Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar dyfodol ymarfer cyffredinol yng Nghymru

This response was submitted to the Health and Social Care Committee consultation on the future of general practice in Wales

GP17 : Ymateb gan: Rhwydwaith Nyrsys Arweiniol Gofal Sylfaenol Cymru Gyfan | Response from: All Wales Primary Care Lead Nurse Network (AWPCLN)

I would like to submit the following response to the inquiry into the future of General Practice.

Name: Nia Boughton
[redacted]
I am submitting evidence on behalf of the **All Wales Primary Care Lead Nurse Network (AWPCLN)** I am the nominated Chair of the network.
I am happy for my name / the networks name to be published alongside our written evidence, none of the evidence needs to be treated confidentially.

The All-Wales Primary Care Lead Nurse Network (AWPCLN) have collaboratively developed the attached paper which outlines their view of a modern primary care service. The group identifies significant opportunities for Primary Care Nurses to lead on proactive and preventative work in innovative ways, to improve the outcomes of their communities.

Primary Care Nurses have always been dedicated to delivering multi-generational, relational continuity of care within their communities. This unique position provides them with a deep understanding of the specific health needs of citizens at both cluster and pan-cluster levels. Consequently, they hold largely untapped potential to tackle widening health inequalities and stalling life expectancy by connecting and activating communities to collectively achieve better health outcomes.

When fully harnessed, these distinctive skills hold immense potential to improve population health outcomes. However, this potential remains largely untapped. To unlock it, the following five actions require urgent attention:

1. Radical Overhaul of Primary Care The current General Medical Services (GMS) contract no longer aligns with the demands of modern healthcare and is actively hampering the 'shift left' agenda. A comprehensive transformation is essential. Positioning Primary Care Nurses at the forefront of this change will support the pivot towards proactive prevention and fulfil contemporary patient and population wide need.

2. Addressing the Workforce Crisis Immediate action is required to safeguard the future of Primary Care Nursing. To ensure that this field remains an appealing career path, terms, conditions, and remuneration for Primary Care Nurses must be urgently reviewed and brought into line with the Agenda 4 Change standards that apply everywhere else. This is particularly vital given the aging workforce, with 57% of Primary Care Nurses aged over 55. Without intervention, the sector faces a looming catastrophe.

3. Advancing Health Prevention and Long-Term Condition Optimisation Primary Care Nurses are pivotal in scaling up health prevention and optimising the management of long-term conditions. By doing so, they can significantly enhance access to healthcare, support the "care closer to home" agenda, and improve the quality of life for the people of Wales.

4. Strengthening Leadership in Primary Care Primary Care leadership must break free from the current medical stronghold. To foster innovation and diverse perspectives, ambitious targets must be set for increasing the number of nurses in leadership positions. These roles should span individual practices, clusters, and pan-cluster levels, unlocking the full potential of nursing leadership.

5. Investment in Education and Career Development Substantial investment is needed to expand and enhance the educational pipeline for Primary Care Nurses. This includes establishing a robust postgraduate career framework with associated backfill funding to encourage uptake. Additionally,

student placements for nursing must receive funding that is on par with other professions, such as Pharmacy and Medicine, ensuring equitable support and growth opportunities.

As Chair of the AWPCLN group I share the attached paper, which expands upon these points further for your consideration in respect of the 'Inquiry into the Future of General Practice.' I would welcome an opportunity to discuss this further with the committee on behalf of the network.

Many Thanks

Nia

Nia Boughton
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A Projection of the Role of Modern Primary Care Nursing 2025 - 2035

All Wales Primary Care Lead Nurse Group

March 2025

Background

Primary Care Nurses are the backbone of Primary Care. Primary Care Nurses serve not only as caregivers but also as leaders, innovators, and advocates for community health

Sonnet 2024

This paper has been co-ordinated and developed by the All-Wales Primary Care Lead Nurse Network (AWPCLN) and embodies the expert body of knowledge from the latest research, strategy and the experience of clinically focussed frontline Primary Care Nurses from across Wales.

Historically, when the Primary Care Nurse remit was first configured back in 1966, it was intended to simply support GPs in their delivery of care, now, almost 60 years later, the role is unrecognisable from its humble origins with Primary Care Nurses now responsible for leading up to 99% of Diabetes Care and 86% of Respiratory Care.

