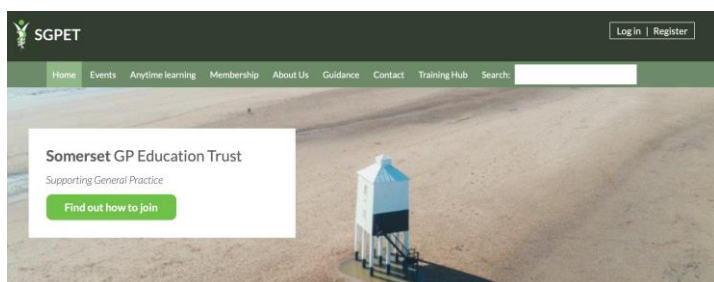


Lead GPN Guidance



General Practice
In Somerset

Generic Job description and guidance for new Lead General Practice nurses

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Introduction

This document is designed to support General Practice Nurses who are new to the lead nurse role within primary care.

There is also support available from Somerset LMC, SGPET, Somerset Training Hub, RCN, QNI and NHS Somerset.

The Local Medical Committee is the body statutorily recognised by successive Acts of Parliament since 1911 as well as the more recent NHS Acts as the professional organisation representing individual GPs and GP Practices as a whole to the NHS. The 1999 NHS Act extended the LMC role to include representation of all GPs whatever their contractual status. This includes GP non-principals like salaried and sessional doctors and GP registrars. The LMC represents the views of GPs to any other appropriate organisation or agency dealing frequently with the ICS, NHSEI, the local authorities (public health and commissioners of some enhanced services now), the acute trusts and regulators.

<https://www.somersetlmc.co.uk>

Contact information

Normal Office Hours 9am - 4pm

Postal Address

Somerset Local Medical Committee
Crown Medical Centre
Venture Way
Taunton
Somerset
TA2 8QY

Telephone: 01823 331428

SGPET

The Home of Somerset Training Hub and SGPET

Equipping Somerset's primary care workforce of today and tomorrow through training, education and innovation.

<https://www.somersetgpeducationtrust.co.uk/events>

<https://gpinsomerset.com>

Somerset Training Hub is dedicated to supporting the development of the new and future primary care workforce.

QNI – Queen’s Nurse Institute

<https://qni.org.uk>

<https://qni.org.uk/nursing-in-the-community/>

RCN

<https://www.rcn.org.uk/Get-Involved/Forums/General-Practice-Nursing-Forum>

Generic Lead Nurse Job Description

The lead GPN is responsible for ensuring the delivery of safe and effective nursing care to the whole practice population. As the team leader for the general practice nursing team, the post holder is accountable for nursing service delivery. They will lead and manage all the nursing resources, working closely with the GPs and practice manager to deliver the practice priorities. Clinically, the focus of the role is the delivery of evidence-based practice for patients with acute and chronic conditions and management and preventative nursing interventions to all patients. They will work collaboratively with the whole general practice team to meet the needs of patients, supporting the delivery and procedures and providing leadership and direction for the nursing team.

Scope and Purpose of the Role

- To help develop the nursing services offered by the practice
- To provide clinical leadership within the nursing team
- To ensure the highest standards of care are provided for patients
- To manage and develop a clinical acute and chronic case load, dealing with presenting patient's needs in a primary care setting
- Review medication for therapeutic effectiveness, appropriate to patients needs and in accordance with evidence-based practice and national and practice protocols.
- Prioritise health problems and intervene appropriately to assist the patient in complex, urgent or emergency situations, including initiation of effective emergency care
- To deliver a high standard of patient care using specialist practice Nurse skills

