

Economic assessment of a Practice Nurse training project team

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Group (CIC) 25.2.16

Introduction

- The aim of this economic assessment is to demonstrate value in a project from the perspective of the PCT (which became the CCG) which has invested in a team of Nurse educators to work in General Practice settings.
- The value has been calculated as:
 - 1. A beneficial cost investment to improve patient care and access to care by training and recruiting new Practice Nurses at a time when Practice Nurse numbers are due to fall in the next 5 years . (QNI report 2016)
 - 2. A demonstration of the cost effectiveness of employing Practice Nurses where they are trained to a level that enables GPs to hand over parts of their workload safely knowing that the nurses have the skills and ability to manage those patients competently. (Cost effectiveness analysis.)
 - 3. The financial beneficiaries of the funding are the practices who provide the service, but also more importantly the patients who receive the improved service.

How do patients benefit from Nurse led care in General Practice?

- Cuckoo Lane surgery in Hanwell, NW London has demonstrated that by inverting the GP : Nurse ratio 20% GPs, 80% nurses the service provided to patients can be excellent. It is one of only 2 GP out of 39 GP practices with published reports in England to be given an outstanding CQC rating. See <http://www.ealingccg.nhs.uk/news/cuckoo-lane-surgery-in-hanwell-rated->

What research evidence is there of patient benefits?

- A high level of nurse staffing (fewer patients per full-time equivalent practice-employed nurse) was significantly associated with better performance in 4/8 clinical domains of the QOF (chronic obstructive pulmonary disease, coronary heart disease, diabetes, and hypertension, $P = 0.004$ to $P < 0.001$) and in 4/10 clinical outcome indicators (diabetes: glycosylated haemoglobin [HbA1C] $\leq 7.4\%$, HbA1C $\leq 10\%$ and total cholesterol ≤ 193 mg/dl; and stroke: total cholesterol ≤ 5 mmol/L, $P = 0.0057$ to $P < 0.001$).
- Conclusion: Practices that employ more nurses perform better in a number of clinical domains measured by the QOF. This improved performance includes better intermediate clinical outcomes, suggesting real patient benefit may be associated with using nurses to deliver care to meet QOF targets.
- Peter Griffiths, Trevor Murrells, Jill Maben, Simon Jones, Mark Ashworth, Nurse staffing and quality of care in UK general practice: cross-sectional study using routinely collected data, British Journal of General Practice 1 Jan 2010.

Issues that drove the project investment in 2007

- Shortage of well trained PNs in Tower Hamlets
- Increasing number of people moving into the Borough (Public Health Report 2006-16.)
- Extremely high rates of chronic disease especially heart disease, COPD and diabetes
- Severe problems with patient access to GPs (Mori Poll 2007) showed Tower Hamlets poorly performing compared to other English Primary Care Trusts. (Patient access has continued to be a challenge, given current difficulty with recruiting into GP posts in Tower Hamlets.)

Set up of the project

- In 2007 Tower Hamlets PCT commissioned the current manager (the author of this presentation) to research effective recruitment and training programmes which would attract new Practice Nurses (PNs) into the Borough.
- Training for PNs had previously been haphazard and the idea of a formal 2 year degree programme was welcomed.
- Local research showed that there was no time for training as senior Practice Nurses were overloaded due to staff shortages.
- To deal with these barriers and make transition from hospital to General Practice Nursing safe and attractive a new team was established. The role of Clinical Mentor was created to deliver clinical training on site and facilitate an Action Learning Group.

Forming a new team

- The team comprised
 - **One Manager (Band 8a)** to lead the team and deal with advertising of PN posts, commission the assessments (for applicants), link prospective new PNs with prospective training practices and support practice teams during and after recruitment. Responsibilities include commissioning and directly delivering programmes for Practice Nurses and other staff, e.g. HCAs, undergraduate nurse students, Care Home staff and support for independent prescribers from Trust and GP settings etc.

Forming a new team

- **Clinical Mentors (band 7) - a new role.** Visit PNs weekly year 1 and fortnightly year 2, working with patients on site and reporting on learning progress to practice team.
- All Mentors are very experienced PNs.
- One Clinical Mentor manages the weekly Action Learning group.
- All Mentors also have extended roles working with HCAs, Undergraduate nurse students, Care Home Staff and newly trained independent Nurse prescribers.

