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Kent and Medway  
GP Staff Training Team

**Practice Nurses and  
Long Term  
Conditions – what  
are the training  
needs? A research  
report**

Commissioned by the Kent and  
Medway GP Staff Training Team  
(a service hosted by NHS  
Eastern and Coastal Kent)

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# Executive summary

## **Introduction**

1. This report describes findings from a survey of general practices in Kent and Medway, giving the views of practice managers and practice nurses with regard to training needs. The focus is on the training needs of nurses in general practice in order for them to run clinics for patients with long term conditions such as asthma, diabetes and heart disease.
2. The aims of the study were:
  - To understand varying levels at which practice nurses across the county are working in the provision of care of patients with long term conditions, so that appropriate levels of training can be commissioned.
  - To determine likely training needs which will then inform the training provision commissioned by the Kent & Medway General Practice Staff Training Team for practice nurses across the county.
  - To provide Kent & Medway General Practice Staff Training Team with data relating to likely future training needs as a proxy for future course commissioning at a variety of levels.

## **Methods and sample**

3. A 20% random sample was taken of general practices in Kent and Medway. The 70 practices sampled were invited to take part in an online survey, with separate questions for managers and nurses.
4. 30 practice managers and 45 practice nurses replied from 41 different general practices. The overall response rate was 59% of the 70 practices approached and a representative sample was obtained in terms of practice size.

## **Practice Manager survey results**

5. Nearly half of practice nurses were running disease management clinics.
6. A typical pattern was for a practice to be running 2-4 nurse-led clinics for long term conditions. Nurses were most likely to be running diabetes, asthma and COPD clinics. They also ran clinics for CHD, but rarely for chronic kidney disease, heart failure and depression.
7. Practice managers' overall view of the training for practice nurses provided through Kent & Medway GP Staff Training was positive, with 40% saying coverage was 'good or excellent'.
8. Gaps or difficulties were experienced with coverage and timing of the courses and related in particular to the length of notice, the number of places available and the location of the courses locally. With some courses being oversubscribed or advertised too late to sign on, there may well be a need for some courses to be available more often.

9. Managers wanted to see more chronic disease updates, and made suggestions about different formats and how they are told about course options.

### ***Practice Nurse survey results***

10. There were 45 replies from nurses working in 25 different practices, and 32 of these were leading a total of 64 clinics. Most (42 out of 56 = 75%) were run by nurses with accredited module level (4,5 or 6) or higher qualification. Nine (16%) clinics by nurses who had taken a short course, and five (9%) by nurses who had done a study day or awareness level course.
11. When asked if they had the skills to carry out their current or future roles, nurses already running LTC clinics said they did.
12. Most of the nurses taking part in the survey had a CPD plan, and said that training needs were decided in a variety of ways, such as through appraisal, the nurses choosing for themselves, according to the demands of the practice, or a mixture of these.
13. Some nurses highlighted that their own time constraints and when courses are available can be a problem for attending courses. Other reasons were that a course was cancelled or not available at the right time, it was too far away, or funding was a barrier.
14. Nurses said they had attended 107 courses, of which 22 (20%) related to long term conditions. This is an average of 2.4 courses per nurse per year, with 20% being on management of LTCs. Nurses identified study days and short courses as those they would be most interested to attend.
15. Overall comments made by practice nurses included compliments of the GP Staff Training Team service, for example in having good lines of communication, being very helpful and supportive, responding well, and providing high quality training.

### ***Discussion***

16. Some of the issues raised, such as availability to attend and cover, are ones which have to be resolved within a practice. The suggestion that there should be more e-learning is worth pursuing, especially for updates, where there seemed to be greater demand. Other suggestions worth addressing are to provide and distribute a full list of courses that could be used in appraisals, and to provide a more modular approach such as a one-day introductory course leading on to higher level training.
17. There was considerable demand for most types of course, apart from masters level or specialist degrees where nurses perceived there were more barriers to their attendance.
18. From the perspective of course participants and the GP practices that sent them, there is a message about opportunity cost of attending courses. Releasing a nurse to attend training has implications for a practice, so the investment needs to be perceived to be worthwhile. It may be an opportunity to look at the length of courses that are being delivered and test out further whether shorter courses are

perceived to be 'good value' or whether combining shorter course elements into day courses may be perceived as providing additional value.

