Induction Pack

Barnet Primary Care







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1. Introduction

Welcome to Barnet Primary Care. We are evolving and attracting new roles to Primary Care. You will play a vital role in the collaborative working we are continually aspiring towards. Having the right people with the rights skills allows us to have a successful organisation. Patient safety is at the heart of our organisation. Primary Care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS.

We have developed this induction pack to provide you a streamlined start in primary care and should provide you the initial information you may require to work with us comfortably.

- a. NHS constitutional values
- Working together for patients
- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Everyone counts

Further details of the NHS values can be found here: <u>https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england</u>

b. Structure of primary care i. Training Hub

Barnet Community Education Provider Network (CEPN) was launched in 2014 to improve the health, wellbeing and care available to people in Barnet through strengthening the health and care workforce. We receive funding from Health Education England (North Central and East London) to deliver against the priorities of the North London Sustainability Transformation Partnership, covering Barnet, Camden, Enfield, Haringey and Islington. We also work closely with the CCG and with the Public Health Team in Barnet. We became Barnet Primary and Community Care Training Hub in 2019.

Barnet Primary and Community Care Training Hub's vision is that the patient is the focus of all our activities and that we work collaboratively across all boundaries and have a shared vision of improving the value of educational training in clinical and social care to the population of Barnet. We will be a responsive organisation, that has a clear focus on patient outcomes and patient experience delivered efficiently and sustainably, an integral part of the community, who listens to the workforce and acts proactively. Every member of the workforce will be respected and empowered to fulfil their potential as we believe that a valued workforce delivers excellent care.

Please see the video link below for further information regarding Training Hubs: <u>https://www.youtube.com/watch?v=exlqJiBmouo&feature=youtu.be</u>

ii. Federation

A GP federation is a group of practices working together within a legal form or organisational entity (definition from British Medical Association). The movement for GPs to federate has grown over recent years as a way to strengthen the capacity of practices to develop and tender for services,

particularly out of hospital care services. It has also been encouraged to achieve greater economies of scale within primary care services – for example through shared back-office functions, training and development capacity.

Barnet Federated GPs CIC is an organisation consisting of 52 general practices in the London Borough of Barnet covering approximately 400,000 patients. The company was first formed in November 2015 through the coming together of GP surgeries in all 3 localities within Barnet (North, South and West). Board members were elected through their respective localities to represent the whole of Barnet.

iii. NCL CCG

North Central London Clinical Commissioning Group (NCL CCG) was formally established in April 2020, bringing together five north London boroughs – Barnet, Camden, Enfield, Haringey and Islington. NCL CCG is a clinically-led and member-driven CCG with the 201 GP practices across Barnet, Camden, Enfield, Haringey and Islington making up our membership.

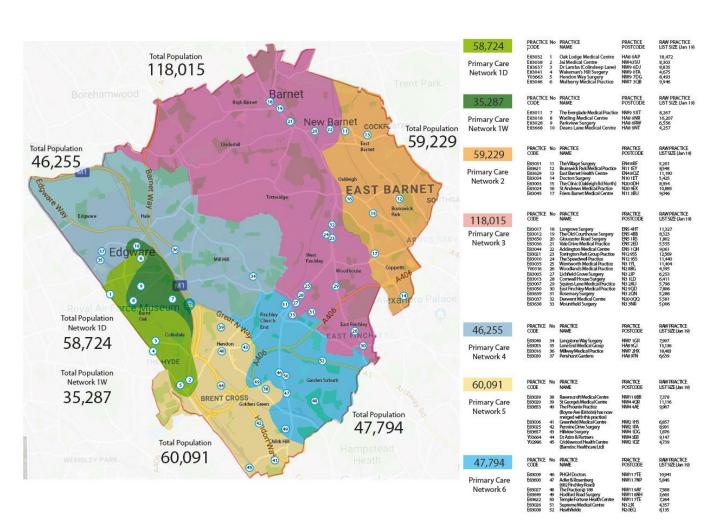
To help shape our plans we listen to all the information shared with us from the people who use the services we commission and the many dedicated professionals who work to deliver them. We ensure the local patient, resident and clinical voice in the commissioning and delivery of health and care services, by working effectively together at all levels of our system.

iv. PCNs

A Primary Care Network (PCN) is a group of GP practices working more closely together, with other primary and community care staff and health and care organisations, providing integrated services to their local populations.

From April 2019, individual GP practices have been be able to establish or join PCNs covering populations of between 30,000 to 50,000 (with some flexibility). A DES (directed enhanced service) supports the development of PCNs and covers a number of areas, including funding for the provision of additional workforce and services that the PCNs are required to provide.

There are 7 PCNs in Barnet named as PCN1W, PCN1D, PCN2, PCN3, PCN4, PCN5 and PCN6. Each led by Clinical Director(s). Please see the map of PCNs in Barnet below.