Primary Duties and Areas of Responsibility Clinical Role

- Make professionally autonomous decisions for which he/she is accountable and provide safe, evidence based, cost effective, individualised patient care
- Where necessary evaluate patient test results in conjunction with the patient and their GP and ensure the appropriate course of treatment is initiated
- Make appropriate referrals to other members of the primary, community and secondary care teams
- Help the practice develop and deliver specialist primary nurse led services including chronic disease management. Initiate the role of diagnosis for patients suspected to have a chronic disease e.g. diabetes, COPD, asthma and CHD, referring to other clinicians as appropriate
- Manage programmes of care for patients with chronic diseases by planning, providing and evaluating care under agreed guidelines and patient group directions. Maintain disease registers in liaison with administrative staff. Undertake annual review of patients understanding and ability to self-manage
- Undertake regular medication reviews for groups of patients deemed suitable by the clinical team
- Provide comprehensive travel health advice for patients prior to travel including malaria prophylaxis, safe sex, sun protection, food hygiene, first aid and emergency medication, health insurance and vaccinations
- Administer child and adult immunisations and vaccinations in accordance with national and local programmes. Competent in anaphylaxis and resuscitation techniques. Ensuring safe storage, rotation and disposals of vaccines and drugs and that adequate stock levels are maintained

- Be able to undertake procedures including: venipuncture, glucose tolerance tests, BP management, urinalysis, peak flow, spirometry, pregnancy testing, cytology, wound management and cryosurgery
- Provide support and chaperoning to the doctors for minor surgery and other procedures
- Promote health and wellbeing, giving general education advice on diet, contraception, smoking chronic disease management, exercise etc.
- Initiate and carry out programmes of health screening as agreed with the practice clinical team
- Enables supports and encourage individuals, families and groups to address issues which affect their health and social wellbeing
- Contribute to the practice achieving its GMS contract obligations
- Where the post holder is an independent prescriber: to ensure safe, effective and appropriate medication as defined by current legislative framework and local and practice guidelines.
- Maintain accurate records according to NMC rules
- Ensure all data protection requirements are met when gathering, recording and storing patient data
- Liaise and maintain good working relationships with all members of the practice team. Work within the multi-disciplinary team within the practice and across the wider health system

Teaching and Mentoring Role

- Promote a learning environment for patients, nurses and other health professionals
- Assist with the planning and implementation and teaching for practice staff including medical students, nurse students, nurses and health care assistants
- Act as mentor for more junior staff and students, assessing competence against set standards
- Disseminate learning and information to other team members in order to share good practice and inform others about current and future developments (e.g., courses and conferences)
- Provide an educational role to patients, carers, families and colleagues in an environment that facilitates learning
- Undertake regular appraisals for the practice nursing team

Professional Role

- Attend and contribute to relevant internal and external meetings as required including practice clinical meetings, nurse team meetings and gold standard framework meetings
- Maintain a personal progress and training plan to keep up-to date with current thinking and developments as well as identifying own training deficiencies and attending suitable courses as appropriate
- Promote evidence-based practice through use of the latest research-based guidelines
- Monitor the effectiveness of their own clinical practice through quality assurance strategies such as the use of peer audit and review
- Maintain professional registration
- Work within the latest NMC Code of Professional Conduct
- Record accurate consultation data in patients records in accordance with NMC guidance and other standards
- Keep up to date with pertinent health policy and work with the practice team to consider the impact and strategies for implementation
- Work collaboratively with colleagues both internally and externally
- Demonstrate leadership
- Pro-actively promote the role of specialist nursing expertise within the practice and with the public.
- Use technology and appropriate software packages as an aid to the planning, implementation and monitoring of care, presenting and communicating information
- Act as a role model in the observance of equality and diversity good practice

Managerial Role

- Understand own role and scope in the practice and identify how this may develop over time
- Work as an effective and responsible team leader, supporting others and exploring the mechanisms to develop new ways of working
- Assess, plan, develop, implement and evaluate treatment programmes that promote health and well-being and participate in protocol development in conjunction with other health care professionals
- Work with other health care professionals to diagnose, monitor manage and treat chronic conditions, including using non-drug based treatment methods, in line with national and local policies and practice needs
- Participate in management meetings, taking on responsibilities and reporting back as required.
- Prioritise own and other's workload and ensure effective time management strategies are embedded within the culture of the team
- Review medication for therapeutic effectiveness, appropriate to patient needs and in accordance with evidence-based practice and national and practice protocols
- Act as a role model to support members of the nursing team to undertake mandatory and statutory training requirements
- Provide clinical educational advice to support development of the team and range of services provided
- Manage the nurse rotas/ holiday/ study leave
- Manage nursing staff appraisals

GP mythbusters clear up some common myths about our inspections of GP services, independent doctors and clinics and out-of-hours services and share agreed guidance to best practice.