Key aspects of the Practice Nurse programme

- Central advertising using NHS Jobs for AfC aligned posts in General Practice
- Use of Occupational Psychology company to assess and interview applicants
- ‘Speed dating’ event to link practices with vacancies to applicants
- Standardised contract and Service Level Agreement for all trainee PNs
- HR support for practices.

Delivery of training

- Clinical Mentors deliver training which runs in tandem with the University course (a 2 year degree / post graduate Diploma in Primary Care (Practice Nursing) delivered by City University London
- This enables work based learning which is embedded in clinical practice as academic learning progresses
- The training was independently evaluated by London South Bank University staff and found to be highly effective, speedy **and safe**. (Blunt, C., Griffin, R., Evaluating the effectiveness of a Practice Nurse Development Programme in Tower Hamlets, London. Journal of Nursing Education and Practice, 2013, Vol. 3, No. 10)

A robust theoretical course to underpin skills development

- The programme syllabus reflects the needs of the local population as it was designed to reflect the Public Health priorities in Tower Hamlets.
- University modules commissioned included Diabetes, Asthma / COPD and Coronary Heart Disease management in Primary Care, as well as Cervical cytology screening, immunisation and ear care.
- Further study modules are designed to broaden clinical skills and understanding of public health nursing issues.

Opening doors, developing people: our first graduates in 2010, City University London



CCG investment per practice

January 2014-January 2016 (all salaries include on costs @ 22.5% and are uplifted by 2.5% in year 2)

- Recruitment costs (year 1 only) for 7 nurses = £9991 for recruitment of 7 nurses, i.e. £1427 per practice.
- Salary costs Manager (0.8 WTE) = £48171 per year with 50% of time attributed to programme divided by 7 including 2.5% uplift for year 2 = £6968 per practice.
- Salary costs for Clinical Mentors is WTE £57950 per year. 4.5 hours per trainee per week in year 1 = 6954 and 2.25 hours per trainee per week in year 2 = 3477 + 2.5% uplift in year 2 = 3564. Total per practice = £10518.
- Travel expenses for staff £1269- (actual for 2014-15) + £1269 for year 2 plus 2.5% = £1301 = £2570 divided by 7 = £ 367 per practice
- CPD expenses per year = £600 divided by 7 = £86 per practice
- **Total CCG costs = £19366 per practice, or £135,562 for 7 nurses for the whole 2 year programme.**

Cost benefits (2014-16) per practice for hosting Practice Nurses on the training programme

- Costs are calculated per practice and are for 2014/16.

- **Recruitment**

In the absence of this programme practices recruiting via professional journals would spend approximately £3000 per practice.

- **Training**

Cost saving on time spent training per practice 3.5 hours per week x 40 weeks of the year @ £20 per hour= £2800 per year in year 1 and £1400 in year 2, assuming Band 6 (point 26) salary and including 22.5% on costs: £4,200 per practice.

- **Salary costs**

Income generation from Health Education England grant to practices training PNs: £38,000 per practice over the 2 year period.

- **University costs**

Health Education England provides university degree course at City University which costs £9,000.

BENEFITS TO PRACTICE OF BEING ON THE PROGRAMME TOTALS £54,200

- This offsets salary costs of £25,783 (band 5 point 21) x 2 plus 20% Higher Cost allowance plus 22.5% on costs = **£75,802**. Note this is for a 2 year fixed term contract therefore no uplift in year 2.

The actual cost to practices taking part in this programme is £26402 (which is the salary for nurses on the Open Doors programme.).

Notes All cost benefits assume that if the practice was not employing a nurse on the programme they would have to meet these costs as they would be recruiting and training a practice nurse to fill a vacancy.

Benefits to General Practice teams and the local health economy

- Trained Practice Nurses release appointments for GPs to improve access figures and reduce pressure on GPs, senior Practice Nurses with extended roles (e.g. Independent Nurse Prescribers and Family Planning specialist Nurses.)
- This project has effectively recruited and retained staff (38% of staff trained over last 7 years are still working in Tower Hamlets.)
- Training staff to manage multiple long term conditions enables patients to be treated closer to home in a patient centred manner (DOH Five Year Forward plan.)

Practice Nurses trained on our programme have made a significant impact on:

- The uptake of MMR vaccinations
- Diabetes care,
- Asthma and COPD care
- immunisations and vaccinations,
- breast cancer screening and
- access to primary care

The training the Practice Nurses receive is designed to meet these population needs and can have a significant impact on care.