Please see the following video link for further information about PCNs: <u>https://www.youtube.com/watch?v=W19DtEsc8Ys</u>

c. PCN Clinical directors and Barnet Clinical leads

• Network 1D

- o Clinical Directors: Dr Narishta Sebastianpillai and Dr Swati Dholakia
- Population: 58,724

• Network 1W

- o Clinical Director: Dr Aashish Bansal
- Population: 35,287

• Network 2

- Clinical Director: Dr Claire Hassan
- Population: 59,229

• Network 3

- o Clinical Directors: Dr Nufar Wetterhahn and Dr Alexis Ingram
- Population: 118,015

• Network 4

- o Clinical Directors: Dr Kavel Patel and Dr Sharif Anwar
- Population: 46,225

• Network 5

- Clinical Director: Dr Nayeem Azim
- Population: 60,091

• Network 6

- Clinical Director: Dr Luisa Pettigrew
- Population: 47,794

Barnet Clinical Leads

- Borough Medicines Optimisation Clinical Lead: Aashish Bansal
- Borough Children & Young Persons Clinical Lead: Joanna Yong
- Borough Mental Health Clinical Lead: Louise Miller
- Borough Adults /LTCs /Prevention Clinical Lead: Nick Dattani
- Borough Frailty, Dementia & Community Services Clinical Lead: Nick Dattani
- Borough Primary Care Development Clinical Lead: Amit Shah
- Borough Urgent & Emergency Care Clinical Lead: Barry Subel

2. Training modules

a. Module list

You are required to complete e-learning training modules. Please contact your employer to obtain a full list of mandatory modules specific to your role. See the provisional list of advisable modules to complete below.

- Equality & Diversity
- Fire Safety
- Basic life support
- Infection prevention and control
- Handling information
- Basic prevent awareness
- Privacy
- Coronavirus

b. Online training platforms

Please use the online platform e-Learning for Healthcare <u>https://www.e-lfh.org.uk/</u> to complete the training modules. You will be required to register your details to obtain access to the e-learning programmes.

Alternatively, your employer may advise and register you with Blue Stream Academy. https://www.bluestreamacademy.com/. This is an alternative e-learning platform.

3. IT Training

a. EMIS Web

EMIS Web is the clinical IT system used in GP practices in Barnet. In primary care it is the most widely used clinical system. Learning to use EMIS is an essential part of the introductory process into your role. Please view the following videos via the links below for a general overview of using EMIS. To arrange a virtual training session once you have started in your place of work please contact agnes.rieu1@nhs.net.

Your workplace will set up your login details once you are on-site and as part of the checklist seen in section 4 below.

Getting started with EMIS Web:

https://videos.sproutvideo.com/embed/e89ddfbd131ce6c860/fcab08378062bd41?bigPlayButton=fa lse&playerTheme=dark&playerColor=2f3437&autoPlay=true

An introduction to consultations:

https://videos.sproutvideo.com/embed/d49ddfbd151ce3c05c/7149ff20f279c295?bigPlayButton=fal se&playerTheme=dark&playerColor=2f3437&autoPlay=true

b. AccuRx

AccuRx is an IT system that allows you to send SMS messages to patients and complete video consultations. This system is integrated with EMIS Web. Please see the links below for further information about AccuRx and demonstrations on how to use it.

https://www.youtube.com/watch?v=BQ0n7FXU_zM

https://support.accurx.com/en/articles/3776579-how-to-do-video-consultations-with-your-mobileat-a-gp-practice

https://www.youtube.com/watch?v=vz7VIPq5vzQ

https://www.accurx.com/

c. Docman 10

Docman 10 is an IT system that is used to access patient letters and documents. This system is also integrated with EMIS Web. Please see the links below for more information about Docman 10 and how to use it.

https://help.docman.com/knowledge-base/video-help/

https://www.docman.com/docman10/

4. Local induction checklist

Please note that not all areas may be applicable to your role. Please go through this checklist with your employer or line manager.

About the practice	Tick
Background of the practice	
• History of the practice, e.g. date the practice was set up, recent or	
future changes	
Mergers with other practices	
Number of sites	
 Dispensing/non-dispensing 	
Training/non-training practice	
Operation of the practice	
 Opening/closing procedures of the practice 	
 Signing in/out process 	
Door codes for access	
Out-of-hours services	
Practice profile	
Number of GPs	
 Number of GP trainees (for training practices) 	
List size	
Patient demographics	
 GPs with a special interest (GPwSI) 	
Nurse practitioners/practice nurses	
 Trainee nursing associates/nursing associates 	
Healthcare assistants	
Phlebotomist	
Non-medical prescribers	
 Reception and administrative staff 	
Practice manager	
Local pharmacies	
Care homes	
 Associated staff – district nurses, community matrons, school 	
nurses, new roles etc	
Staff direct reporting line	
Contact details of line manager	
Contact details of your supervisor	
Tour of the practice including bathroom facilities and tea room	
Location of fire extinguishers, fire escapes & assembly point	
HR/Personnel	
Personnel administration	
Job description	
Hours of work/Salary/Payment/Tax	
Performance review	
Collection of documentation as per letter of offer as required by the	
practice, e.g. passport, bank details, ID, etc	
Disclosure & Barring service (DBS) check	