<https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters>

PGD's

<https://www.sps.nhs.uk/articles/retaining-pgd-documentation/>

Retention requirements

- For adults all PGD documentation in an individual's clinical record must be kept for eight years after the last entry.
- For children all PGD documentation in a individual's clinical record must be kept until the child's 25th birthday (or 26th birthday if the child was 17 when treatment ended) or for eight years after a child's death.
- Where a PGD is for an implant in an adult then all PGD documentation in a patient's clinical record must be kept for 10 years. For example, this would apply to contraceptive and sexual health PGDs for contraceptive implants or drug eluting coils.
- Staff authorisation records should be kept for 8 years after the expiry date of the PGD if the PGD relates to adults only (10 years if relates to an implant) and for 25 years after the expiry date of the PGD if the PGD relates to children.
- The final authorised copy of the PGD should be kept for 8 years after the expiry date of the PGD if the PGD relates to adults only (10 years if relates to an implant) and for 25 years after the expiry date of the PGD if the PGD relates to children.
- The main content of a PGD (i.e. an unauthorised final copy), which contains no individual identifiable information or staff authorisation records, may be retained by an organisation for up to 20 years for purposes of business planning/continuity if there is reason to do so (i.e. reference for future PGDs).

Resus equipment

Resuscitation in GP surgeries

<https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-1-resuscitation-gp-surgeries>

Statutory mandatory training link

<https://www.rcn.org.uk/get-help/rcn-advice/training-statutory-and-mandatory>

ICB Lead Nurse for General Practice

Lucy Murrell

Email contact lucy.murrell3@nhs.net

Quality Improvement

<https://www.england.nhs.uk/wp-content/uploads/2019/03/an-introduction-to-quality-improvement-in-general-practice.pdf>

ICB QI Primary Care contacts

Melanie Nixon

Quality Lead for Primary Care

Email: melanie.nixon2@nhs.net

Significant Events

<https://nhssomerset.nhs.uk/for-clinicians/general-practice-significant-event-sea-and-serious-incident-support/>

Smears

Sample takers should undertake a minimum of one-half day update training every three years.

This can be face to face or e learning.

Current training can be accessed via Devon Training Hub.

<https://www.devontraininghub.co.uk/courses-events/>

Skill Mix Matrix

<https://www.somersetlmc.co.uk/a90cefe2-0cbd-4a32-8b2d-aa9d10af471a>

<https://www.somersetgpeducationtrust.co.uk/a90cefe2-0cbd-4a32-8b2d-aa9d10af471a>

Ear irrigation

Rotherham Ear care centre advise every two years for an invasive procedure such as irrigation. This can be a formal training course. It can also be during clinical supervision when a suitably qualified clinician observes your practice and technique and feeds back to you. This should be recorded.

<https://www.wessexlmcs.com/lmcguidetoearcare>

The recommendation from the [RCN](#), [NHS Digital](#) and the [GMC](#) is that the GP and or registered nurse/health care professional remains responsible for any task such as ear irrigation delegated to another including an unregistered practitioner e.g. HCA. The [NMC](#) requires that when a registered nurse delegates a task to another person then they are adequately [supervised](#), have ongoing support and access to a clinician.

The role of an unregistered practitioner e.g., HCA, is not to diagnose but to work within guidelines and protocols, it is therefore not appropriate for an HCA to make the initial assessment. Medical Protection Society would support 'reasonable delegation' within the field of the HCA's expertise ensuring that they are fully trained, competent and follow a robust protocol. "The degree of risk must have been assessed because ultimately the patient has a right to the same standard of care, whoever delivers it "([CQC Mythbusters Health Care Assistants in General Practice](#). Oct 2015).

