate (%)
0	1	0.45%
under 5	4	1.81%
6-10	8	3.62%
11-15	27	12.22%
16-20	40	18.10%
21-25	53	23.98%
26-30	32	14.48%
31-35	31	14.03%
36-40	25	11.31%
Total responses	**221**	**100%**

[1] DoH (2016) Advanced Nursing Practice Framework https://www.health ni.gov.uk/sites/default/files/publications/dhssps/advanced-nursing-practice-framework.pdf

The average hours worked was 23.8. This is consistent with the RCGP GPN (2014) which cites an average of 24 hours and comments on the increase since the 2008 WiPP survey figure of 18 hours.

Additional Hours worked

Respondents indicated if they did or did not work additional hours, 46 % (n=101) did and 54% (n=120) did not (Figure 9). This survey did not capture whether additional hours were unpaid. The QNI survey (2015) indicated that less than one third of respondents reported doing no unpaid overtime at all.

Figure 9 - %of GPNS who worked additional hours

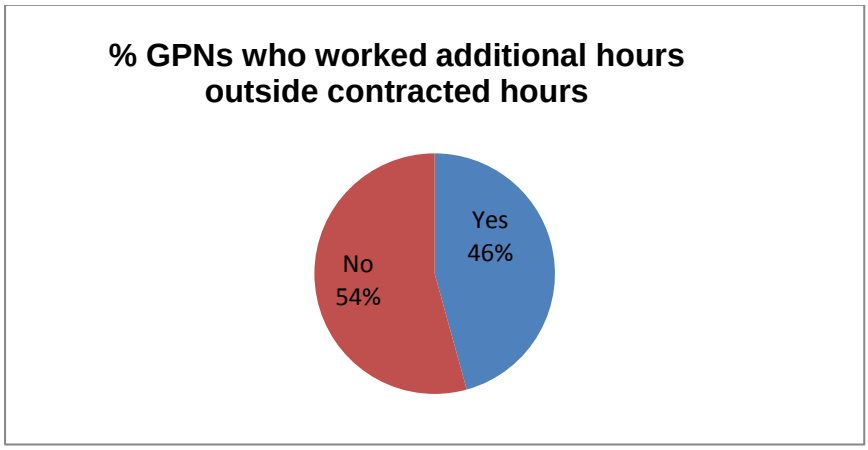
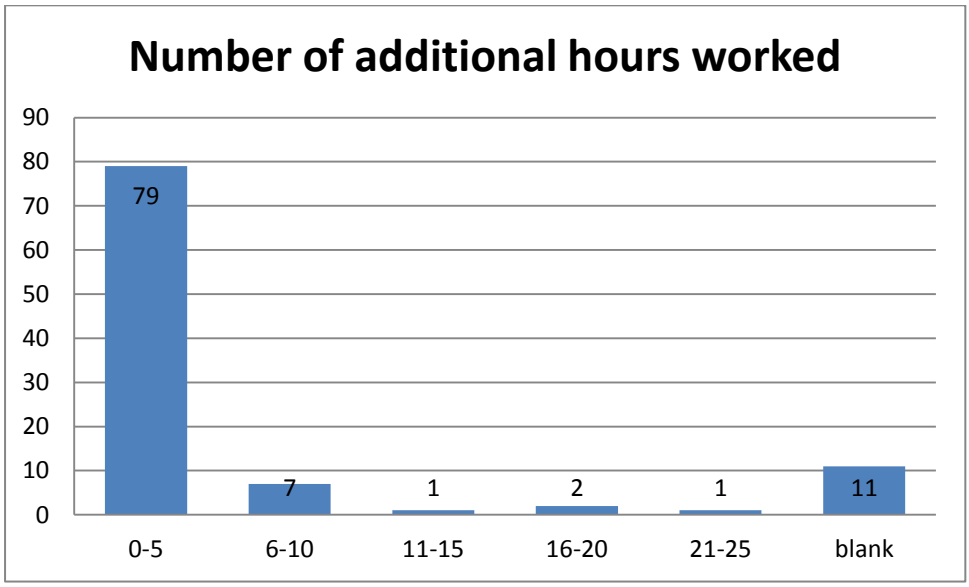


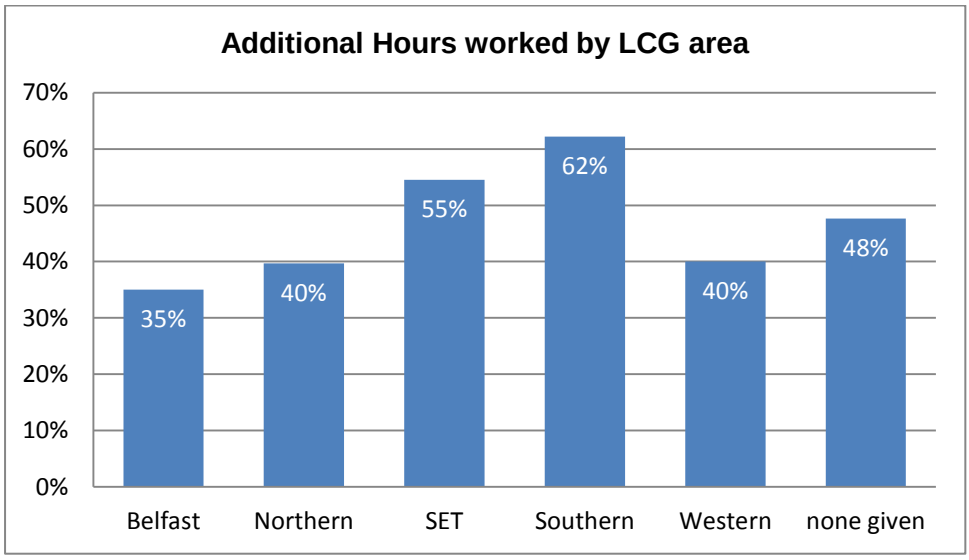
Figure 10 shows that the majority of respondents who worked additional hours worked between 0-5 additional hours per week (n=79)

Figure 10 - Number of additional hours worked



The number of additional hours worked was highest in the Southern area, 62% of respondents worked additional hours compared with 35% in Belfast LCG areas which was the lowest compared to the NI figure of 46% (Figure 2).