Further expansion of the role over the past 20 years has firmly established Primary Care Nurses as advanced, autonomous clinicians in their own right, highly qualified, often holding multiple postgraduate degree and masters level qualifications, they are able to consult across the full breadth of presentations, prescribe where appropriate, and manage entire episodes of care.

The enabling characteristics of Primary Care Nurses are founded in their multi-generational approach, caring from cradle to grave, possessing both a breadth of generalist skills, alongside a depth of knowledge in strategic prevention agendas, cementing their unique position as principal pillars within their local communities.

Nurses graduate level qualifications are founded in health, meaning that they are uniquely placed to holistically assess the entirety of patient need across the broader determinants of well-being.

Indeed, their professional code, governed by the Nursing and Midwifery Council (NMC) which sets out the professional standards and behaviours that every Registered Nurse has to uphold, specifically compels them to, ‘pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages.’ (NMC 2023).

The unique perspective that Nurses have in their approach to Health Care gives rise to enormous potential upon which to enact improved health outcomes, which are not currently being maximised upon. If harnessed fully, it holds the lever upon which to achieve a significant number of the challenging population health aspirations that we have set ourselves in Wales.

A summary of the actions and principals in this paper can be found in Appendix 1.

Primary Care Nurses are an extremely versatile workforce - one which is uniquely placed to deliver significant levels of value – to the practices they work in, the patients they care for, local communities and the whole of the NHS.

Sonnet Advisory Report, Leading the Way 2024.

Situation:

- By 2035, there will be double the number of people aged over 65 living with four or more conditions: 17.0% compared with 9.8% in 2015. People aged over 75 contribute most to this number.
- The findings of the, 'Does Healthcare Deliver Report'; Results from the Patient Reported Indicator Survey (PaRIS, 2025) tell us that Wales scored below the international average in five the seven key indicators discussed and includes the statement; 'In Wales people with chronic conditions have generally poorer outcomes and experiences of healthcare compared to the other PaRIS countries'.
- In an average month there are 143,000 referrals to specialists and 14,500 admissions to secondary care within Wales, this has enormous economic consequence and is not a sustainable model of care.
- With additional investment in Primary Care Nurses to support the primary and secondary prevention agendas, together with full and proper coordination of care for long term conditions and frailty, the health outcomes for the people of Wales will be improved whilst reducing referrals to secondary care and the burden of long-term care.
- There is the potential for the Primary Care Nurse role to be further developed and enhanced through technological advances, Artificial Intelligence and the advent of genomic based healthcare. These present significant opportunities to collaborate digitally with our patients, streamline diagnostics and automate administrative function. Releasing time for a greater focus on relational care.
- The contribution of mental illness (depression, dementia or cognitive impairment) to overall multi-morbidity increases with the number of diseases or impairments and is set to increase significantly. The Primary Care Nurse is perfectly placed to develop skills in understanding and assessing the mental health impacts of living with long term conditions.
- Urgent intervention is required to ensure that the terms, conditions and renumeration being offered to Primary Care Nurses enable Primary Care to remain an attractive career destination and actively addresses the looming catastrophe of our aging workforce. Currently 57% are aged >55.
- The current General Medical Services (GMS) contract no longer aligns with the demands of modern healthcare. A comprehensive transformation is essential. Positioning Primary Care Nurses at the forefront of this change will support the pivot towards proactive prevention and fulfil contemporary patient and population wide need.

Assessment: Essential Contextual Factors & Key Actions Required

Relational Care & Continuity

Modern, proactive, primary care needs to provide new systems of relational care and collaborative support which equip our patients and communities with the capabilities to take ownership of their health and to achieve and sustain a better quality of life throughout the whole life course.

Success in prevention and long-term condition management lies within the trusting, relational rapport nurses have with their patients and the inherent sense of knowing how to adjust their care to maximise outcomes that arises from this.

Clinical continuity needs be recognised as a fundamental facilitator of the essential trusting, therapeutic relationship upon which maximum health outcomes can be levered and should be protected accordingly from the pressure to adopt a reductionist or 'task-based' approach to workforce modelling and service provision.

Leadership

Nurses should have a key influencing and decision-making role in policy, practice, and education at every leadership and managerial level.