It is essential to ensure that the person undertaking the procedure can provide evidence that they have received training are [competent](#) and capable. The person undertaking the procedure may consider (if trained and competent) using a Jobson–Horne probe to remove the wax under direct vision. (Rotherham NHS Trust - Aural instrumentation [guidelines](#).) Fundamentally it is important that if anything untoward happened in your practice, the Partners could stand in front of a Coroner or Judge and justify that the training they had provided for their staff was sufficient to ensure they were competent, and confident to undertake the task given to them.

Immunisations and vaccinations

RCN have guidance for best practice.

<https://www.rcn.org.uk/clinical-topics/Public-health/Immunisation/Immunisation-services-delivery#immunisationservices>

<https://www.rcn.org.uk/news-and-events/news/uk-rcn-publishes-immunisation-competencies-to-support-members-giving-vaccines-230222>

Vaccine updates

<https://www.gov.uk/government/collections/vaccine-update>

Best practice in vaccine management

All staff involved in immunisation should follow this guidance to store and manage vaccines properly.

Vaccines may lose their effectiveness if they become too hot or too cold at any time. They naturally biodegrade over time. Being stored outside the recommended temperature range, including during transport, may speed up loss of potency. This cannot be reversed. A vaccine may then fail to create the desired immune response and give protection. Storing and transporting vaccines inappropriately causes waste and unnecessary cost.

Management of vaccines

When ordering and taking delivery of vaccines, staff should:

- Place orders every two-four weeks, according to need.
- Vaccines should be stored according to the manufacturer's summary of product characteristics (SPC). Usually between +2°C and +8°C and protected from light and transferred to a fridge promptly after delivery.
- Rotate stock— use the shortest expiry date first.
- Place orders in time so there is an adequate supply for clinics.

At least two designated members of staff who have received appropriate training should be responsible for ordering, receipt and care of vaccines. However, all members of the primary care team should understand importance of good vaccine management.

The vaccine fridge

The Green Book gives detailed guidance on vaccine fridges and includes the following:

- Store vaccines in a validated fridge specifically designed for pharmaceutical products. Do not use a domestic fridge.

- Only use it to store pharmaceutical products. Do not store food and clinical specimens alongside vaccines.
- Maintain the temperature between +2 and +8°C. Keep the vaccine fridge secure. It should only be accessible to authorised practice staff. Therefore, keep it locked or in a locked room.
- Reduce the possibility of accidentally interrupting the electricity supply. For example, install a switchless socket or clearly label the plug with a cautionary notice: 'Do not unplug/switch off'.
- Use a large enough fridge to allow enough space around the vaccine packages for air to circulate.
- Keep the fridge clean with no build-up of ice. Make sure that you:
 - follow the manufacturer's servicing recommendations
 - calibrate the temperature gauge
 - include it in portable appliance testing.
 - Keep vaccines in their original packaging.

The cold chain policy

All providers should have a policy which includes how to handle vaccines to maintain the cold chain from the point of delivery to administration. It should include transport of vaccines outside the practice, actions to take in the event of a breach in the cold chain and details of how the practice will ensure learning from cold chain incidents.

Temperature monitoring

Temperature monitoring should follow the Green Book guidance which gives details of the four Rs: Read, Record, Reset, React.

The person making the recording of the fridge temperature should:

- record temperature at least once every day during the working week and sign the temperature record sheet
- record it in a standard fashion and on a standard form to include: current, maximum and minimum temperature readings
- act immediately if the temperature falls outside +2 and +8°C
- reset the thermometer after each reading.

Ideally, use a second thermometer independent to the integral thermometer in the vaccine fridge. This second reading cross-checks the accuracy of the temperature. It monitors the temperature if the electricity supply to the vaccine fridge is interrupted.