19. Recent reductions in the number of LTC courses run may reflect the reality of practices' ability to free nurses to attend, or the availability of funding in the training budget to commission additional courses. In contrast, the survey responses suggest there will be increases in future demand driven by increases in the workforce (which our survey suggests is planned in at least a quarter of practices) and where nurses take on more LTC clinics (envisaged in over a third of practices).

### **Recommendations**

20. The surveys of practice managers and practice nurses in Kent and Medway have highlighted a number of positive aspects of the GP staff training programme in relation to long term conditions. These include describing the team as supportive, responsive and communicating well, the training as of high quality, and expressing a high level of satisfaction with the training service. The service has the opportunity to build on this positive regard for the service by working with practices to take the training programme forward.
21. Demand in the coming year has been calculated for different levels of courses, with study days or short courses being most popular. The subjects that nurses most want are COPD, asthma and CHD.
22. The feedback from nurses and practice managers was that there were occasions when courses were too far away from East Kent, or there were delays in getting on courses. Service providers may also wish to note where there have been specific requests for training, such as more e-learning, LTC updates, and diabetic foot care.
23. There remains a tension between the level of training a nurse needs to run a clinic safely (longer courses and accredited modules with accompanying course work), the time constraints within general practice to accommodate training absences, and the preference of nurses to attend shorter and more local training courses. As these are staff issues within a practice, it would be difficult for the GP staff training programme to attempt to resolve it on its own. There may be the need for further more specific work with practices and / or emerging commissioning groups to address these issues.
24. Taking a wider perspective, it may be possible to build on the positive relationships already developed and strengthen the lines of communication and exchange with the GP practices. This might include setting up more regular feeds from practices about demand, the training team distributing course lists and encouraging their use in appraisals, and practices feeding back decisions from the appraisal to the training team. This continuing dialogue may also improve the perception of enough of the right courses being run in the right locations.
25. There is now the opportunity to respond to the changing landscape in primary care and to be more proactive in negotiation and conversation with GP commissioning bodies about staff training provision.



## **1. Introduction**

This report describes findings from a survey of general practices in Kent and Medway, giving the views of practice managers and practice nurses with regard to training needs. The focus is on the training needs of nurses in general practice in order for them to run clinics for patients with long term conditions such as asthma, diabetes and heart disease.

The aims of the study were:

- To understand varying levels at which practice nurses across the county are working in the provision of care of patients with long term conditions, so that appropriate levels of training can be commissioned.
- To determine likely training needs which will then inform the training provision commissioned by the Kent & Medway General Practice Staff Training Team for practice nurses across the county.
- This data relating to likely future training needs will provide Kent & Medway General Practice Staff Training Team with a proxy for future course commissioning at a variety of levels.

This report presents the practice manager and practice nurses survey results in separate sections, and concludes by discussing how these relate to the commissioning of relevant training courses in Kent and Medway.

## **2. Methods**

A random sample of one in five general practices in Kent and Medway was taken, and the 70 practices chosen were invited to take part in an online survey. An email was sent from the Kent & Medway General Practice Staff Training Manager to practice managers, asking them to pass the invitation on to nurses in their practice. The email gave links for both practice managers and nurses to complete a survey online, with separate sets of questions for managers and nurses. (See survey questionnaires in appendices A & B.)

After two reminder emails, 30 practice managers and 45 practice nurses had replied from 41 different general practices. The overall response rate was 59% of the 70 practices approached.

Comments that clearly related to long term conditions have been included in the text and results sections of this report. For completeness, the full list of comments appears in Appendix C.