Figure 11 - Additional Hours worked by LCG area



Respondents (n=99) provided reasons for working additional hours which is detailed in Table 18. More than one response was permitted for this question and the greatest reason was for seasonal clinics (48%) followed by Treatment Room duties (33%)

Table 18 - Reason for working additional hours

Reason for working additional hours	Number	%
Staff cover for leave (e.g. annual leave or sickness absence)	29	29%
Seasonal clinics (e.g. Flu clinic)	48	48%
Other clinics (e.g. Long Term Conditions clinics)	27	27%
Treatment Room duties	33	33%
Other	47	47%
Total Respondents:99	184	

Respondents were asked to specify ‘Other’ reasons for working additional hours and responses were grouped thematically and ranked in Table 19 below.

Table 19 - Other reasons for working additional hours

Other reasons for working additional hours	number
Administration and indirect care, e.g. organising clinics, ordering stock, blood results, referral to specialists, tel calls	20
Increasing workload pressures	11
Busy, overrun clinics, patients added on and insufficient time	9
Additional capacity enhanced service (Treatment Room)	2
Seasonal clinic, including Saturday flu clinic	2
Clinics, e.g. minor surgery, evening surgery	2
Study attendance and extra hours	1
Total 'other' responses	**47**

Gender

The vast majority of responses to this question indicated female (n = 214), as shown in Table 20. This is consistent with the 2011 PHA GPN survey, and the QNI national survey (2015).

Table 20 - Gender of respondents

Gender	Number	Response Rate (%)
Female	211	98.6%
Male	2	0.93%
I don't wish to respond	1	0.47%
Total responses	214	100%

Pay scale

Unlike HSC Trust Nursing there is no agreed pay scale for GPNs and this is reflected in the variation in pay scales identified in Table 21. Findings indicated that 30.37% are on Agenda for Change (AfC) pay scales, 48.6% are on clinical grades, and 21.03% are on an hourly rate. For those on AfC pay scales 45 % (30 out of 66 respondents) are Band 6. Similar to the RCGP survey (2014) less are on Band 5 which they suggest is because GPN may not be considered as a viable career option, and many would have entered General Practice at Band 6 or equivalent Whitley scales F/G grade and may not have progressed despite having undertaken further formal training.

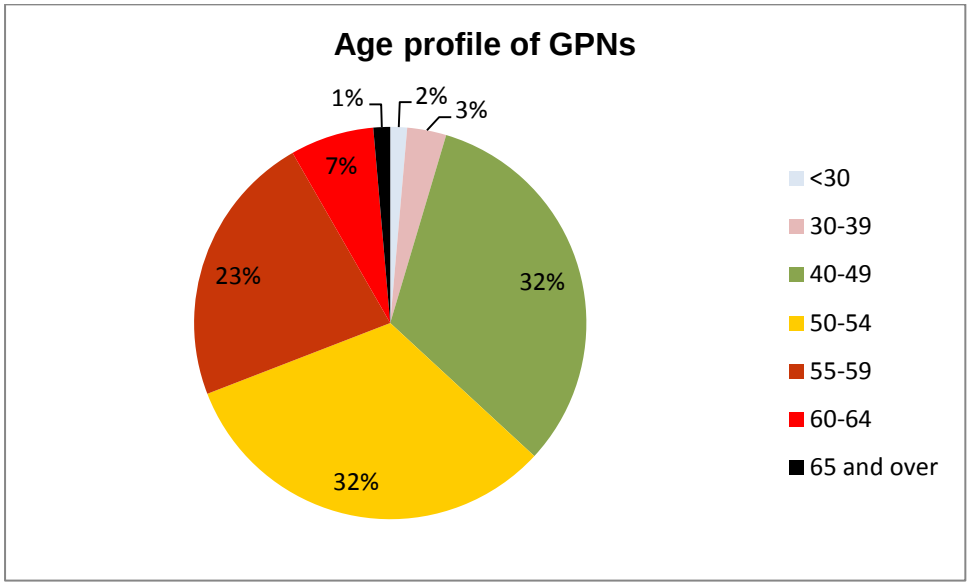
Table 21 - Pay scale of staff

Band/Grade		Number	%
AfC Banding	5	13	6.07%
	6	30	14.02%
	7	21	9.81%
	8	1	0.47%
Clinical Grade	D	2	0.93%
	E	11	5.14%
	F	40	18.69%
	F/G	16	7.48%
	G	23	10.75%
	H	11	5.14%
	I	1	0.47%
Hourly pay rate		45	21.03%
	Total	**214**	**100.0%**

Age Band

Figure 12 details the age range of 217 respondents, and indicates that 63% are over 50. This is consistent with the RCGP survey (2014) which cites 64% over 50.

