

GPN Education 2016/17 *Health Education England*

Chris Sykes – Strategic Development Lead



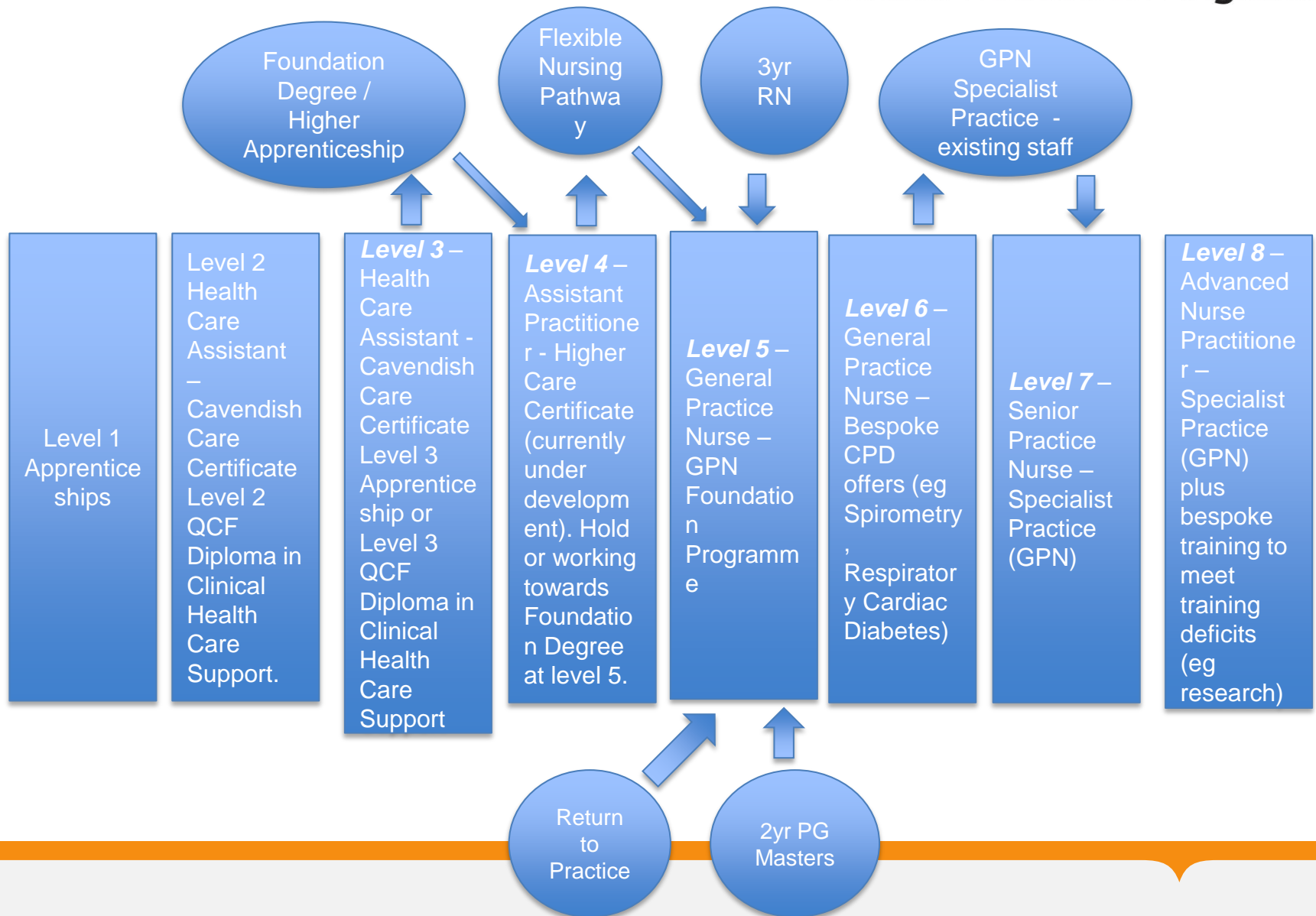
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Background

- Workforce issues identified in Primary Care for some time – mature workforce, high number of imminent retirements, difficulty recruiting new staff.
- Lack of career opportunities and inconsistent promotion pathways.
- Inconsistencies in training support – release and funding for training.
- Lack of resources in some areas.