### 3. Practice Manager survey results

#### 3.1 Responses

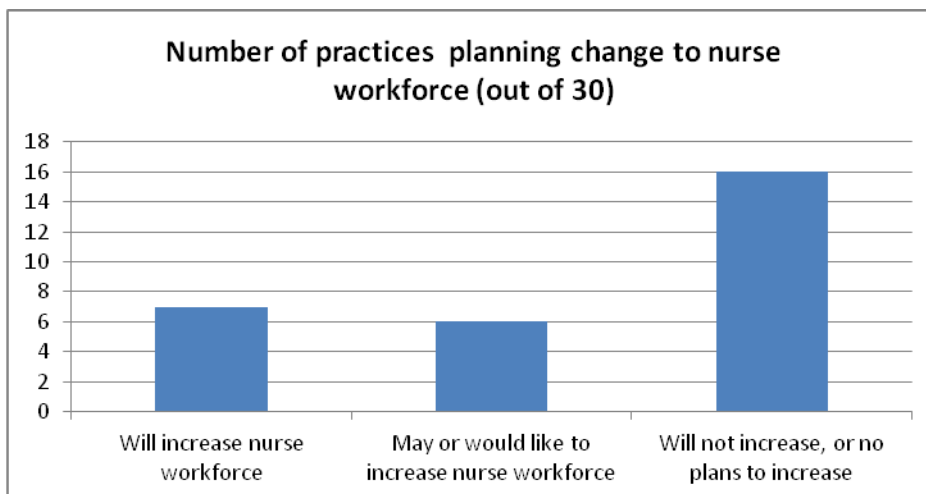
From the sample of 70 practice managers across Kent and Medway, there were 30 replies, making a response rate of 43% for practice managers. (Survey questions are in Appendix A.) The practices that responded ranged in size from under 2000 registered patients to over 32,000, and half the responding practices had between 6000 and 12,000 patients.

Practice managers were asked to give the numbers of nurses in their practice<sup>1</sup>. There appeared to be approximately 149 nurses working in the 30 practices, with nearly half (67 out of 149 = 45%) of these being practice nurses running disease management clinics.

#### Number of nurses and role

How many nurses are employed in your practice?	Number	Percentage
Entry level nurse	16	11%
Treatment Room/Generalist practice nurse	39	26%
Practice Nurse with specialty/running LTC clinics	80	54%
Nurse practitioner	14	9%
<b>Total</b>	<b>149</b>	<b>100%</b>

When asked if there were plans to change the nurse workforce about a quarter said their **will** increase, another quarter said they **would like** to increase, and half said there would be no change in the nurse workforce.

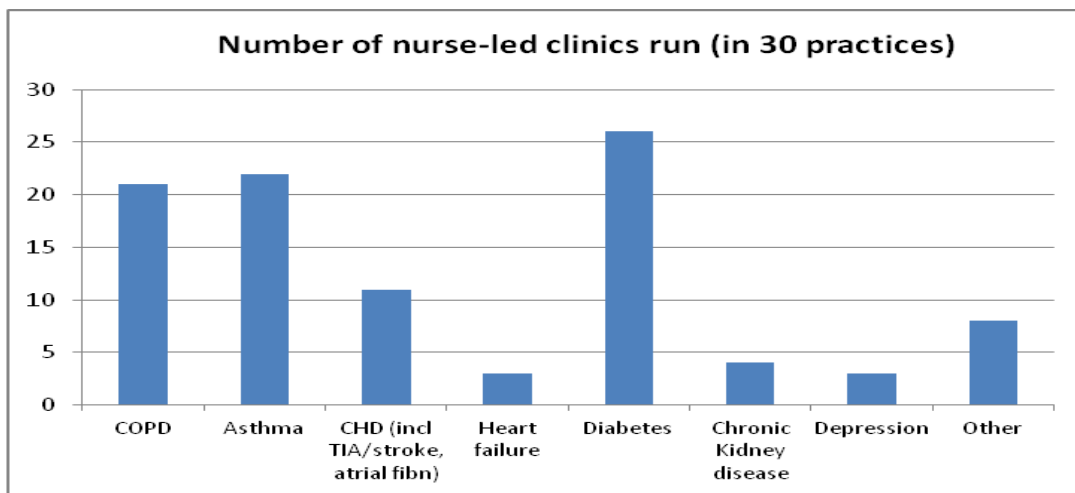


<sup>1</sup> Nurses' roles throughout the results are shown by combining Treatment room/Generalist practice nurses into one category and Practice Nurses with specialty/running clinics into one category.