Personal cover/Indemnity cover

Clarify scope of cover provided by the practice

Leave and absences

Practice absence reporting procedure, i.e. who to contact when you are

unwell or absent

Procedure for booking leave (annual and study leave) and arranging

maternity/paternity leave

Policies and procedures

How/where to access policies and procedures

Staff code of conduct and dress code policy

Mobile phones and use of internet policy

Safeguarding lead, policy and procedures

https://www.barnet.gov.uk/adult-social-care/keeping-safe/adults-multi-

agency-safeguarding-hub-mash

https://thebarnetscp.org.uk/bscp

Review of Caldicott principles and practice privacy policy

Confidentiality agreement

To ensure confidentiality at all times, only releasing confidential information obtained during the course of employment to those acting in an official capacity. Read NHS Confidentiality Policy: <u>https://www.england.nhs.uk/wp-content/uploads/2019/10/confidentiality-policy-v5.1.pdf</u>

Data protection training

Read NHS Data Protection Policy

https://www.england.nhs.uk/wp-content/uploads/2019/10/data-

protection-policy-v5.1.pdf

Practice policy on equal opportunity and sexual harassment

Valuing diversity

The organisation will adhere to, and is committed to, all legislation relating to equality and diversity. All staff must act in ways that are in accordance with legislation, policy, procedures and good practice relating to equality and diversity. This includes ensuring that they do not discriminate against others in relation to their race, disability, gender, sexual orientation, age and religious belief, and promoting equality of opportunity in relation to employment and service provision.

Practice policy on accountability

Health service providers are accountable to the criminal and civil courts to make sure their activities meet legal requirements. In addition, employees are accountable to their employer to follow their contract of duty. To be accountable, practitioners must have the ability to perform the activity or intervention, accept responsibility for doing the activity and have the authority to perform the activity, through delegation and the policies and protocols of the organisation.

All practitioners must ensure that they perform competently and that they do not work beyond their level of competence. They must inform a senior member of staff when they are unable to perform competently.

Practice procedure to raise concerns (freedom to speak)	
What to do in the event of an incident or injury	
Identify how to access the panic alarm	
Practice policy on lifting heavy objects	
Practice policy on smoking, drugs and alcohol	
Policy for violent situations in the workplace	
How to handle non-medical emergencies e.g. fire	
Protocol for dealing with medical emergencies and location of emergency	
equipment/medication	
Practice administration	
Introduction to other staff members	
Reception/administration staff	
 Roles and responsibilities 	
 Days of work if part time 	
How to handle incoming and outgoing correspondence	
The process for communication within the practice	
(tasks/notifications/emails)	
Set up of e-mail account (nhs.net or GP practice account)	
Telephone procedures	
Making calls/receiving calls	
 Transferring calls 	
 Practice policy for leaving voicemail messages for patients 	
The frequency of and procedure for staff meetings	
Schedule of practice/patient engagement forums/meetings	
Information regarding relevant education/training available to clinical staff	
including any protected learning time events	
Computer Administration	
Information about privacy, confidentiality and security issues	
Allocating the appropriate passwords and permissions	
 Desktop login 	
Smart card access	
How to lock the computer and activate screensavers	
Training on GP clinical system including appointments system, pathology	
system and any other relevant system	
Details of GP practice intranet (if available) or shared drive and GP practice	
website	
Introduction to local online resources – prescribing policies, guidelines and	
formularies from local CCG or area prescribing committee	
Patient Management	
Patient management policy	
Patient rights	
 Treating patients with courtesy and respect 	
Dealing with difficult patients	
Translation services	
The process for handling results, reports and clinical correspondence	
Information about the practice recall and reminder system	
The practice security policy for prescription pads and computer-generated	
prescription paper, letterhead, medical certificates, medications, patient	
health records and related patient health information including accounts	
· · · · · · · · · · · · · · · · · · ·	

Prescribing protocol

- Repeat prescribing •
- Repeat dispensing •
- Electronic prescription services
- Policy on use of medicine compliance aids/monitored dosage systems

Administration of community pharmacy services

- Prescription collection & delivery •
- Maintain good communication with community pharmacy team regarding new services available

Ordering and undertaking patient monitoring tests

Infection Control

Practice policy and national guidelines on personal protective equipment (PPE)

Location of PPE in the practice

Identify infection control lead in practice

Infection control process in practice

Establish current immunisation status and immunisation appropriate to

duties arranged

Information about how to prevent disease in the workplace by serology and

immunisation

Management of sharps/needlestick injury

If you suffer from a needlestick injury please contact Bart's Health on the

following telephone number for further advice: 07745306654

The management of blood and body fluid spills

Information about hand washing/hand hygiene

Procedure for using/maintaining/cleaning practice equipment

Procedure for safe storage and disposal of clinical waste

Information about implementing standard and additional precautions

Procedure for safe handling of pathology specimens

Process for storing, ordering, documenting and disposing of controlled and restricted drugs

Process for checking, rotating and resupplying perishable medical supplies

Process for receiving and transporting vaccines

Cold chain policy and procedures

Declaration
I, _____, have received explanation or training in all the areas relevant to my role listed in this checklist.