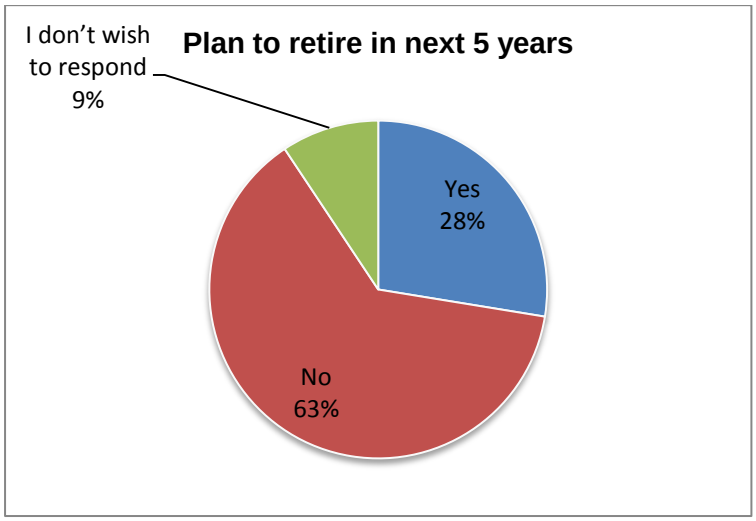
Figure 12 - Age Profile of GPNs



Retirement

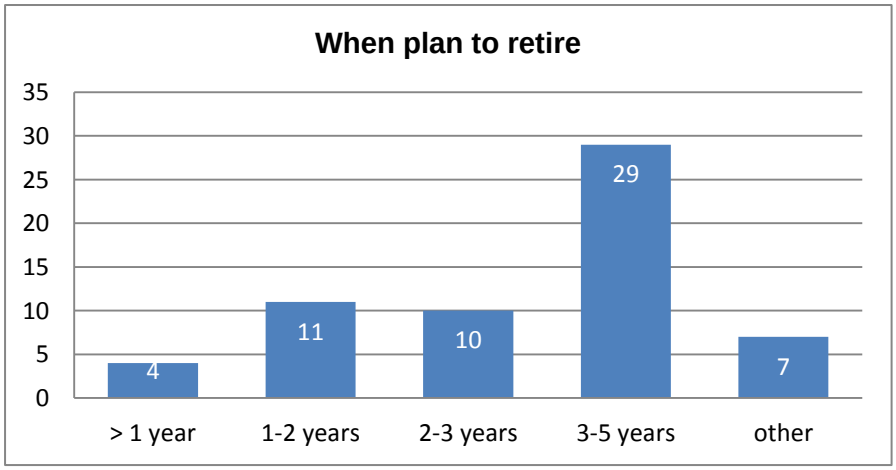
Twenty eight per cent of respondents to this question (n= 59 out of 214 respondents) indicated that they planned to retire in the next five years (Figure 13). This is consistent with the Northern Ireland respondents in the QNI national survey (27.8%), which was slightly lower compared with the UK average (33.4%).

Figure 13 - Planning to retire in the next 5 years



Respondents were then asked to indicate in how many years' time they planned to retire. There were 61 responses and the greatest number (n=29) indicated that they intend to retire in 3-5 years (Figure 14).

Figure 14 - When they are planning to retire



There were 7 'other' responses, 4 who indicated retiring in between 5-10 years and 3 who weren't sure.

Qualifications

NMC Registered qualifications

Respondents were asked to indicate their NMC registered qualification/s. GPNs can hold more than one NMC registered qualification, e.g. Nurse Adult and Midwife registration. Table 22 shows that 26 respondents had more than one NMC registered qualification. Most hold a NMC Nurse Adult registration (98.6%) which is consistent with the 2011 PHA survey which indicated 99.4%.

Table 22 - NMC Registered Qualifications

NMC Registered Qualifications	Number	%
Nurse Adult	208	98.6
Children's Nurse	8	3.8
Mental Health Nurse	6	2.8
Midwife	13	6.1
Health Visitor	1	0.5
School Nurse	1	0.5
Occupational Health Nurse	0	0
Total Respondents: 211	237	

There were 23 'Other' NMC registered qualification responses provided, and 20 were provided by respondents who had already identified themselves as Nurse Adult, and included NMC recordable qualifications (n=14), NMC registered qualification (n=6), SEN (n=1), and Midwifery lapsed (n=1). There was one NVQ 3 provided by a HCA who completed the survey which is not an NMC registered qualification.

NMC recordable qualification

Table 23 details the NMC recordable qualifications held by respondents. GPNs can hold more than one NMC recordable qualification, e.g. Specialist Practice Qualification (SPQ) General Practice Nursing and a Nurse Independent Supplementary qualification.

The NI Advanced Nursing Practice Framework (2016) states the characteristics of Specialist Practice Nursing which includes NMC recorded Specialist Practice Qualification (SPQ). The responses to this survey indicated that more GPNs in NI hold a SPQ in General Practice Nursing (16.1%) compared with the national average (10.6%) (QNI, 2015). However the option for GPNs to undertake this programme in NI is no longer available. Further analysis indicated that approximately 1 in 3 respondents who hold a SPQ General Practice Nursing (n=12) plan to retire in the next 5 years (Table 25).

Advanced nursing practice is currently not regulated by the Nursing and Midwifery Council however the NI Advanced Nursing Practice Framework (2016) outlines the distinguishing characteristics between Advanced Nursing Practice and Specialist Practice. GPNs may have undertaken a Nurse Practitioner programme in NI leading to an academic qualification at Degree or Postgraduate Diploma/Masters level, which also affords them a NMC recordable qualification, SPQ Adult Nursing. This was indicated by 2.8% of respondents (Table 23).

Less GPNs in NI hold a Nurse Independent Supplementary Prescriber qualification (21.8%) compared with other national surveys by the QNI (32.6%) and RCGP (25%).

Table 23 - NMC Recordable Qualification

NMC Recordable qualification	Number	%
Community Practitioner Nurse Prescriber (v100)	4	1.9
Nurse Independent Supplementary Prescriber (v300)	46	21.8
Lecturer Practice Educator (LPE)	4	1.9
Teacher (TCH)	0	0
Specialist Practitioner –General Practice Nursing (SPGP)	34	16.1
Specialist Practitioner- Adult Nursing (SPA)	6	2.8
Specialist Practitioner – District Nursing (SPDN)	5	2.4
Not applicable (i.e. no recordable qualification held)	103	48.8
Other	45	21.3
Total Responses: 211	247	

There were 45 ‘Other’ responses in table 9 but only 5 were considered NMC recordable qualifications, 1x Nurse Prescriber, 2 x Teacher Practitioner, and 2 x Specialist Practitioner- District Nursing.

Further analysis was undertaken to examine NMC recordable qualifications by job descriptor/title (Table 24).

Table 24 - NMC Recordable Qualification by Job Title

	Job title				
	Advanced Nurse Practitioner	Nurse Practitioner	Specialist Nurse	Practice Nurse	Treatment Room Nurse (GP employed)
Community Practitioner Nurse prescriber (v100)	1	0	0	3	1
Nurse Independent / Supplementary Prescriber (v300)	9	11	3	27	3
Lecturer Practice Educator (LPE)	1	0	0	3	0
Teacher (TCH)	0	0	0	0	0
Specialist Practitioner – General Practice Nursing (SPGP)	6	12	4	17	3
Specialist Practitioner – Adult Nursing (SPA)	0	1	0	5	1
Specialist Practitioner – District Nursing (SPDN)	1	1	0	4	2
Not applicable (i.e. No recordable qualifications held)	0	0	2	89	25
Other (please specify)	0	3	1	38	5

Table 25 - NMC Recordable Qualification by Planned Retirement

	Plan to retire within next 5 years		
	YES	NO	Don't wish to respond
Community Practitioner Nurse prescriber (v100)	2	1	1
Nurse Independent / Supplementary Prescriber (v300)	11	32	2
Lecturer Practice Educator (LPE)	1	3	0
Teacher (TCH)	0	0	0
Specialist Practitioner – General Practice Nursing (SPGP)	12	20	2
Specialist Practitioner – Adult Nursing (SPA)	1	5	0
Specialist Practitioner – District Nursing (SPDN)	0	4	1
Not applicable (e.g. No recordable qualifications held)	27	61	15
Other (please specify)	14	28	1

Specialist Qualifications

Table 26 shows that the level of training varies with the specialism. The majority of respondents (n=198) with specialist training above Diploma level is low. Whilst this is consistent RCGP survey (2014), it would seem that in NI training above Diploma level is lower than the national percentages.

