General Practitioner Supported Nurse Practitioner Training Initiative

Submitted by Dr Amir Iqbal, Denburn Medical Practice, for consideration for the RCGP Innovation Award 2013

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Summary of the areas of innovation to be considered:

- Innovative quid pro quo payback arrangement between NHSG/Gmeds and daytime general practice.

- Unique collaborative training model between NHSG/Gmeds and daytime general practice.

- Identification and development of transferable skills from daytime general practice to the out of hours setting, i.e., timekeeping and reduction of length of consultation times.

- Re-engagement of daytime general practice with out of hours.

- Replicability of the initiative in other general practices.

- Further development of the role in formation of a joint dual role post between NHSG/Gmed and daytime general practice.

Background:

Nurse Practitioners (NPs) were introduced into the Grampian out of hours service, in 2007, in response to a workforce shortage of clinical staff to cover the service. This was largely a result of the new GP contract, which allowed GPs to opt out of the out of hours cover in the area. Subsequently Grampian has been at the forefront in the development of the NP role with some aspects remaining unique to the region, i.e., NPs visiting and treating patients at home. Having now become well established in the out of hours setting their role and training continues to evolve.

There is some confusion, particularly amongst daytime GPs, with regards to exactly what an NP is able to do. Previously the title 'Nurse Practitioner' has been ascribed to various nurses with differing levels of ability and autonomy in clinical practice. At present, most working in daytime general practice have a narrow remit, with competence mainly limited to consulting with minor ailments. In contrast, G-meds trained NPs are able to conduct unscheduled care at patients' homes and assess and treat undifferentiated disease syndromes.

In 2011 I worked across a variety of roles, in education, out of hours and daytime general practice. Being involved in these different areas allowed an opportunity to see how aspects of each role could be incorporated into the NPs' training program to improve areas where their performance was not optimal.

On discussion with Linda Harper, associate director of practice nursing and lead nurse at Gmed, it was apparent that while most of the NPs were experienced nurses in secondary care, few had any experience or concept of working in daytime practice. Being one of the few remaining GPs working between daytime and out of hours general practice, I knew there were generic and transferable skills that could be gained from a clinician working in a dual role. Therefore after negotiation with Linda Harper, and the CHP, it was agreed that the newly recruited 2011 cohort of nurse practitioners would be part of a pilot group and spend a 4-week secondment in General Practice

The GP Supported NP Training Initiative:

In March 2011 a cohort of NPs commenced a 4 week pilot program in daytime general practice to complement their out of hours training. The first 2 weeks were mainly composed of observation of the practice working systems for providing daytime care. The NPs also spent time sitting in with GPs during surgeries and had the opportunity to see patients under direct GP supervision.

In the second 2 weeks the NPs conducted independent surgeries with GP support. Their 20-minute appointment times were gradually reduced, over the 2 weeks, until they were consulting with patients in 10-minute time slots. To ensure appropriate case selection, and safety, NP appointments were preselected by GP triage. Initially all cases were discussed with a nominated GP and as the week progressed, dependent on the NP's ability, this arrangement was scaled back to only problem cases.

Challenges Faced:

1) Practice Based Challenges

There was some initial resistance from GP team members, and practice staff, who were unclear of the benefits of working with NPs and their role in primary care. This was remedied by demonstrating the benefits, through a Q&A session and focused answers to specific concerns, and the change process being made inclusive. The initial cohort was also kept quite small to minimize any possible disruption to service delivery. Few patients had any objections in consulting with the NPs, a finding that was mirrored by the experience of NPs working out of hours.

2) Resource Challenges

In developing the initiative one of the main difficulties encountered was funding. Due to financial constraints there was little available from NHSG. I realised that both G-meds and the 2C general practice I was working in, were both under the same NHSG funding umbrella. Consequently, I managed to negotiate a quid pro quo arrangement between the practice and G-meds. The practice would provide training as outlined above and receive, in return, an equal number of service provision hours from a qualified and experienced NP in payback. This payback method proved popular for both parties and provided further exposure for the 'payback' NP in daytime general practice.