I acknowledge and understand the content of the relevant items in this

checklist.

Signed:	
---------	--

Date: _____

5. Barnet Population Information

There are various key facts about the local population in Barnet that may be useful to be aware of when working in Primary care. These include:

- The borough's overall population is projected to increase by around 10.9% between 2020 and 2030, taking the number of residents to about 446,400.
- The number of people aged 65 and over is projected to increase by 29.8% between 2020 and 2030, compared with a 4.9% increase in the 0-19 age group and a 9.4% increase for working age adults aged 16-64.
- For 2019, there was an estimated 12,240 older people in Barnet with a limiting long-term illness whose day-to-day activities are limited a lot. This is the highest number of all 32 London boroughs.
- The number of households in Barnet is predicted to increase from 157,000 in 2018 to 192,000 by 2030, a rise of 22%, which will have serious implications for services, infrastructure and budgets.
- Smoking, poor diet, alcohol, physical inactivity and high blood pressure are the most common causes of major illnesses leading to premature mortality.
- Mortality is considerably higher in the most deprived areas of the borough, compared to the least deprived. The life expectancy of people living in the most deprived areas of the borough are on average 8.1 years less for men and 7.6 years less for women than those in the least deprived areas, based on a comparison of the 10% most deprived and 10% least deprived areas in the borough.
- In 2016/17, over half (53%) of adults in Barnet had excess weight (i.e. were either overweight or obese with a Body Mass Index (BMI) larger than or equal to 25/m2). This proportion was significantly lower than the national average (61.3%), but similar to the London average (55.2%).
- Barnet had the 6th highest proportion of adults out of all the London boroughs who were physically inactive (i.e. take part in less than 30 minutes of moderate physical activity per week), during 2016/17. Almost three in ten Barnet adults (28.6%) were physically inactive, which was significantly higher than both London (22.9%) and England (22.2%).
- Although the prevalence of excess weight in Barnet is lower than the national average, over half of Barnet adults are either overweight or obese, so there is an ongoing need for interventions (such as healthy weight and active travel programmes), to promote healthy lifestyles and help reduce the number of borough residents with excess weight.

The facts above alongside further useful facts and information about the population needs and strategies are available on the Barnet JSNA website: <u>https://jsna.barnet.gov.uk/</u>

6. Summary of new primary care roles

There are various different roles in primary care from doctors, nurses and pharmacists to new roles including Social Prescribing Link Workers (SPLW), Nursing Associates (NAs) and First Contact Physiotherapists (FCPs).

It is important to be aware of the various roles your colleagues may have to achieve collaborative working and ultimately deliver better patient care.

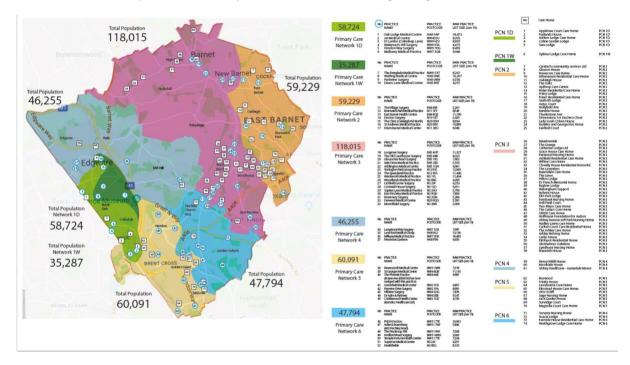
Please see the link below for further detailed information about the new roles in primary care and what patient services they deliver: <u>https://www.e-lfh.org.uk/programmes/new-roles-in-primary-care/</u>

Also see appendix 10. d. on New Roles for information about SPLWs, FCPs, physician associates and paramedics.