Table 26 - Specialist Qualifications

Specialist area levels as %	Certificate	Diploma	Degree	Masters
Diabetes	10.5%	88.9%	0.7%	0%
Asthma	8.8%	90.6%	0.6%	0%
COPD	16.3%	82.9%	0.8%	0%
CVD	13.3%	84.3%	2.4%	0%
Breast Screening	32.6%	63.7%	3.7%	0%
Cervical Screening	33.2%	63.5%	2.8%	1%
Allergy care/Immunology	69.2%	30.8%	0%	0%
Anticoagulation	76%	24%	0%	0%
Family Planning	48.7%	51.4%	0%	0%
Women's Health	64.7%	35.3%	0%	0%
Travel Health	91.9%	8.1%	0%	0%

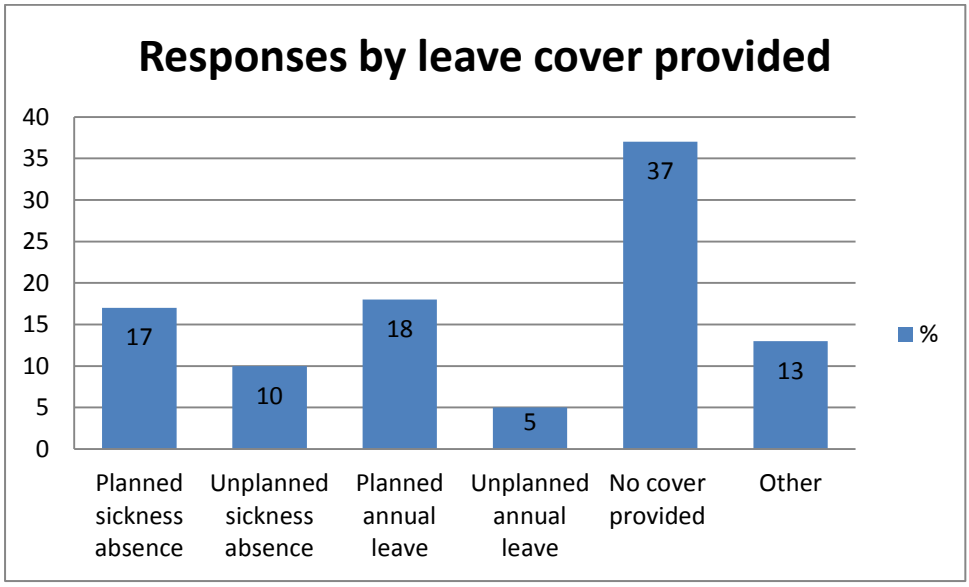
Other academic qualifications held in clinical areas included:

- Spirometry
- Nurse Practitioner
- Triage
- Coronary care
- Sexually transmitted diseases
- Smoking cessation
- Masters in primary care and general practice
- Health promotion
- Orthopaedic nursing
- Cancer care
- Community Nursing
- Nexplanon insertion/removals
- Critical care
- Stress management

Cover provided

Respondents were asked to indicate the cover that is provided for planned/unplanned sickness and annual leave. Respondents could select more than one option. There were a total of 315 responses from 211 respondents and 55% of the nurses (116 of 211) indicated that no cover was provided for planned/unplanned sickness and annual leave. Figure 15 shows the various responses as a % of total responses rather than nurses.

Figure 15 - Responses by leave cover provided



Other responses provided were themed and are presented in Table 27. The majority indicated that cover was provided by other Nursing colleagues and that only limited cover was provided.

Table 27 - Other cover provided by sickness absence/annual leave

Other cover provided for sickness absence/annual leave	Numbers
Cover provided by other Nursing colleagues	19
Limited cover only provided	13
Long term sick leave covered	2
By working extra hours	2
Rescheduling clinics	2
No sick pay provided/ PN don't get sick	2
Locum GP	1
District Nursing staff	1
Cover arranged by Practice Manager	1

Clinical work areas

The clinical work areas that GPNs were involved in have been ranked by area's most commonly undertaken by GPNs, and is presented in Table 28. The most common clinical areas of clinical practice is the management of long term conditions, immunisations, women's health, travel health, health promotion, wound care, anticoagulation monitoring, venepuncture, minor illness/ailments and medicines administration, and is consistent with the QNI survey (2015).