Data loggers

You can use a data logger in the vaccine fridge, yet each working day you must still:

- read and record temperatures on the integral fridge thermometer (minimum, maximum and current)
- reset the min/max thermometer.

This will assure you the fridge contents have been stored correctly and are safe to use.

If you use a data logger and only check it weekly or monthly, you risk missing cold chain breaches. It is possible that you used vaccines that were stored outside the recommended temperature range. If you use an alarm system to alert that the fridge temperature is out of range, is it possible the alarm could turn itself off once it is back in range, without being investigated?

Data loggers are useful to gain more detailed information about the fridge temperature if there is a cold chain failure, for example a power cut.

Flu vaccines

NHS England recommend **vaccines are not out of the fridge for longer than 20 mins** and if considering having a supply of flu vaccines in each consulting room, a portable cold storage container (suitable for vaccine storage) should be used, to maintain the temperature of 2-8 degrees.

UK Health Security Agency has guidance on [responding to errors in vaccine storage, handling and administration](#).

Annual update training and appraisals are required to ensure personal development, meet professional requirements for safe practice (e.g., NMC Code) and support the delivery of safe, up to date, high quality care.

Contacts for screening and immunisation team.

NHSE/I South West Public Health – General Enquiries: england.swscreeningandimms@nhs.net

NHSE/I South West Public Health Contracts: phcontractssouthwest@nhs.net

Immunisation Clinical Advisory Response Service: england.swicars@nhs.net

School Immunisation Team

Deliver the routine national immunisation programme to your school aged children. This includes children who are educated at home, and others not in school.

Offer the vaccinations which protect children and young people against:

- Flu for children in reception classes to Year 6. This is seasonal and begins **mid – late September**.
- The HPV vaccine for Year 8 and Year 9. This helps protect your children from the human papillomavirus (HPV). This consists of 2 injections, the first in Year 8 and the second in Year 9. HPV vaccine helps protect boys and girls from HPV which increases the risk of developing some cancers later in life.
- Meningococcal disease strains A, C, W, Y (MenACWY). Currently being offered to young people in Year 9. This vaccination protects your child against four different strains of the meningococcal bacteria that cause meningitis and septicaemia.
- Diphtheria Tetanus and Polio (Td/IPV). Offered at the same time as MenACWY in Year 9. Given as a single injection into the upper arm to boost your child's protection against three separate diseases: tetanus, diphtheria and polio.

contact Somerset SAINT on 0300 323 0032 or email somersetsaint@somersetft.nhs.uk

<https://www.somersetft.nhs.uk/saints-school-age-immunisation-team/>

Travel Health

Jane Chiodini offers practical advice and guidance. Website link below.

Common questions.

A surgery telling the patient to go to a private travel clinic for the risk assessment (for which they will have to pay for the service in most cases) and then returning with the details of the vaccines they need to receive for the nurse to simply 'administer'.

A. As a registered practitioner I do not see how this would be possible to do unless one had undertaken the initial travel risk assessment. The person giving these vaccines remains professionally accountable for the administration and without any intention of being disrespectful to the assessing clinic, how would the person administering the vaccines know this had been done correctly, had it been undertaken with full knowledge of the patient medical history which is held within a GP database, but not necessarily known by the private clinic. I would personally not be happy to follow this course of action and when the provision of the travel assessment is an NHS one, sending the traveller to a private service for it to be done at a cost is unfair.

Creative thinking in a surgery may overcome some of these problem of time constraints e.g.

Have one or two 'on the day emergency appointments' for any nursing duty with the practice nurse which are populated on the day, as is common practice with GP emergency appointments. Demand for nursing appointments means these gaps would always be filled.

Get the traveller to take more responsibility for finding out information so they are better informed, this would also be ideal before their appointment, or trip – see for example item no. 18, planning a malaria trip on the TOOLS page [here](#)

Within my own surgery, we have ceased to provide the private travel vaccines as capacity of our nursing hours won't allow the time. We therefore still undertake a full travel risk assessment and manage those risks within the advice given but if a traveller needs any private travel vaccines they are now given a list of such providers and directed to make their appointment elsewhere to receive them. Back up information resources are also given. See 'My Travel Story' within an article I wrote for Practice Manager journal [here](#)

Occupational Health Services

LMC has issued advice regarding occupational health services.