7. Community Services

a. Care homes

Additional to the map above, this map includes information regarding the care homes in Barnet.



b. Community providers

Please see the link below for various providers available in Barnet: <u>https://clch.nhs.uk/services</u>

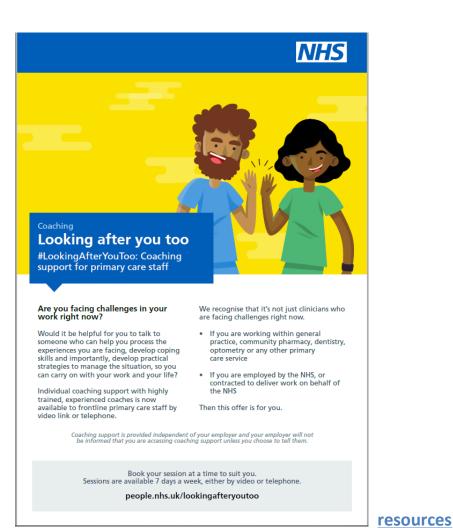
8. Wellbeing and colleagues in need

Eye strain: <u>https://www.hse.gov.uk/msd/dse/</u> Back support and sitting at a desk: <u>https://www.nhs.uk/live-well/healthy-body/how-to-sit-correctly/</u>

There are various avenues for support and wellbeing available for colleagues, including the following:

- <u>Coaching</u>
- Support now
- Guides
- Wellbeing apps





9. Additional

a. Websites

NCL CCG: https://northcentrallondonccg.nhs.uk/

NCL CCG Pathways https://gps.northcentrallondonccg.nhs.uk/pathways

Barnet Training Hub: <u>https://www.barnetcepn.org.uk/</u>

Barnet Federation: <u>https://barnetfederatedgps.org.uk/</u>

Health Education England: https://www.hee.nhs.uk/

b. Contacts

Barnet Federation: <u>barnet.federation@nhs.net</u>

Barnet Training Hub: <u>barnet.cepn@nhs.net</u>

c. Documents

The NHS Long Term Plan: <u>https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/the-nhs-long-term-plan-summary.pdf</u>

GP Forward View: https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf

10. Data Protection

When sending you a copy of this induction pack we will keep your contact information on our database in order to contact you about future educational opportunities only. We will not pass this information on to other parties. If you do not agree for us to hold this information please email us at <u>barnet.cepnadmin@nhs.net</u> and we will remove you from our database.

11. Appendix

a. Pharmacy

The numbers of pharmacists working in general practice, and the services they provide, has significantly increased in recent years. In June 2016, NHS England in collaboration with The Royal Pharmaceutical Society, Health Education England, RCGP and the GPC initiated a three- year pilot to test the role of clinical pharmacists working in general practice. Following the success of this, the network Contract Directed Enhanced Service (the DES) was introduced by NHS Improvement and NHS England in January 2019 as an extension to "Investment and Evolution: a five year framework for GP contract reform". The DES set out a funding entitlement for each registered PCN to recruit to "Additional Roles" that can help in the provision of these services, as well as other work within the PCN. These roles include Clinical Pharmacists and Pharmacy Technicians. We now have a substantial growing pharmacy workforce in Barnet.

Pharmacy teams working in Barnet General Practice include:

- GP pharmacists
- PCN Pharmacists
- Pre- registration pharmacists
- Pharmacy technicians
- Pharmacy Technicians Pre-registration trainees

Training and continuing professional development (CPD)

Pharmacists are registered with and regulated by the General Pharmaceutical Council (GPhC). They undertake mandatory CPD and must record:

- a minimum of nine entries relevant to their practice for each year of registration
- how their CPD has contributed to the quality or development of their practice.

Pharmacists should be supported by practices to fulfil these requirements.

Appraisals

Pharmacists should have had an appraisal in the last 12 months and be able to describe the impact this has had on their practice. Pharmacists' appraisals will normally be carried out by a GP or practice manager.

GPhC registration

Pharmacists and pharmacy Technicians must be registered with GPhC to practice in the UK. Registration must be checked via the online register before they begin work and regularly throughout their employment. This includes locums and temporary staff. If a pharmacist is an independent prescriber, this will be recorded on the GPhC register.

Medical indemnity

All pharmacists must have adequate medical indemnity as part of GPhC registration requirements. A practice pharmacist is responsible for making sure they have the appropriate cover for their role and scope of practice. Practices must be aware of how the medical indemnity insurance is provided for their practice pharmacist.

What does a practice based pharmacist do?

Pharmacists and pharmacy technicians (pharmacy professionals) work in multidisciplinary teams in general practice. They work in a variety of clinical and non-clinical roles. Working to the principles of <u>medicines optimisation</u> and the <u>NICE Medicines Optimisation Guidelines</u>, practice based pharmacists can provide the following:

Clinical services

- Working closely with GPs to resolve day-to-day medicines issues
- Addressing medicines adherence with patients; reviewing those on complex regimens
- Managing and prescribing for long-term conditions
- Triaging and managing common ailments
- Responding to acute medicine requests
- Taking part in multidisciplinary case reviews

Prescription management

- Working with the practice team to deliver repeat prescription reviews
- Point of contact for medicines-related queries for healthcare professionals and patients
- Liaison with hospital, community and primary care colleagues to ensure correct medicines are continued following transfer of care

Audit and education

- Implementing systems for monitoring medicines use
- Providing leadership of audits and quality improvements programmes involving medicines
- Contributing to clinical education of other healthcare professionals

Medicines management

- Working with GPs and practice nurses to agree, and then manage, practice formularies to improve the choice and cost effectiveness of medicines
- Implementing NICE guidance through audit and feedback, formulary management and educational sessions with the wider primary healthcare team and patients

Specialist Pharmacist roles

Advance Clinical Practitioners: please refer to the RCN guidance. https://www.rcn.org.uk/professional-development/advanced-practice-standards

Pharmacist as Independent Prescribers (NMP): Pharmacist independent prescribers must have completed a <u>GPhC-accredited training programme</u>.