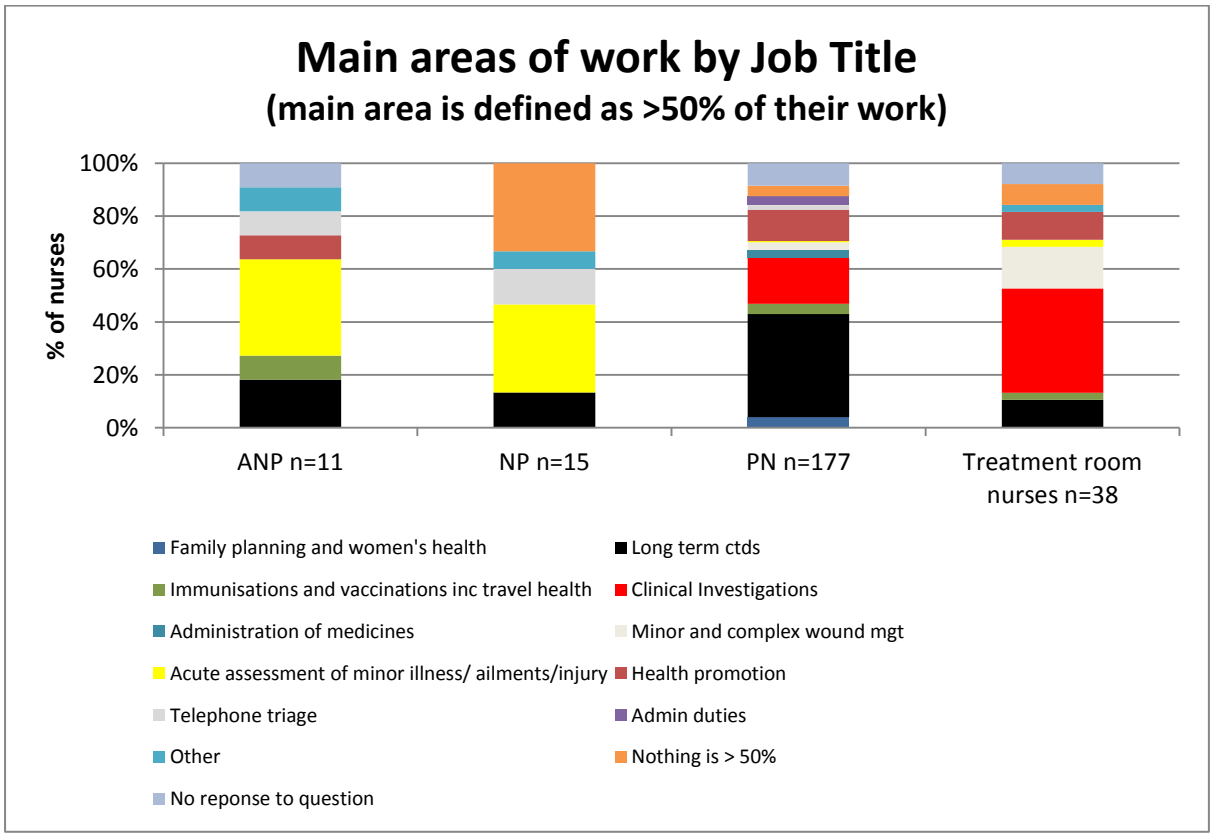
Table 28 - Clinical Work Areas

Clinical work areas	Number of Respondents
Immunisations and vaccinations (adult)	186
Hypertension	183
Venepuncture	180
Cervical screening	167
Health, well-being and screening	165
Diabetes	164
Injections including administration of drugs	163
Asthma	162
Cardiovascular disease	159
Making patient referrals including telephone referrals	158
COPD	147
Travel health and vaccination	146
Immunisations and vaccinations (children)	145
Nebulisers	143
Spirometry	140
Anticoagulation	135
Chronic kidney disease	135
DMARDs and rheumatoid arthritis and therapeutic monitoring	125
Contraception and sexual health	123
Wound care minor	110
Ear care, including ear syringing	106
Indirect patient care admin/filing etc.	106
Women's health including menopause	106
Common infections	101
Minor ailments	98
Minor injury	96
Heart Failure	93
Wound care average	90
Minor illness	86
Telephone triage	86
Emergency care/life support	76
Minor surgery	68
Osteoporosis/falls	65
Wound care complex	62
Depression	61
Dementia	55
Cancer	50
Epilepsy	49
Dermatology	46
Neurological e.g. Parkinsons, MS	40

Drug/alcohol monitoring	33
Mental health (to include behavioural conditions, capacity, consent and the law)	33
Gastro intestinal	30
Other (please specify)	30
Pain management/musculoskeletal	29
Catheter care	23
End of life, palliative care and terminal illness	15

Respondents were asked to indicate the proportion of time spent on the main clinical areas, and this has been analysed by job descriptor/title. Figure 16 shows the clinical areas where >50% of time is spent.

Figure 16- Main areas of work by job title



Consultation time

Table 29 outlines the average time spent on each face to face consultation by LCG area, compared with the NI average. Whilst 88% of the total respondents (n=195) answered this question the table below indicates that 45.7% of consultations last 10-15 minutes. In the Northern LCG area a higher than average percentage of consultations last 15-20 minutes (36.51%) and more than 20 minutes (3.17%), and less than the average of less than 10 minutes (9.52%) and 10- 15 minutes (39.68%). The average consultation time less than 10 minutes is higher in Belfast and South Eastern (20 % and 18.18).

Table 29 - Consultation Time

Average time spent on each face to face patient consultation	Belfast	Northern	South Eastern	Southern	Western	LCG area not identified	Grand Total (NI average)
Less than 10 mins	20.00%	9.52%	18.18%	13.33%	13.33%	9.52%	13.57%
10 to 15 mins	47.50%	39.68%	40.91%	51.11%	50.00%	47.62%	45.70%
15-20 mins	20.00%	36.51%	22.73%	26.67%	23.33%	28.57%	27.60%
More than 20 mins	0.00%	3.17%	0.00%	0.00%	0.00%	4.76%	1.36%
(blank)	12.50%	11.11%	18.18%	8.89%	13.33%	9.52%	11.76%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Appraisal format

Three quarters of respondents to this question indicated that they had an annual appraisal (n=153) and almost one quarter of respondents (n=48 of 201) indicated that they did not (Figure 17). (This question was skipped by 20 respondents). This is a marked change from the 2011 survey (PHA 2011) which indicated 97% had an appraisal. For comparison, these findings are more similar to the more recent QNI survey in 2015 which indicated 80.1%, but lower than the RCGP survey who reported 93.9%.

Figure 17 - Annual Appraisal Provided

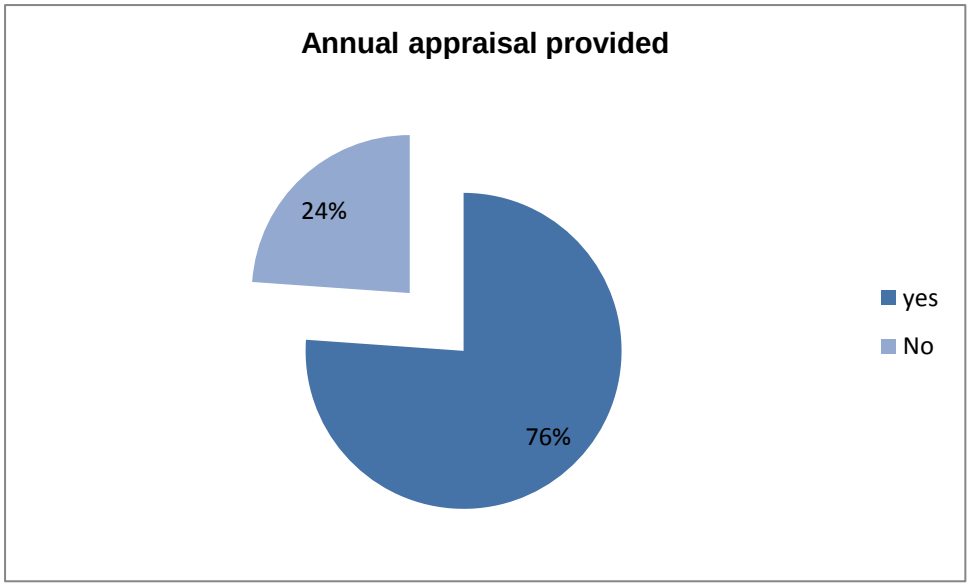


Table 30 shows that respondents in the western area had the highest % of appraisal provided (89%) and South Eastern had the lowest (68.42%) followed closely by Belfast (69.44%)

Table 30 - Appraisal in each LCG area

Appraisal	LCG area						
	Belfast	Northern	South Eastern	Southern	Western	LCG not identified	Grand Total (NI average)
NO	30.56%	22.41%	31.58%	26.83%	10.71%	21.05%	23.88%
YES	69.44%	77.59%	68.42%	73.17%	89.29%	78.95%	76.12%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Respondents gave explanations for not having an appraisal provided and responses were grouped thematically and ranked in table 31 below. A reason was given by 35 respondents and the top ranked response (n=7) was due to being a recent appointment.