GPN Education & Career Framework 2015



Bands 1-4 – Talent for Care Programme

- **Get In:**
 - volunteering
 - health care ambassador work
- **Get On:**
 - Apprenticeships – funding changes from May 2017
- **Go Further:**
 - foundation degrees
 - higher apprenticeships – including possibility of nursing
 - nursing associates – to be piloted in 2017

Pre-registration Nurse Training

- Traditional three year pre-registration programme
- Flexible Nursing Pathway:
 - 18 month APEL via health and social care foundation degree plus 18 month training programme.
 - Training comprises 2 days per week as a student nurse and 2.5 days per week as an HCA with self directed study up to 14hrs per week.
 - Being piloted in 2 GP practices currently.
- Accelerated Masters programme (2yrs) for those with an existing degree plus care experience to meet NMC competencies

Summary information on pre registration nursing placements by WP area



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WP	Total Practices	Active Practices	%	In development practices	No. of active Mentors (across system)	Students placed 2015/16	Students timetabled Aug 16 – Jan 2017
C&P	105	18	17%	22	10	26 (8% of 2015 total adult nursing commissions n= 296 Inc 3 OU placements)	16 - 3 long placements - 12 short - 1 OU student NB 1 management placement scheduled for May 17
Beds & Herts	TBC	TBC	TBC	TBC	TBC	22	TBC
Essex	271	16	6%	0	17	33 (15 practices) Feb 15 – July 16	16 (13 practices)
Norfolk and Suffolk	192	20 (N) 12 (S)	16%	5 (N) 10 (S)	19 (N) 7 (S)	11 (N)	12 20 Paramedics

Position as at Aug 2016 – some data incomplete

Post-registration (CPD)

- Overall budgets slightly reduced with investment priorities aligned to STP priorities.
- Top sliced budgets to support Primary and community Care - linked to education and career framework.
- Allocations split to support STPs – NSWP 60:40 split
 - Diabetes training for North East Essex.
 - Health Coaching – 20 places per CCG (Norfolk and Suffolk).

Newly Qualified Offer



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- Provision of a named preceptor from day one.
- Preceptor training available via e-learning package.
- Preceptorship packs available to support preceptor and preceptee.
- Access to an e-learning leadership programme (Edward Jenner Programme). Initial modules free of charge.
- Access to a network of other newly qualified practitioners (Norfolk, Suffolk and NE Essex).
- Access to CPD training appropriate to the needs of newly qualifieds within an integrated health and social care cohort (no additional costs) – Norfolk, Suffolk and NE Essex.
- Access to an e-learning programme to support preparation for NMC revalidation (at no additional cost).

GPN Foundations Programme

- Regional programme delivered.
- Intention to support transition of nurses new to Primary Care.
- Core clinical skills covered (theory and practice elements).
- Overview of contemporary Primary Care (eg 5 Year GP View).

Mentorship Training

- Needs NMC approved mentorship programme to assess students.
- Needs NMC approved sign-off mentorship for Specialist Practice and final placement students.
- Does not need an accredited programme (more expensive).
- Coaching based learning ethos.

GPN Advanced/Specialist Practice

- Intention for a Regionally agreed programme.
- To include Holistic/Advanced Assessment and Non-medical Prescribing.
- To support Advanced Practice in Primary Care.
- 2 year fully funded programme.
- Minimum 1 day per week release.
- Some mentorship elements required (particularly for NMP).

What's Missing????

In your groups think about the education offer we discussed and consider:

- What are the gaps in provision?
- What are the workforce needs of the future service (including new models of care)?
- How could our existing workforce be used differently?

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