Pharmacist independent prescribers:

- can prescribe any medicine for any medical condition. This includes controlled drugs and unlicensed medicines.
- must work within their own level of professional competence and expertise.

The GP practice and pharmacists must agree the range and extent of this prescribing practice. The practice must be sure, and have evidence, that the pharmacist is competent in those areas. For more information see <u>Nigel's surgery 95: Non-medical prescribing</u>.

The CCG Medicines Management Team should be notified that:

- Pharmacist is joining the practice.
- Pharmacist should be added on the Non -Medical Prescriber (NMP) register (if prescriber) See NCL CCG Policy- please contact <u>barccg.barnetccgprimarycare@nhs.net</u>, medicines management team at NCL CCG, to complete your NMP registration with the NHSBSA.

Further resources

- Royal Pharmaceutical Society <u>Medicines Optimisation: Helping patients to make the most of</u> <u>medicines</u>
- NHS England Clinical Pharmacists in General Practice Pilot
- The Royal Pharmaceutical Society General Practice Based Pharmacist
- Primary Care Pharmacy Association <u>A guide for GPs considering employing a practice</u> <u>pharmacist</u>
- <u>CPPE Centre for Pharmacy Postgraduate Education</u>

b. Nursing

Please ensure you renew your registration yearly and you revalidate every 3 years. Guidance and required paperwork needed to submit is all available on the NMC website.

NMC Guidance Revalidation Information

Uniform

Some GP practices require the nursing staff to wear a uniform. Please check with the practice you are working in. We would recommend that you do wear uniform as part of infection prevention and control.

Indemnity

All practice employees are covered by the state backed indemnity cover for work undertaken as part of the GMS contract. For any additional work, including non-medical prescribing, there may be a need for additional MDU or equivalent cover. The RCN has guidance:

https://www.rcn.org.uk/get-help/indemnity-scheme

https://www.nmc.org.uk/registration/staying-on-the-register/professional-indemnityarrangement/

Non-medical prescribers

For those nurses who are non-medical prescribers, ensure you are correctly added onto the EMIS system and please contact <u>barccg.barnetccgprimarycare@nhs.net</u>, medicines management team at NCL CCG, to complete your NMP registration with the NHSBSA.

Advanced Nurse Practitioner

If you are working at an advanced level nurse practitioner, please also refer to the RCN guidance. <u>https://www.rcn.org.uk/professional-development/advanced-practice-standards</u>

General Practice Nurse

Practice Nurse Standards

The Queens Nursing Institute Practice Nurse standards (2020) have been designed and developed to reflect best practice and provide guidance to prepare nurses for their new role as a Registered Nurse in General Practice Nursing, in addition to:

- Providing the public with a contemporary description of the role of a Registered Nurse new to General Practice Nursing;
- Providing an overview of the key practice and education requirements of the GPN role for nurses new to General Practice Nursing;
- Supporting and guiding universities in developing future education programmes which are focussed on agreed best practice;
- Enabling nurses new to General Practice Nursing to be able to articulate their role and the value of their role;
- Providing a framework for service commissioners, education commissioners, training hub leads, General Practitioner employers and other providers in planning primary care nursing services.

https://www.qni.org.uk/wp-content/uploads/2020/05/Standards-of-Education-and-Practice-for-Nurses-New-to-General-Practice-Nursing-1.pdf

<u>https://www.qni.org.uk/nursing-in-the-community/transition-community-nursing/</u> <u>https://www.qni.org.uk/nursing-in-the-community/practice-standards-models/general-practice-nurse-standards/</u>

Specific Nurse training required

Please refer to the main section of the induction pack for Mandatory Training. Specific training for nurses is listed below.