Table 31 - Reason for no appraisal

Reason for no appraisal	Number
Recent appointment	7
No reason/don't know	5
Time/too busy/ staff shortfall	5
Not yet scheduled/arranged	4
Sick leave	4
GP commitment/not made mandatory	3
No longer part of QoF/not a requirement	3
not due/overdue	3
Temporary staff	1
Blank	13
Total	48

The majority of respondents who had an appraisal indicated that it was conducted by the GP (table 32). More than one answer was permitted and some respondents indicated that appraisal was conducted by more than one, e.g. GP and Practice Manager

Table 32 - Who conducted appraisal

Who conducted appraisal	Number	Response rate (%)
GP	140	91.5%
Practice Manager	51	33.33%
Other Nursing staff	3	1.96%
Other	4	2.61%
Total respondents:153	198	

Appraisal format

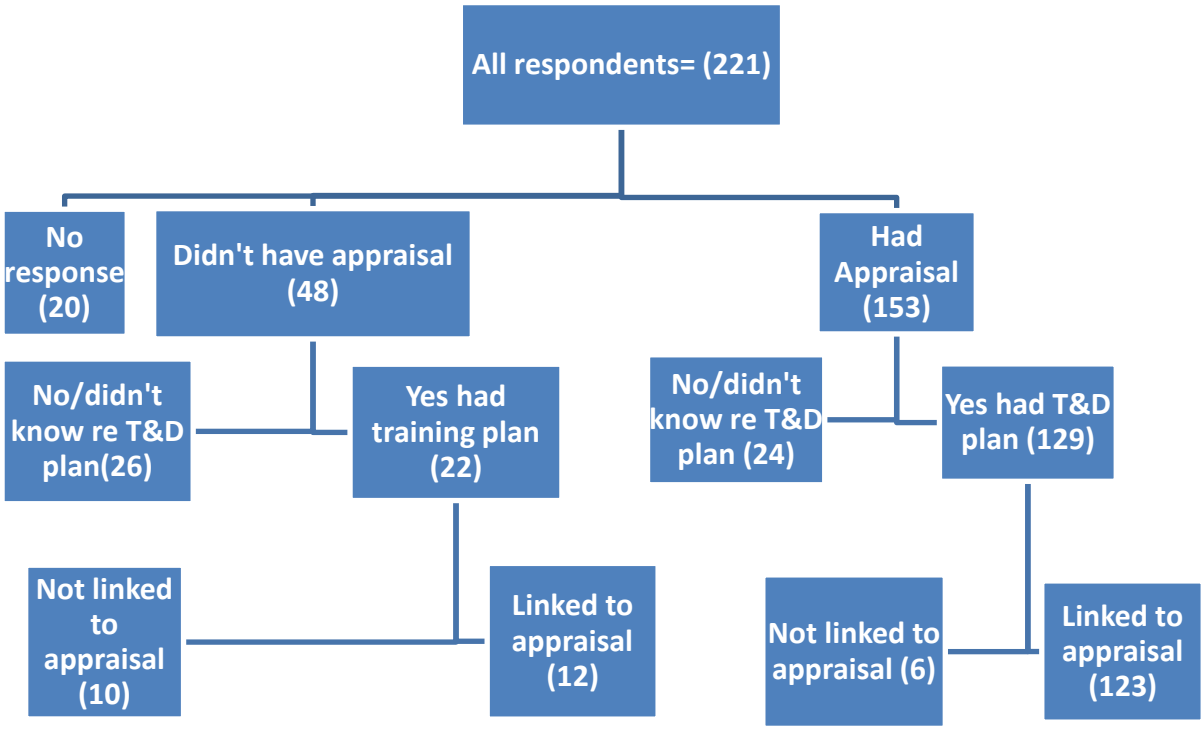
Most appraisals were in a verbal and written down format (91.39%), with a small number (n=3) having a verbal format only (table 33). More than one answer was provided by 18 respondents.

Table 33 - Appraisal format

Appraisal format	Number	Response rate (%)
Verbal only (i.e. no accompanying documentation/template)	3	1.99%
Paper-based	26	17.22%
Verbal and written down	138	91.39%
Electronic	2	1.32%
I don't have an appraisal	0	0%
Total respondents: 151	169	

Respondents were then asked if they had a training and development plan in the current job and if the training and development plan was linked to the appraisal. Figure 18 shows that 123 out of 221 respondents had all three elements. 48 respondents indicated that they didn't have an appraisal however 12 later indicated that they had a training and development plan which was linked to the appraisal.