Sonnet 2024

Primary Care Nurses are already well adept at leading care for patients and overseeing the management of teams of Nurses within their practice. There is however a significant loss of opportunity in failing to scale these attributes up, to accelerate the ambition to see many more nurses embracing partnership and clinical leadership roles at individual practice, cluster and pan-cluster levels. This breadth of provider profession will enable better tailoring of services to meet local population need and bring greater resilience in provision, especially in rural areas and deep-seated deprivation where recruitment and retention have been challenging for many years.

Countries such as New Zealand, Australia & the USA have already diversified their Primary Care contracting model to enable Nurse Practitioners to claim GMS subsidies to provide care to defined populations, this is proving to be a particularly successful approach for complex, frail, housebound and care home residents.

Aside from the direct patient facing benefits, the diversified leadership model will also ensure that the responsibility for educating, training and supervising trainees and newly established Nurse Practitioners can be overseen by their root profession, as opposed to the senior medic as is most often the case now.

Time to Care

The 'speed dating' consultation style of traditional Primary Care is no longer fit for purpose – comprehensive, holistic reviews that span multiple conditions and the fostering of relational rapport take significant time, and as such, standard templates, workplans and contractual arrangements need to be updated to reflect both the direct consultation time requirements as well as the indirect time needed to coordinate care, liaise with the wider Multi-Disciplinary Team, Cluster and Local Authority colleagues.

Five Key Principles

Primary Care is rooted in a life course approach, so the recommendations presented here reflect our vision for the evolving role of Nursing in advancing prevention and health optimisation agendas across every stage of life.

When fully harnessed, the unique skills and attributes of Primary Care Nurses have the potential to significantly enhance individual, practice level and population-wide health outcomes. However, this opportunity remains largely underutilised. Unlocking its full potential requires a dedicated commitment and investment in the following five key principles:

- **Proactive Prevention**. Harnessing the unique relational skills of Primary Care Nurses to empower our patients to optimise their health, addressing health harming behaviours, preventing illness and reducing the impact of poor health, through a 'Decade of Care' approach.

- **An Integrated Life Course Approach** to the early identification and optimised management of Long-Term Conditions & Frailty working across organisations through a holistic approach to multi-morbidity and complexity which encompasses the 'Year of Care' approach.

- **An Equally Well Wales**. Responding to health disparities through our unique lens on population health and deep understanding of the wider determinants of well-being, by connecting and activating communities to collectively achieve better health outcomes.

- **Embracing Technology, Genomics and Artificial Intelligence**. Collaborating digitally with our patients, streamlining diagnostics and automating administrative function, which in turn releases time for a greater focus on relational care promoting shared decision making and person-centred care.

- **Urgent and Enhanced Primary Care**. Recognising the pressing need to provide comprehensive patient focussed services closer to home and enabling rapid access to out of hospital solutions as a credible alternative to secondary care admission when acute illness presents.

  Case based examples illustrating these principles can be found in Appendix 2.

Recommendations:

Primary Care Nursing - A Catalyst for Transformational Change

Ultimately, the modernisation of the NHS must be holistic, integrating innovative technologies, community activation and relational care. This paper is intended to set out how Primary Care Nursing can readily deliver these outcomes and in doing so act as a crucial enabler of the stability, effectiveness and affordability of healthcare services over the next decade, bringing with us far reaching economic and societal benefits.