Specific Training required for Cervical Cytology

https://www.gov.uk/government/publications/cervical-screening-cervical-sample-takertraining/training-for-cervical-sample-takers-education-pathway

Registered nurses, nursing associates, midwives and physician associates must complete a recognised theoretical course followed by a period of supervised training as described in this guidance. Once the nursing associate is registered with the NMC they can undertake this training, however, there needs to be a registered professional (nurse) able to supervise their practice and be available to support indirectly within the practice. It is recommended that all smear takers have a refresher/update every 3 years. All qualified practitioners once completed this training will need to have a smear takers unique code and upload evidence of the training onto the national portal. https://www.cstd.neyhgarc.nhs.uk

Specific Training required for Immunisers

Please ensure you follow the RCN National Minimum standards for Registered Health Professionals.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data /file/679824/Training_standards_and_core_curriculum_immunisation.pdf

Nurses Signing Patient Group Directive (PGDs):

Due to issues of legality regarding the vaccination of patients please note that **immunisation training** and **signing of PGDs** must be done by a suitable member of the practice team. We also strongly recommend that for 3 months following training the nurse does not do vaccinations without support, i.e. a senior practice nurse should available

https://www.england.nhs.uk/south/info-professional/pgd/

We recommend a structured induction programme for the first 4-6 weeks of employment. This may need to be extended depending on your expertise.

Working with other Primary Care Network (PCN) and other community practitioners

Many other nursing teams make up the wider primary care workforce and although not directly employed by the GP practice it is good to have an understanding of who are in your local area and how to contact them. Some teams would include the midwife, district nurse, community matrons, health visitor, Heart Failure Nursing teams, COPD teams, rapid response nursing teams and Tissue Viability Teams. Some of these services are provided by CLCH and information can be found here. <u>https://clch.nhs.uk/health-professionals/barnet</u>

The GP Practice may also be responsible for local care homes, please link up with the care home staff. Please see the map above in section 7.a. Care Homes.

Nurse Supervisors and Assessors

The new NMC Standards state that once qualified any nurse is automatically a supervisor and we actively encourage all nurses in Barnet to take student nurses on placements from Higher Education Institutes (HEI). Our local providers are University of Hertfordshire (UH) and Middlesex University. <u>https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/</u>

The Pan London Practice Learning Group have excellent resources and training for nurse who wish to develop from being a practice supervisor to assessor. <u>https://plplg.uk/approach-to-sssa/</u>

Nursing Associates

Work alongside other registered nurses and contribute to aspects of care including delivery and monitoring of planned care.

Nursing Associates must not sign PGDs. They are only able to administer specific vaccinations under patient specific directions signed by a prescriber after appropriate training as below. <u>https://www.rcn.org.uk/professional-development/publications/pub-007565</u>

Healthcare Support Workers

All new to health and social care setting must have a care certificate or equivalent within 6 months of starting in practice. Information on the 15 standards can be found via the following link: <u>https://www.skillsforhealth.org.uk/standards/item/216-the-care-certificate</u>

Nursing Educational Team

Jacqui Hodgson – ALNP - Training Hub Lead Nurse Amita Shah – Nurse Development Lead - Barnet CCG/Training Hub Christine Greene – Educational Advisor - Barnet Training Hub Jane Saha—support for Preceptorship

c. Doctors

New GPs are regularly being recruited in Barnet, especially due to the recent recruitment drive via the GP fellowship programme. Please see below some useful information and tips to help you get started in your new role.

I. Equipment

Stethoscope	Pulse oximeter
Otoscope and disposable tips	Urine dipstick
Ophthalmoscope	Specimen post and swabs
BP machine	Glucometer and testing strips
Tendon hammer	Thermometer and disposable caps
Tongue depressors	Lubricant jelly
Tape measure	Alcohol hand gel

Peak flow meter and disposable	Personal protective equipment(e.g.
mouthpieces	mask, visor, apron, gloves)

Please ensure you have access to the appropriate clinical equipment. See the list of useful equipment below:

The following link has further interesting information regarding 'Doctor's bag contents' - <u>https://patient.info/doctor/doctors-bag-contents</u>

II. Indemnity

It is important to ensure you have arranged the appropriate indemnity cover to be in place prior to starting your role. The BMA states that the state-backed GP indemnity scheme removed the need for GPs to arrange and fund their own clinical negligence cover. This started from 1st April 2019. According to the BMA GMC hearings, criminal cases, non-NHS work, such as private practice and chargeable services such as medicals, reports and statements will not be covered by the scheme. You will need to remain a member of a medical defence organisation for these areas.

See the following websites to gain further information about medical indemnity and the statebacked scheme:

https://resolution.nhs.uk/services/claims-management/clinical-schemes/general-practiceindemnity/clinical-negligence-scheme-for-general-practice/

https://www.england.nhs.uk/gp/investment/indemnity/

https://www.bma.org.uk/advice-and-support/medical-indemnity/medical-indemnity/statebacked-gp-indemnity-scheme

III. Consultant connect

Consultant connect is a new online platform where you can request advice and guidance about clinical cases from secondary care. There are various departments available in this service including Dermatology and Cardiology. Consultant Connect is accessible via a webpage and a mobile app. Please see the webpage link below to sign up and the video link for a demonstration as well as further information about how to use this platform.