Current Progress of NP training initiative:

Since its inception, in March 2011, several cohorts of NPs have rotated through the program. Due to its success it has now been incorporated as part of the standard NP training program.

Expansion of training role:

Paramedic practitioners have also been incorporated into the GP supported training initiative with identical benefits.

Replication of the system:

The initiative began at Northfield medical practice and has subsequently been replicated successfully at Denburn medical practice in 2012-2013. Due to this success, and the expanding numbers of nurse practitioners, it is planned that other practices will be recruited using this model. In turn, this collaboration between Gmeds and daytime General Practice is hoped to be part of re-engagement of GPs back into out of hours care.

Evolution of the NP training Initiative: Dual Role Joint Post

Through the GP supported NP training initiative, the mutual benefits of working across dual roles, in out of hours and daytime general practice, has been highlighted. To capitilise further, a progression is underway in a dual role post between G-meds and the practice. This will take the form of the recruitment of a nurse practitioner to work a fixed number of hours in daytime practice and also out of hours. This will have an innovative funding structure, with Gmeds and NHSG being the contractual employer and the GP practice providing monetary repayment for the hours provided with reductions applied in respect of training provided by the practice. This initial dual post is planned to start in September 2013 for a period of 12 months. The practice is the first and only in Grampian to have negotiated such a post in partnership with NHSG and G-meds.

Realised Benefits of the GP Supported NP Training Initiative and Dual Role NP Post:

1) *Enhanced NP performance and timekeeping skills.*

It is known that clinicians will generally increase consultation times to fill the available time in an open system. In working solely in the OOH setting it was difficult for NPs to develop timekeeping during clinical encounters, as consultation times were open with no definitive prescribed time limits.

In working to timed surgeries during their daytime general practice training, NPs were able to safely reduce there consultation time for lower challenge cases such as sore throats, pyrexial children, gastroenteritis, chest infections, back pain etc. In turn, this increased their efficiency and output when returning to work in the out of hours setting, increasing speed of patient turnover and also increasing their financial viability for NHSG. The true cost benefit of an NP can only be realised if they consult at 10 minutes. As they cost approximately 50% less than a salaried GP, if they were to consult at 15-20 minutes, there would be no cost benefit and employing an NP could potentially a false economy.

There were also a number of other benefits realised with NPs having awareness of what could be offered in daytime general practice and what cases could be safely referred back to the daytime GP the next day. They felt they were less likely to admit 'social cases' after seeing what care could be offered during daytime practice.

2) *Re-engagement of daytime general practice with the local out of hours service.*

Another benefit of the scheme was the re-engagement of the practices involved in the scheme with their local Grampian out of hours service. Due to working in close proximity with the NPs a mutual respect developed between the clinicians with a general increased understanding of each others roles and a general increase in goodwill. The GPs commented on a feeling of increased ownership of the local out of hours service

3) *Increased pool of skilled nurse practitioners able to work in dual roles.*

The training initiative has increased the number of experienced NPs able to work both in and out of hours. This is in keeping with the medical director's vision for the development of unscheduled care in Grampian and the plan is other practices will be recruited using this pioneering model.

4) *Continuity of clinical care and reconnect between daytime and out of hours care.*

A large disconnect between out of hours general practice and daytime practice has been evident since the introduction of the new contact. This has been compounded, year upon year, by the increasing administrative and bureaucratic load of continual revisions of the quality and outcomes framework, leaving most daytime GPs little time to work out of hours. GP trainers have now also been absolved of registrar supervision during their out of hours training, with salaried out of hours GPs and NPs taking on this role. With the introduction of the NP training initiative and subsequent dual role, NPs will become the main clinicians working both in and out of hours. This will serve to reconnect daytime and out of hours general practice, reestablish continuity of care between out of hours and daytime, and also maintain clinical care standards between both.

5) *Quid pro quo payback model.*

With overspends and money being a limiting factor for most NHS initiatives, the payback model, that has been established, is innovative and ensures propagation of the initiative independent of the financial climate. It has proved popular to both parties. The practice was able to organise advance scheduling of the payback service provision to cover projected busy periods, such as over the wintertime.