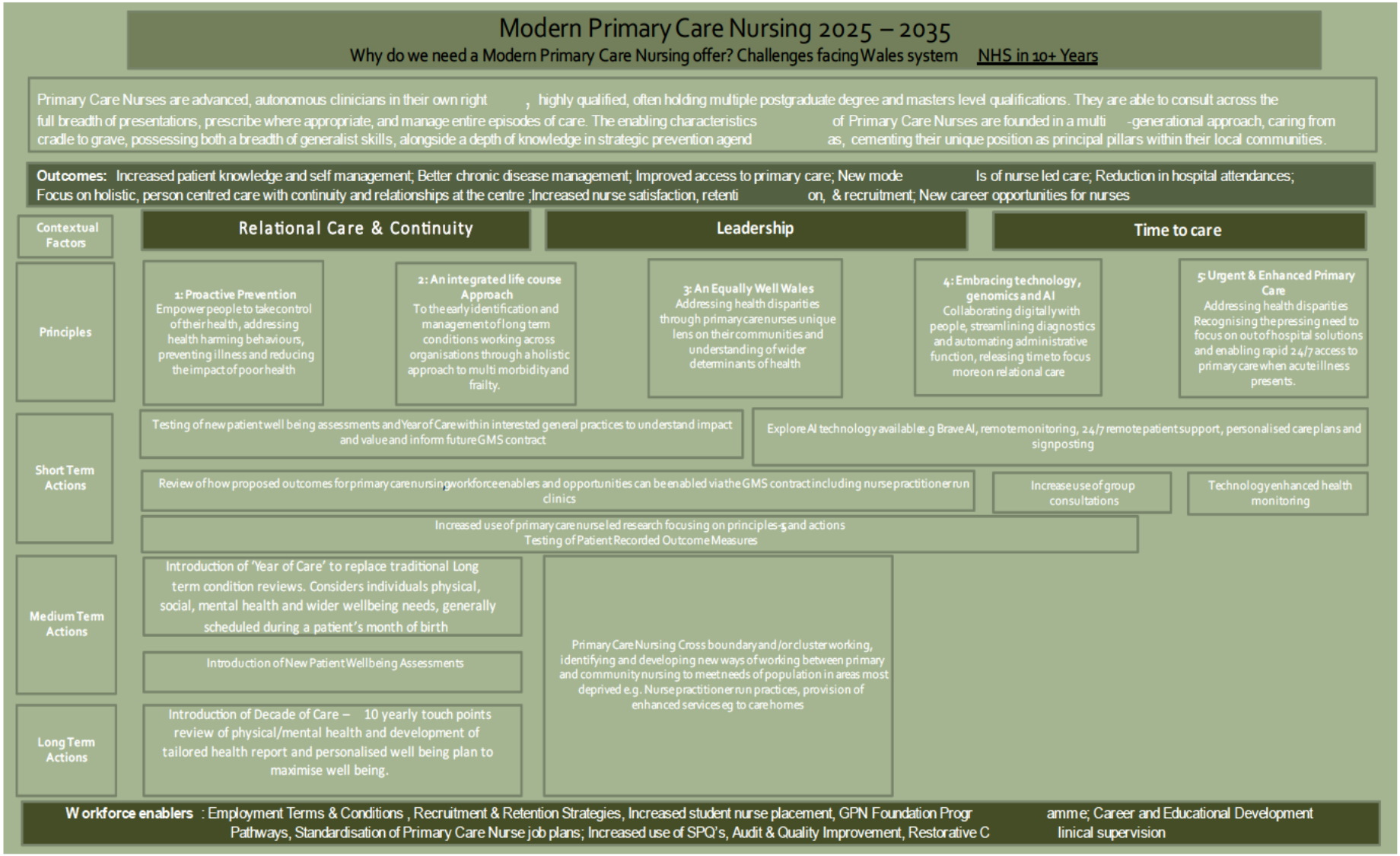
Through this paper we hope to open a dialogue between strategic policy makers, service commissioners and leaders across Wales around how we can work jointly to maximise upon the opportunities explored here. We therefore ask you to consider the following three questions:

1. How does our vision fit with wider strategy? How can we work collaboratively across the disciplines and professions to ensure a joined-up approach?

2. How can we influence the GMS contracting arrangement to provoke diversification and innovative approaches to specific population health needs as is now common place internationally?

3. How can we work with HEIW and our HEI colleagues to enhance the educational pipeline for Primary Care Nurses by establishing a robust postgraduate career framework with associated backfill funding to encourage uptake?

Appendix (1) Plan on a Page



Proactive Prevention Case Study Example: A Decade of Care Approach: Sarah's Story

Sarah, a 40-year-old professional and mother of two, balances a demanding job with her family life. She's generally healthy, apart from mild asthma and takes a combined hormonal contraceptive pill. During her 'Decade of Care' appointment, the nurse conducts checks on her blood pressure, pulse, weight, lipid profile, and fractional exhaled nitric oxide (FeNO) testing, discussing women's health at her age and setting health goals.

Sarah's tests show mildly raised cholesterol, for which she receives dietary advice. Her FeNO result indicates sub-optimal asthma control, so her inhaler regime is adjusted and follow up is arranged in keeping with the 'Year of Care' approach.

Sarah discusses the side effects of her contraceptive pill and opts for a long acting reversable contraceptive (LARC), scheduling a follow-up at a women's health hub.

The nurse and Sarah talk openly about the pressures of being a working mum and strategies to support her mental wellbeing. The consultation results in a digital plan with documented goals and options to upload reports from wearable technology.