https://www.consultantconnect.org.uk/

https://www.youtube.com/watch?v=xTNgfU3o6ys

IV. Useful websites

Royal College of General Practitioners: https://www.rcgp.org.uk/

BMA: <u>https://www.bma.org.uk/</u>

Performers list: <u>https://pcse.england.nhs.uk/</u>

Appraisal:

https://www.bma.org.uk/advice-and-support/career-progression/appraisals/medical-appraisals

https://www.england.nhs.uk/medical-revalidation/appraisers/

d. New roles

i. Social prescribing link worker

Social prescribers aim to achieve a holistic approach to patient health and wellbeing and are anticipated to deliver various areas of support including the following:

- Identify unmet needs especially for the frail and vulnerable, those at risk of hospital admission, loss of independence or those coming toward the end of their lives
- Spend time getting to know patients and their carers providing direct support through regular contact by phone or face to face
- Refer patients to appropriate VCS (voluntary, community and social enterprise) services
- Continually build their knowledge of VCS groups and organisations that can help
- Attend practice LTC (long-term condition) multi-disciplinary team meetings where appropriate

• Act as a first port of call for nursing homes, initially handling issues such as prescription requests, visit requests and post-discharge coordination of services and medication.

ii. First contact physiotherapist

First contact physiotherapists are placed in General Practice to directly manage patients with musculoskeletal problems and deliver various services including the following:

- Assess, diagnose, triage and manage patients, taking responsibility for the management of a complex caseload
- Work as part of a multi-disciplinary team in a patient facing role, using their expert knowledge to create stronger links for wider physiotherapy services through clinical leadership, teaching and evaluation skills
- Receive patients who self-refer or referred from a clinical professional within the network
- Progress and request investigations (such as x-rays and blood tests) and referrals to facilitate diagnosis and choice of treatment regime, understanding the limitations of investigations, interpret and act on results and feedback to aid diagnosis and the management plans of patients
- Develop relationships and a collaborative working approach across the PCN supporting the integration of pathways in primary care
- Communicate effectively and appropriately, with patients and carers, complex and sensitive information regarding diagnosis, pathology, prognosis and treatment choices supporting personalised care
- Implement all aspects of effective clinical governance for own practice, including undertaking regular audit and evaluation, supervision and training
- Be accountable for decisions and actions via Health and Care Professions Council (HCPC) registration, supported by a professional culture of peer networking/review and engagement in evidence-based practice
- Develop integrated and tailored care programmes in partnership with patients through:
 - o Effective shared decision making with a range of first line management options
 - Assessing levels of Patient Activation to confirm levels of knowledge, skills and confidence to self-manage and to evaluate and improve the effectiveness of selfmanagement support interventions, particularly for those at low levels of activation
 - Agreeing appropriate support for self-management through referral to rehabilitation focused services and social prescribing provision.
 - iii. Physician associate

Physician associates are expected to deliver patient care including the following:

- Provide first point of contact care for patients presenting with undifferentiated, undiagnosed problems utilising history-taking, physical examinations and clinical decisionmaking skills to establish a working diagnosis and management plan in partnership with the patient (and their carers where applicable)
- Review, analyse and action diagnostic test results
- Deliver integrated patient centred care through appropriate working with the wider primary care multi-disciplinary team and social care networks
- Undertake face-to-face, telephone, home visit and online consultations for emergency or routine problems, as determined by the PCN, including management of patient's with long-term conditions. Where required by the PCN, physician associates can offer specialised

clinics following appropriate training including, but not limited to, family planning, baby checks, COPD, asthma, diabetes and anticoagulation

- Provide health/disease promotion and prevention advice to patients
- Utilise clinical guidelines and promote evidence-based practice and partake in clinical audits, significant event reviews and other research and analysis tasks
- Participate in CPD (continuing professional development) opportunities to keep up to date with evidence-based knowledge and competence in all aspects of their role, meeting clinical governance guidelines for CPD

iv. Advanced paramedic practitioner

Paramedics in primary or urgent care settings are able to:

- Conduct clinical assessments and develop a clinical impression or diagnosis that will ensure the most effective management and referral if needed. This includes identifying the need for and requesting appropriate investigations and tests as well interpreting the results where appropriate
- To deliver a high standard of patient care as an Advanced Paramedic within the practice, using advanced autonomous clinical skills and a broad, in-depth theoretical knowledge base
- As a member of a varied clinical team, manage a clinical caseload, dealing with presenting patient's needs within a primary care setting, ensuring patient choice and ease of access to services
- To work as an autonomous practitioner, providing clinical care, including telephone triage, diagnosis, treatment, referral and review as appropriate, utilising a range of advanced skills and expert knowledge for patients presenting with undifferentiated and undiagnosed conditions
- See patients presenting with a range of conditions including acute problems such as abdominal pain, chest pain, tiredness and headache
- Perform specialist health checks and reviews where appropriate