Figure 18 - Training, Development and Appraisal



Study leave

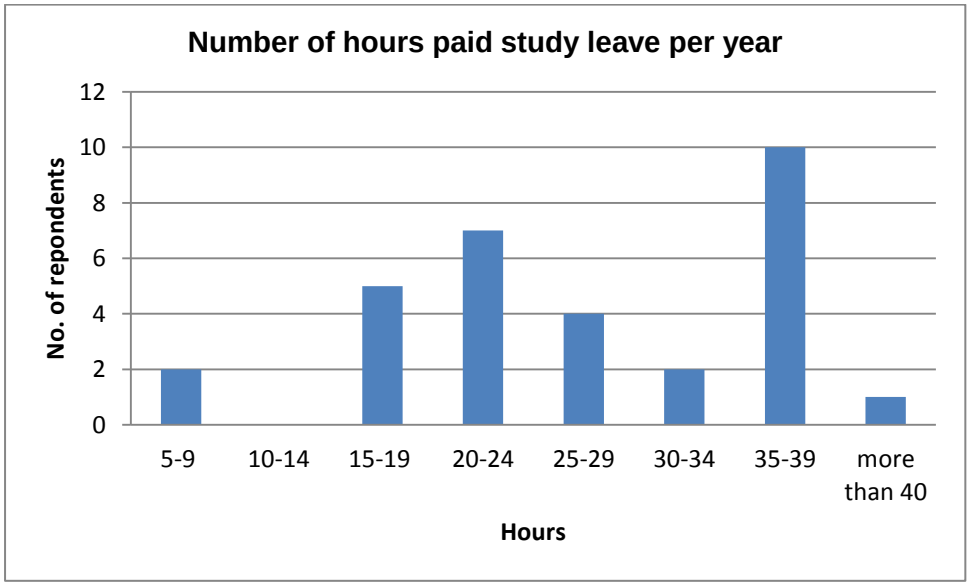
Most respondents indicated that either paid study leave (44.17%) or time in lieu (39.26%) is provided for study leave and a lesser percentage just had the option to attend training in their own time (4.29%) (Table 34).

Table 34 - Study leave

How study leave is provided in current job	Number	Response rate (%)
I only have the option to attend training in my own time	7	4.29%
Time in lieu is given for attending training	64	39.26%
I am given paid study leave	72	44.17%
Other	20	12.27%
Total respondents 163		

32 out of the 72 respondents above provided further detail of the number of hours paid study leave that would be allowed for a full –time Nurse over the course of a year (figure 19). Almost one third indicated that this would equate to one week. Other responses indicated that hours varied depending on what was available, who else needed accommodated and what was required and deemed necessary. A few also indicated that because they worked part-time hours they attended training sometimes in own time.

Figure 19 - Number of hours paid study leave per year



Other comments made by respondents (n=18) in relation to study leave indicated:

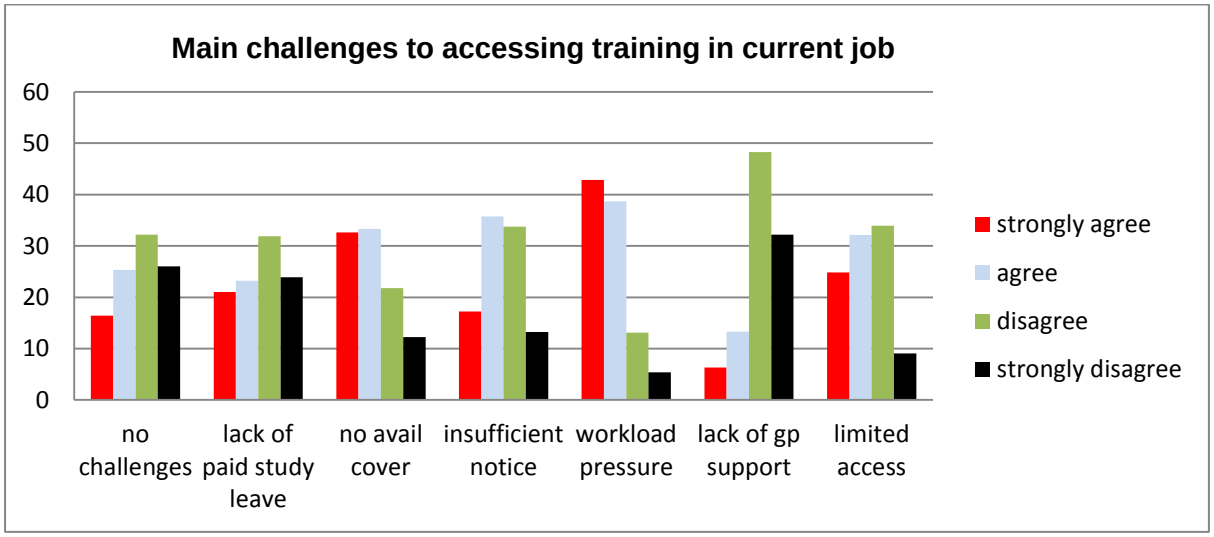
- A combination of attending courses in and out of work time, and time in lieu Paid leave will depend if the course is held on a work day
- Express interest with GP and if they are agreeable then rearrange clinics/appointments

- Flexibility and working with the practice manager
- Carefully selecting study leave
- Study leave deducted from annual leave or could be paid as overtime
- One respondent indicated that there is never any problem attending courses

The QNI survey indicated from the responses received that 74.7% of respondents were allocated a specific number of days for professional development, however go on to explain, based on respondent comments, that training is mostly organised on an ad hoc basis, and negotiated on a personal level between the GPN and the manager.

Figure 20 shows that the top challenges to accessing training for professional development purposes are workload pressure and no available cover (82% and 65% of respondents strongly agreed or agreed with this). Eighty per cent of respondents disagreed or strongly disagreed that lack of GP support was a challenge. Even though 42% of respondents indicated no challenges they were still identifying issues by selecting other answers to this question.

Figure 20 - Main challenges to accessing training in current job



Education needs

Respondents were asked to specify the their top three training requirements by initial training needs (i.e. training in a new work area where no previous training received) and update training needs. Like the 2011 PHA GPN survey a broad spectrum of training needs were identified, many by small numbers (Table 35).

Table 35 - Education needs

Education Needs	Initial Education	Update Education
Diabetes, inc insulin initiation & titration	19	72
Cervical screening	3	46
Asthma, inc inhaler devices and allergy	14	44
Travel Health, inc malaria	18	34
Cardiovascular, inc CHD, HF, CKD, hypertension	26	31
Anaphylaxis & BLS/ CPR	4	30
COPD, inc Pul rehab	16	24
Spirometry	12	24
Family Planning	20	19
Atrial Fib, INR, Anticoagulation	12	18
Wound management, inc dressings & compression bandaging	4	16
Women's health, inc HRT & menopause and osteoporosis	13	13
Immuns & Vaccinations, inc childhood, flu	5	10
Smoking cessation, inc ecigarettes	3	9
Nurse Prescribing	12	7
Triage & clinical assessment, inc minor illness, injury & ailments	8	5
Computer skills	3	4
Infection control	5	4
Leg ulcer management, inc doppler	3	4
Sexual Health, inc STIs	12	4
Ear syringing/irrigation	0	3
Moving and handling	0	3
Obesity Management	2	3
Medicines administration, inc Ivs	0	2
New referral pathways	0	2
Safeguarding vulnerable adults	1	3
Dermatology, inc Cryotherapy	2	1
Drug & alcohol	0	1
ECG training, inc interpretation	2	1
ENT & eye	2	1
Management skills, inc staff mgt, time mgt	2	1
Mental health, inc CAMH, dementia, depression, counselling, CBT, pathways	13	1
Motivational interviewing	3	1
phlebotomy, difficult veins, venesection	2	1
Prof issues, inc clin gov, record keeping, supervision, revalidation	8	1
Advanced Nurse Practitioner programme	3	0
blood results, interpretation & monitoring	2	0