<https://www.somersetlmc.co.uk/hepbimmunisation>

If the patient's employer states that their risk assessment indicates that their employee (your patient) is at risk of hepatitis B and requests that the practice contracts with them to provide such an immunisation, then the practice can choose to do so. Practices can have agreements, for example with police colleges, where they provide hepatitis B immunisations ONLY at the request of the employer. It must be clear that this is an arrangement between the practice and the employer and that the patient is not being charged.

However, State backed indemnity doesn't cover nurses to administer occupational health vaccinations.

<https://resolution.nhs.uk/wp-content/uploads/2022/09/CNSGP-Scheme-scope-table-2.pdf>

The RCN covers nurses to administer private travel vaccinations since the state backed indemnity doesn't.

<https://www.rcn.org.uk/Get-Help/Indemnity-scheme>

The RCN are clear about Occupational Health services and standards.

<https://www.rcn.org.uk/clinical-topics/Public-health/Occupational-health>

The MDU do cover individuals/practices to administer Hep B to practice own staff. They may also offer cover to administer for other contractual work.

<https://www.themdu.com/guidance-and-advice/latest-updates-and-advice/providing-work-related-vaccinations-to-practice-staff>

OH, assessments are complex.

The document below goes through in detail what a service has to provide.

<https://www.nhsemployers.org/~media/Employers/Publications/Occupational%20health%20in%20primary%20care.pdf>

A few nurses have asked about the e-lfh modules however they are for brief patient interventions.

<https://portal.e-lfh.org.uk/Component/Details/543347>

The new work and health e learning supports health care professionals to make brief interventions such as discussing the health benefits of work with patients, talking about returning to work and advising on adjustments at work.

State-backed indemnity doesn't cover Hep B vaccination for travel or OH delivery and the MDU or similar indemnity providers do offer indemnity for this (The RCN will cover private travel vaccinations if you are a member).

[Providing work-related vaccinations to practice staff - The MDU](#)

There are OH services available, although these would be at a cost to the practice.

[Occupational Health - Avon Local Medical Committee \(avonlmc.co.uk\)](#)

[Somerset LMCs: Occupational Health Services for GPs](#)

Taunton based OH service <https://sohvanilla.co.uk>

To work as an OH nurse you must undertake post graduate training.

Long Term Conditions

An annual update is recommended or at least evidence of CPD and keeping up to date with changes in care pathways/drugs.

SGPET offer educational events across the year.

<https://www.somersetgpeducationtrust.co.uk/events>

SGPET guidance

<https://www.somersetgpeducationtrust.co.uk/guidance>

Infection Control

IPC Policies for General Practice

<https://www.infectionpreventioncontrol.co.uk/gp-practices/>

<https://www.somersetlmc.co.uk/infectioncontrolaudittool>

The National standards of healthcare cleanliness 2021

<https://www.somersetlmc.co.uk/thenationalstandardshealthcarecleanliness2021>

"The National standards of healthcare cleanliness 2021 (the national standards) apply to all healthcare settings – acute hospitals, mental health, community, primary care, dental care, ambulance trusts, GP surgeries and clinics, and care homes, regardless of the way cleaning services are provided. They provide a common understanding of what it means to be a clean healthcare setting and give healthcare organisations in England a framework for detailing the required cleaning services and how 'technical' cleanliness and the efficacy of the cleaning process should be assessed. They *replace* the National specifications for cleanliness in the NHS 2007 (and amendments) published by the National Patient Safety Agency, and the Healthcare cleaning manual, revised by the Association of Healthcare Cleaning Professionals (AHCP) in 2013. Together with the Health and Social Care Act 2008 and associated regulations, these provide an assurance framework to support compliance with the core cleanliness standard and the code of practice."