Report: Transforming primary care in Tower Hamlets- A story of collaborative success as a precursor to broader integration. June 2014, Copyright © McKinsey & Company.

http://www.carnallfarrar.com/wp-content/uploads/2014/11/ZZB544-Tower-Hamlets-Transformation-White-Paper_20140618_EYAvo4a12.pdf

Establishing a primary care training team for Practice Nurse training and recruitment Open

Doors project, Tower Hamlets, London.

INPUTS: Direct

Set up if no team exists

Mentor team recruitment
£4000 for advertising in specialist journal and pay for panel. Time for interviews.

Running/ operational

Costs for team 2014 -16 including manager 0.8 WTE and Clinical Mentors salaries 1.68 WTE . On costs included at 22.4 % and year 2 uplifted by 2%. Other costs inc travel and CPD. Office costs paid by CCG. Total costs for 2 year training programme (7 PNs) = **£135,562.**

INPUTS: Indirect

Set up

HR support and line Manager.

Running/ operational

Office costs for Manager 15/16 provided by CCG e.g. photocopying, phones, IT, office supplies etc. Real cost for non NHS up to £8,000 per year per person / desk

ACTIVITIES AND OUTPUTS

1. Recruitment

Manage the attraction of high quality motivated staff into Tower Hamlets via advertising and sharing success of programme. Short listing and assessment of PN applicants to vacancies in GP practices. Provide HR support including DBS and OH checks for recruits.

2. Support for employers

Ensure correct HR procedures followed during recruitment process and for the duration of the 2 year contract. Cost benefits to practice teams: the programme delivers £54,200 worth of training and the practice contributes £26,402 per Practice Nurse for the 2 year period.

3. Training and supporting practice nurses

Visits for on-site training and Action Learning Group to consolidate University programme learning and ensure safe and effective practice.

GROUPS TARGETED

Commissioners of General Practice services e.g. CCG leaders, regional work force development managers, regional Health Education England commissioners. Also GP leaders e.g. Local Medical Committees who are concerned with high quality staff training in GP settings.

Leaders involved with Clinical Governance and quality who need to ensure that staff are providing safe and effective care for patients.

HEIs (e.g. City University) as partners in delivering the educational programme.

Cost benefits to practice teams: the programme delivers £54,200 worth of training and the practice contributes £26,402 per Practice Nurse for the 2 year period.

OUTCOMES

High quality holistic care for patients by staff who are trained to work independently.

Improved self care for complex patients due to specialist training in chronic disease management. Supports the DOH agenda of moving care closer to home. Practices able to extend their service and release time pressure on GPs.

Reduced training pressure on practice nurses already in post, as main teaching load is carried by the visiting Mentor.

Financial benefits at a time when there is an acute shortage of GPs: Assuming a 17.2 minute consultation with a GMS partner compared to a 20 minute consultation for a Band 5 Nurse, the cost is £17.67 for a band 5 nurse and £67 for a GP, a difference of £49.33 per consultation. If a nurse did 10 consultations a day for 300 days a year instead of the GP the cost saving per year = £147,990 per year. Source: PSSRU 2014.



Evidence of programme value

(Blunt and Griffin, Journal of Nursing Education and Practice, 2013, Vol. 3, No. 10)

"It is an effective way to develop practice nurse posts. Doing it this way means both nurse and practices have to commit fully and both are aware of the commitment. Therefore staff retention is better and drives up the quality of care for patients." (Senior Practice Nurse)

"It's all the clinical skills and knowledge that I need in my daily work." (Open Doors nurse)

"I mean at the end of it I think it's produced a very good practice nurse ... the training is certainly an effective way of producing practice nurses". (GP)

"It's very effective ... the opportunities - having access to all the courses and education and the mentoring system to then be able to back up the education side in practice has been invaluable." (Open Doors nurse)

• Evidence of programme value (Blunt and Griffin, Journal of Nursing Education and Practice, 2013, Vol. 3, No. 10)

“I had friends who got into practice nursing without doing Open Doors or anything like it. They’ve had a completely different experience and they’ve actually left practice nursing.” (Open Doors nurse)

“More appointments are available for patients, because you have that additional nurse which makes a big difference. You could have another thirty makes a big impact on the appointments each day that they are here. It patient service I think.” (Practice Manager)

*“I know that they have the theoretical element but then it’s the application of it. I think the **mentoring aspect** also – I thought gave the nurse the support and confidence that she needed to then gain our confidence in following through with what she was learning.” (GP)*

*“Once she’s completed a module it gives us confidence that she can work in that area ... **that she’s safe working** in those areas like child immunisation and diabetes care.” (GP)*

Why should CCGs invest in the programme?