Catheter training	1	0
Chest auscultation	3	0
Communication skills	2	0
Interview technique training	1	0
Men's health	2	0
Neurological conditions, inc Epilepsy, stroke, TIA	5	0
Palliative care	1	0
Rheumatology & DMARDs	5	0
Coil fitting, Insertion/removal nexplanon	3	0
Minor surgery & suturing	3	0

Communication with General Practice Nurses

Most respondents suggested ways of improving communication with General Practice Nurses and for the majority this was personal work email address (n=138) and Primary Care Intranet (n=109) (table 36). 65% of respondents (n=115) provided more than one answer to this question.

Table 36 - Communication method with GPNs

Communication method	Number	Response rate (%)
Primary Care Intranet	109	61.24
Personal work email address	138	77.53
Other	46	25.84
Total respondents:178	293	

Other communication methods were suggested and were grouped thematically and ranked in table 37 below

Table 37 - Methods on improving communication with GPNs

Methods of improving communication with GPNs	Number
Practice nurse forums, including online and tutorials	14
Written format, e.g. flyers, mailshot, information booklet, letters	8
Small face to face group meetings (weekly/ monthly)/ clinical supervision	7
Personal email	5
Text	4
PBL training for PNs to get together	2
Any means, poor communication at present	2
Website	1
Cascading via GP/Practice Manager	1

Additional General Practice Nurse Comments

Respondents were given the opportunity to provide additional comments in relation to their work area and 64 comments were received which was themed into the following categories.

Support

Whilst recognising the breath of the General Practice Nurse role the following support systems were considered beneficial:

- Clinical Supervision
- Forums/Networks
- Senior Nurse/ Primary Care Nurse Adviser
- Practice support
- Mentoring students
- Access to education
- Appropriate workload

Role

The GPN role was considered complex 'generalist/specialist', and the role has been overlooked for some time. Training needs to be evolved to include this diverse role. Concerns were expressed about the HCA role, and the extending GPN role and the importance of being knowledgeable and skills specific.

The GPN role was considered very worthwhile and rewarding, and that is why so many have remained.

One respondent indicated that working in advanced roles in General Practice is enjoyable however felt the role to be undervalued by Nurse's/ Doctors outside General Practice. The role is not promoted enough and not understood unless there is an ANP in their practice.

Another respondent indicated that GPNs could be very well placed to help in Minor/triage roles at weekends.

Patients

Concerns were expressed about the limited time allocated to see patients, e.g. to take a patient history, examination skills, diagnose and provide patient education. Another example was performing spirometry.

One respondent expressed ‘We are qualified professionals and patients deserve our time’.

It was felt that due to nurse retirements and no experienced staff to follow patients will miss out. Perceived patient demands, increasing work pressures, duty of care and QOF expectations were other identified issues.

Primary Care

With a large number of GPNs planning to retire and younger nurses showing little interest in moving to primary care concern was expressed about the future of practice nursing. It was felt that a framework and nursing structure was needed. Nurses are considered a valuable resource in primary care, the experience and care that is given to patients being second to none.

Terms and conditions

Concerns were expressed regarding variation in pay and terms and conditions. There should be a standardised, clear and consistent terms and conditions, pay structure that reflects the role, and reward for ongoing education. It was felt that this could help attract more nurses to the role.

Study days

There needs to be access to coordinated, locally provided, appropriate and supported education opportunities, that are GPN focused. One respondent indicated that there should be a recognised programme for Practice Nurses (like Health Visitors).

Key Findings

The PHA workforce survey (2016) provides information regarding workforce, education and employment, the headline finding are presented below.

Workforce

- 63% of General Practice Nurses are aged 50 years or over.
- 28% of General Practice Nurses are due to retire by 2020.
- Men are under-represented, comprising only 1% of the General Practice Nurse workforce.
- 73% of GP Practices have been provided with the General Practice Nurses revalidation date.
- 76% of General Practice Nurses indicated that they had an annual appraisal. This was higher in the Western LCG area (89%). The Practice Manager survey indicated that in 98% of practices all Nurses received an appraisal.
- 45% of General Practices have access to HSC Trust Treatment Room service.

Education

- 16% hold an NMC recordable specialist practice qualification in General Practice Nursing.
- 22% of General Practice Nurses are Nurse Independent Supplementary Prescribers.
- 17% of employers are offering or have offered placements in the past for pre-registration nursing students.
- The majority with specialist training, e.g. asthma, diabetes above diploma level is low.
- 44% of General Practice Nurses are given paid study leave and 39% are given time in lieu for attending training. A variance was noted in the number of hours paid study leave provided.
- 82% of General Practice Nurses strongly agreed/agreed that workload pressure was the main challenge to accessing education for professional development. This was followed by no available cover (65%).

Employment

- 17% of General Practice Nurses have worked in General practice for less than 5 years.
- 11% of General practice Nurses work full-time, 36% work 20 hours or less. The average hours worked was 24 hours per week.
- 46% of General Practice Nurses work additional hours outside contracted hours. The number working additional hours is higher in the Southern LCG area.
- A variance in pay scales was observed. 30% are on Agenda for Change pay scales.

- 55% of General Practice Nurses indicated that no cover was provided for planned/ unplanned sickness and annual leave. This was a higher percentage than indicated in the Practice Manager survey (35%).
- 46% of face to face consultations with General Practice Nurses last 10-15 minutes. A higher than average percentage of consultations lasting 15-20 minutes occurs in the Northern LCG area.
- 35% of General Practices employ Health Care Assistants, and 74% of the Health Care Assistants employed have an NVQ or equivalent qualification.

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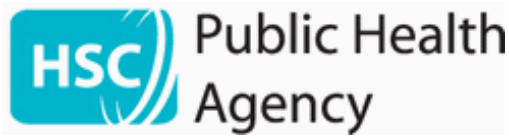

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