Our Lead Nurse Advisor has put together a [document](#) to support practices with the national Cleaning Standards and other useful information and links for IP&C.

The ICB IP&C team have created a PPE audit tool specifically for primary care, where the audit is used as a self assessment tool to assess own individual practice. A PPE audit will ensure that colleagues are using PPE appropriately and will give IP&C Leads evidence for CQC inspections.

They have also included the NHS E&I Cleaning Standards Audit Tool which has been adapted for primary care. It is an example of how the tool can be modified for individual use as each practice will have it's own requirements, environment and needs. We advise that you change the tool with caution as deleting or adding in rows can alter the formulas. We have changed the top elements to fit with primary care environment and keeping the nursing, cleaning and estate elements. This tool is just an example if you do not already have an audit tool in place.

[**PC CCG NSHE 21 Audit Score template**](#)

[**CCG Primary Care PPE audit tool**](#)

[**IP&C Primary Care September 2021**](#)

[**IP&C reporting Template**](#)

[**National Standards of Healthcare Cleanliness 2021 - April 2021**](#)

[**National Standards of Healthcare Cleanliness 2021: Supporting documents - May 2021**](#) The documents included are Audit Score Sheet template, Compliance Grid, Star Rating posters, Efficacy Audit Checklist

[**National standards of healthcare cleanliness 2021: health and safety - April 2021**](#)

[**National standards of healthcare cleanliness 2021: Appendices - April 2021**](#)

National standards of healthcare cleanliness 2020: pest control - April 2021

Disposing of Clinical Waste and Non-Clinical Waste - Quick reference guide to support best practice waste segregation - November 2021

If you have any queries or concerns with regards to waste segregation or clinical waste collections, please email somicb.generalpractice@nhs.net and report incidents or missed collections on the Datix system <https://datix.somersetccg.nhs.uk/datix/live/index.php>

eLearning for healthcare

<https://www.e-lfh.org.uk/programmes/>

Smear updates, immunisation, flu and a range of e learning can be accessed for free.

QOF Indicator points

<https://www.england.nhs.uk/wp-content/uploads/2022/03/B133-update-on-quality-outcomes-framework-changes-for-22-23-guidance.pdf>

Whistleblowing

<https://www.england.nhs.uk/ourwork/freedom-to-speak-up/how-to-speak-up-to-us-about-other-nhs-organisations/>

Externally you can access Freedom to Speak Guardians.

Leadership

<https://www.leadershipacademy.nhs.uk/programmes/>

Edward Jenner Programme

The Edward Jenner programme is your first port of call if you're looking to build a strong foundation of leadership skills that can help enhance your confidence and competence in your role. The programme has been designed to offer flexibility as a suite of online short courses.

<https://www.leadershipacademy.nhs.uk/programmes/the-edward-jenner-programme/>

Mary Seacole Programme

Our most popular 6-month leadership development programme, designed in partnership with global experts, recently refreshed and delivered by experienced facilitators to develop your knowledge and skills in leadership and management.

Some organisations deliver the Mary Seacole programme internally, and although we try and advise applicants of this where appropriate, it's always a good idea to check with your HR or learning and development team first before applying.

<https://www.leadershipacademy.nhs.uk/programmes/mary-seacole-programme/>

Rosalind Franklin Programme

The Rosalind Franklin programme will support you to become outstanding innovators, leaders, and team members working across the health and care system, to help improve services for people and communities that access them.

The programme is 9 months long with eight workshop days and you'll be expected to commit approximately four to five hours a week to study.

<https://www.leadershipacademy.nhs.uk/programmes/rosalind-franklin-programme/>

Elizabeth Garrett Anderson Programme

The Elizabeth Garrett Anderson Programme is a 24-month master's degree programme in Healthcare Leadership. It will equip you with confidence to challenge the status quo and drive real and lasting change to improve the patient experience.