1. Recruitment –

- the programme has attracted high quality staff from outside of London (inc Plymouth, Southampton and Edinburgh)
- It has helped Tower Hamlets to be a beacon of excellent in Practice Nurse training.
- The programme is nationally known because of the following publications:

Why increase investment in the programme?

2. Retention

- Our specialist training unit has enabled Practice Nurses to move confidently into practices where they are the only nurse.
- Of 40 people who have completed their Practice Nurse training only 2 have returned to hospital posts
- 15 are currently working in THCCG practices
- 5 people we have trained are now lead nurses
- 10 new nurses are in training (started Feb 15 and Feb 16)
- 33% of Tower Hamlets practices have at least 1 permanent staff member (Nurse) currently in post recruited via the programme.

Sustainability and relevance to others

- Tower Hamlets CCG is currently funding programme and all costs, which will rise by approx 2% per year over next 2 years.
- The Five Year Forward View (NHS England, Oct 14.) wants prevention of disease, care closer to home and more flexible working across primary and secondary care, the graduates from this programme have the skills and attitudes that will facilitate this.
- Benefits to practices include Health Education England bursaries which may not continue in future but are driven by a clear HEE Mandate to recruit more Practice Nurses.

Health Education England North Central East London Priorities

- HE NCEL's workforce of the future (the majority of whom are already employed) will need to learn **new technical and clinical skills** to ensure that new procedures and technologies can be effectively deployed.
- **They will increasingly need to work within primary care settings or patients' homes, and will need good diagnostic and risk assessment skills as well as the ability to work autonomously. They will need to learn to coach and equip patients and carers to be able to improve the way they manage their own conditions.**
- Above all the workforce will need to be caring and put the patient first.
- Reference: Workforce Skills and Development Plan Health Education North Central and East London (2013-18)

Summary

- Salary costs of nurses switching from hospital to Practice Nurse posts are currently generously funded by HENCEL in order to meet their strategic priorities of moving care out of acute settings into the community, but this will not continue indefinitely, making the investment in Practice Nurse training urgent and important.
- The programme described in the presentation enables staff to be recruited and retained effectively in Tower Hamlets with low attrition rates and high quality nurse training preparing clinical leaders of the future.
- It is essential that nurses are trained to a very high standard so that there is a real shift of an appropriate work load from the GP to the nurse.
- We cannot be complacent: in the QNI survey of 3,405 nurses, representing approximately 15% of the entire GPN workforce in the UK it was found that 33.4% of General Practice Nurses are due to retire by 2020
- 43.1% did not feel their nursing team has the right number of appropriately qualified and trained staff to meet the needs of patients (General Practice Nursing in the 21st Century: A Time Of Opportunity, QNI Edited by Matthew Bradby and Chloe McCallum. Copyright: The Queen's Nursing Institute 2015)

- This case study was completed by Vicky Souster, Education and Development Manager, Tower Hamlets GP Care Group CIC Open Doors team (an arm's length provider of training funded by the CCG) in June 2016.
- Vicky successfully completed a collaborative learning programme designed to empower nurses to understand, generate and use economic evidence to continuously transform care. The programme was delivered by the Royal College of Nursing and the Office for Public Management, funded by the Burdett Trust for Nursing and endorsed by the Institute of Leadership and Management.
- You can contact Vicky by email vicky.souster@nhs.net.

Nationally published articles relating to the programme

- Julia Dennison., 'An Open Doors policy' (Case study), Commissioning Success 2013, issue 08, p26-29; IMS
- Steve Ford 25 July 2013; 'Praise for Tower Hamlets practice nurse training programme', Nursing times.
- Souster, V., (2013) 'The Open Doors practice nurse development programme' Independent Nurse, 2 September 2013, pp34-35. MA Healthcare Ltd.
- Christine Blunt, Richard Griffin: Evaluating the effectiveness of a practice nurse development programme in Tower Hamlets, London. Journal of Nursing Education and Practice, 2013, Vol. 3, No. 10)