An Integrated Life Course Approach: Jim's Story- Frailty

Jim's health had been declining due to COPD and associated heart failure, leading to fluid retention, significant fatigue, and frailty. Struggling to mobilize around his apartment, Jim received proactive support from the Cluster-Based Primary Care Nursing Frailty Service. They optimized his COPD treatment by simplifying his inhaler regimen and ensuring proper use, which minimized his symptoms and breathlessness.

The primary care nurse conducted a thorough medication review, discontinuing unnecessary medications and optimizing the remaining ones. Building trust with Jim, the nurse addressed his fears about his illness progression and recorded his wishes in an active care plan, outlining his care preferences.

Jim gained a better understanding of his illnesses and early exacerbation symptoms, reducing the risk of serious illness with access to 'rescue packs' and early intervention from the frailty team. Connections with the wider multidisciplinary team (MDT) provided support for his mobility and nutritional needs.

An integrated approach to care, alongside social colleagues, enabled Jim to access attendance allowance and a minimal domiciliary support package, helping him stay well in his own home long-term.

An Equally Well Wales: Aysima's Story

Aysima has faced homelessness for most of the past decade, leading to minimal and often unpleasant interactions with health services. Consequently, she declined to seek help for concerning symptoms troubling her for months.

Through connections with local voluntary, community, and social enterprise (VCSE) organizations, a primary care nurse established a relationship with Aysima, building trust during their conversations at a weekly 'Pop-Up Health Hub' for greater access.

When Aysima felt ready to discuss her symptoms, the nurse arranged necessary investigations and rapid treatment to address her immediate concerns. This support allowed Aysima to open up about her wider health needs. With an integrated approach to health and social care, they began working towards a better quality of life for Aysima.

The nurse provided consistent emotional support, listening to Aysima's experiences and concerns with compassion and empathy. This approach helped Aysima feel valued and understood, empowering her to engage in her care and take steps towards improving her overall wellbeing. Regular follow-ups and ongoing support from the health and social care team ensured Aysima's needs were met comprehensively, fostering a sense of stability and hope for the future

URGENT & Enhanced Care: Mabel's Story
(Decompensated end stage Heart Failure)

Mabel was diagnosed with congestive cardiac failure 24 years ago, having also suffered with diabetes, and chronic kidney disease. Over time, she has regularly met with her primary care nurse, initially at the surgery, but more recently at home as her illnesses have progressed. Together, they have developed a detailed understanding of how these conditions impact Mabel, identifying the most problematic and frightening symptoms.

Through continuous tailoring of management pathways and prescribing, they have minimized Mabel's symptoms for many years. However, over the past twelve months, her heart and kidney function has declined, leading to more frequent decompensations. Enhanced Care ANPs administer home-based intravenous (IV) medication to manage troublesome symptoms, carefully monitoring Mabel's condition around to avoid unwanted hospital admissions.

Surveillance technology allows 24/7 oversight of Mabel's condition, providing continuous review similar to traditional hospital care but delivered in the safety of her home, protecting her from cross-infection and fall risks.

Embracing Technology, Genomics and AI: Rob's Story – (Digital diagnostics, monitoring and peer support network)

Rob's primary care nurse invited him to an online group consultation aimed at equipping him with the skills and understanding to better manage his long-term condition. Following the session, the group continued through an online support network. They checked in weekly for updates and chat sessions, sharing tips and advice for managing challenging symptoms. This ongoing support network helped Rob feel connected and supported and his number of acute exacerbations reduced by over 60%.

Appendix (3) References and Further Reading.

- The transformative power of AI and automation in general practice: pioneering a new era in healthcare - NHS Networks
- AI Powered Healthcare Transformation: Revolutionising Primary Care. - NHS Clinical Entrepreneur Programme
- Using Artificial Intelligence to monitor wellbeing: BRAVE AI - NHS Somerset ICB
- Nurse practitioners in New Zealand | Ministry of Health NZ
- What Is A Family Nurse Practitioner in The USA? | Shiftmed Blog
- 28% of general practice nurses considering leaving in the next year, shows survey - Management In PracticeManagement In Practice
- Does Healthcare Deliver? Results from the Patient-Reported Indicator Surveys (PaRIS): Wales, United Kingdom | OECD
- https://sonnetimpact.co.uk/publications/leading-the-way-the-role-and-value-of-nurses-in-general-practice-in-england/