

1 February 2017

Response from the Royal College of Nursing Wales to the Health, Social Care & Sport Committee Committee's Inquiry into Primary Care

How GP cluster networks in Wales can assist in reducing demand on GPs and the extent to which clusters can provide a more accessible route to care (including mental health support in primary care)

- I. The Royal College of Nursing would maintain that, in the spirit of widening professional engagement with the cluster networks, it would be helpful if they were referred to as simply 'clusters' or 'primary care clusters'. Primary care practice includes the nursing profession (General Practice Nurses for example) amongst others, and therefore the clusters are not just about GPs.
- II. Clusters have a responsibility to ensure that professional development opportunities are available to those working within them, including General Practice Nurses (GPNs) and Healthcare Support Workers, not only to enable essential revalidation, but also as a way of upskilling the primary care workforce and thus reducing the demand on GPs.

The emerging multi-disciplinary team (how health and care professionals fit into the new cluster model and how their contribution can be measured).

- III. The nursing workforce is a central part of the multi-disciplinary team, providing a significant proportion of patient care in primary and community care. Despite this, nursing is often overlooked as a profession when primary and community care services are planned and the workforce considered. Directors of Primary Care Local Health Board levels should always include senior nurses in service and workforce community planning alongside other professions.
- IV. Access to training such as non-medical independent prescribing, minor illness and clinical patient assessment modules will give the knowledge and confidence that the nursing workforce need, to support the GPs within clusters and recognise them as practitioners in their own right.

The current and future workforce challenges.

- V. The Royal College of Nursing is supportive of the principle of the move towards treating increasing numbers of patients outside of the hospital setting and in the community and their homes. People generally prefer to receive care at home, enabling them to maintain greater independence and, when the care is of a high quality, often preventing future illness or accidents. However, there must be sufficient investment in the primary and community care workforce to ensure a high quality of care.

- VI. In order to enable appropriate investment, improve workforce planning and ensure the right skill mix of the workforce, the statistical data and performance information on care provided in community settings must be made available. We know that there is a current paucity in this data, and this must be rectified.
- VII. Within the GP surgery it is often the General Practice Nurse, supported by the healthcare support worker that will see, advise and treat people appropriately. GPNs undertake a huge range of assessments and interventions, immunisation and vaccination, the management of long-term conditions and cervical cytology. The Welsh Government should, together with the Local Health Boards and NHS Trusts, ensure that Advanced Nurse Practitioner posts are created across Wales in order to strengthen the primary care team and help reduce the pressure on GPs. This will require sufficient provision for extending nursing skills and appropriate training and education is available.
- VIII. Primary care services must be delivered based on the needs of the population, and this includes Welsh language provision.

The funding allocated directly to clusters to enable GP practices to try out new ways of working; how monies are being used to reduce the pressure on GP practices, improve services and access available to patients.

- IX. Recent research evidence has shown that attendance at cluster meetings by GPNs is, generally speaking, very low. Funds directed towards enabling GPNs and nursing teams to be released in order to attend cluster meetings will help foster a whole system approach, and help tackle the current perception of 'GP' cluster networks. This would also promote access to training and education opportunities for the workforce. The Welsh Government either needs to provide the funding to enable GPNs and Healthcare Support Workers to be released (and to pay for the necessary backfilling) or the GP practices themselves need to make these funds available.

Workload challenges and the shift to primary prevention in general practice to improve population health outcomes and target health inequalities.

- X. As mentioned earlier, the Royal College of Nursing is in favour of the shift towards primary prevention, but this requires appropriate workforce investment. The registered workforce needs to be allowed the time to educate and train non-registered colleagues who are increasingly expected to share the workload. Any approach needs to involve the whole multi-disciplinary team, and not solely the GP workforce.

The maturity of clusters and the progress of cluster working in different Local Health Boards, identifying examples of best practice.

- XI. Three examples of best practice which the Royal College of Nursing would like to highlight are:
- Cardiff and Vale University Health Board – Nursing Frailty Team. This is involving the development of the Primary Care Nurse for Older People Role, for the North Cardiff Area.
 - Hywel Dda University Health Board and Betsi Cadwaladr University Health Board – requests have been made from cluster leads to the Primary Care Lead Nurse at Public Health Wales, requesting help to develop Cluster Consultant Nurses.

Greater detail on the aspects being evaluated, the support being supplied centrally and the criteria in place to determine the success or otherwise of clusters, including how input from local communities is being incorporated into the development and testing being undertaken.

- XII. It is important that cluster network meetings and stakeholder engagement activities do not involve the same people time after time, and that efforts are made to ensure that engagement is as wide as possible. Anecdotal evidence suggests for instance that GPNs cannot attend due to time and workload constraints. Similarly, if meetings are consistently held between 9 – 5pm on weekdays, GPs and other key stakeholders will consistently be unable to attend. In order for the effectiveness of the cluster networks to be properly assessed, it is essential that GPs, GPNs, healthcare support workers and other members of the primary care workforce on the ground are engaged with and involved.

About the Royal College of Nursing

The RCN is the world's largest professional union of nurses, representing over 430,000 nurses, midwives, health visitors and nursing students, including over 25,000 members in Wales. The majority of RCN members work in the NHS with around a quarter working in the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing. The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.