<https://www.leadershipacademy.nhs.uk/programmes/elizabeth-garrett-anderson-programme/>

Induction Template

The GPN Induction Template

The Induction Template is designed to help employers ensure that nurses in a first career role in General Practice are well supported. It aims to assist with good practice in induction and orientation, by developing a bespoke checklist with common ‘national’ elements, adapted to suit local areas.

<https://qni.org.uk/resources/gpn-induction-template/>

Aim

The aim of this Induction Template is to provide a consistent and comprehensive system, ensuring that all newly qualified GPNs who are new to primary care receive an effective period of induction that assists supports them to become confident and competent in their new career.

Objectives

- To enable the General Practice Nurse to understand the requirements of this new role in a structured format.
- To recognise the importance of a well-considered orientation and induction programme.
- To enable the GPN to work safely and effectively within a new work environment.
- To provide guidance to the employer on the relevance and value of induction of nurses new to General Practice.
- Advise the GPN on the Educational and Training requirements of this role beyond initial nurse registration.

HCA, GPN and ANP Competencies

As services move more to Primary Care and away from Hospitals, the role of nurses within General Practice is becoming more important.

Below are links to sites offering information, videos and competencies for all the nursing team that you may find useful.

GPNs

[District Nursing and General Practice Nursing Service Education and Career Framework](#)

This is a useful document for both nurses and employers which outlines the expectations of the role and the education that should underpin (GPN information starts at page 89).

[RCGP Nursing Competency Framework](#) . Please click here to complete the RCGP Competency Framework

[RCGP General Practice Nurse Competencies \(updated May 2015\)](#)

[Derby & Derbyshire LMC: The Practice Nurse Project - Competency Framework and Competency Development Plan](#) useful document

ACP (Nurses)

[Core Capabilities Framework for Advanced Clinical Practice \(Nurses\) Working in General Practice / Primary Care in England](#)

In 2020 the **Core Capabilities Framework for Advanced Clinical Practice (Nurses) Working in General Practice / Primary Care in England** [ACP-Primary-Care-Nurse-Fwk-2020.pdf](#) was published commissioned by NHSE/I. *“This framework sets a standard and offers the opportunity for practitioners to develop and evidence their knowledge and skills, enabling the highest standards of practice as well as providing a structure for career and role development within primary care.”* Skills for Health 2020”

Structure of the framework



The framework comprises 4 Domains. Within the Domains, 13 Capabilities describes the skills, knowledge and behaviours required for nurses working at the advanced clinical practice level. The Capabilities are underpinned by core indicative knowledge, key clinical presentations, investigations and referrals. It aligns with the requirements for clinical practice set out in the Multi-Professional [Framework](#) for Advanced Clinical Practice in England (HEE 2017). [Skills](#) for Health (2020)

SCOPE OF PRACTICE

ACP trainees and qualified ACPs are encouraged to use this document (ACP Lead BNSSG)

<https://www.hee.nhs.uk/sites/default/files/documents/ACP%20Primary%20Care%20Nurse%20Fwk%202020.pdf>

There is a mapping tool on page 62, this can be printed out.

Look at the skills outlined from page 53 in the skills section that looks at the individual systems and identify their skill gaps. ACPs need to have academic and experiential learning to support their practice in each section if this is relevant to their role.

You may not see all the systems in their role, so sit with employer to identify what they want them to see. For example, if you don't see end of life patients, you won't need that in your scope and therefore don't need any evidence.

Make sure their job plan and JD reflects this.

By doing this you can craft your individual journey and start to plan your work-based learning requirements.

This plan helps the GPS and PMs understand what is expected of everyone and helps with understanding.

HCA's

[HCA Training Standards](#)

[Care Certificates for Healthcare Support Workers](#)

For More Information

<https://www.janechiodini.co.uk/help/faqs/faq-3-providing-nhs-travel-service/>

<https://www.wessexlmcs.com/lmcguidetoearecare>

<https://www.nmc.org.uk/news/coronavirus/vaccines/>

<https://www.rcn.org.uk/Professional-Development/publications/managing-childhood-immunisation-clinics-uk-pub-009-860>

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