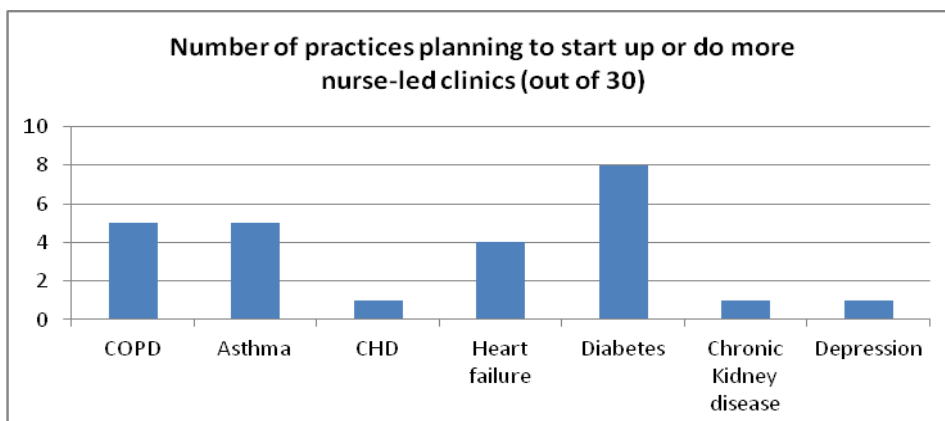
### 3.2 Provision of clinics for long term conditions

Practice managers were asked how many nurse-led clinics were being run for patients with long term conditions. Two practice managers (out of the 30 who responded) said they did not have any nurse-led LTC clinics, and these had fewer than 6000 registered patients and either one or no practice nurses. Apart from these two, there was surprisingly little association between practice size and the number of clinics being run, and other small practices were running up to four clinics.

In responding practices, it was common for nurses to be running diabetes (26 practices), asthma (22 practices) and COPD clinics (21 practices). Less than a third of the practices were running nurse-led clinics for CHD (9 practices), and about one in ten were running nurse-led clinics for chronic kidney disease, heart failure and depression. The 'other' clinics listed by practice managers were INR and Warfarin (5), TIA/stroke, epilepsy, mental health, atrial fibrillation, leg ulcers. (INR is a blood test to see how well anticoagulant medicine is working.) A typical pattern was for a practice to be running 2-4 nurse-led clinics for long term conditions.



When asked about changes in the number of nurse-led LTC clinics, over a third (37%) of the practices planned to do more or to start up clinics. Eight practices said they had plans to do more or start up clinics for diabetes, five for COPD, five for asthma and four for heart failure. For the other conditions, planned increases were rare, with only one practice for each condition making plans to increase or start CHD, CKD or depression nurse-led clinics.



### 3.3 Practice manager views of training provision

Practice managers' overall view of the training for practice nurses provided through Kent & Medway GP Staff Training was positive, with 40% saying coverage was 'good or excellent', and 47% saying that it was 'OK / adequate'.

Practice managers were asked to comment on the training for practice nurses. Some commended aspects of the training provision, quality and its organisation:

<i>The K&amp;M GP training team respond well to enquiries regarding courses. They also communicate well, notify us of new courses and of places available on existing courses.</i>
<i>The quality of courses and content is good but availability does not meet demand and we often have to wait for places to be available.</i>

Others reflected on some gaps or difficulties experienced with coverage and timing of the courses; these related in particular to the length of notice, the number of places available and the location of the courses locally.

<i>Greater Notice could be given for courses available.</i>
<i>The quality of courses and content is good but availability does not meet demand and we often have to wait for places to be available.</i>
<i>Shortage of training courses and based too far a lot of the time.</i>
<i>Would appreciate more courses to be run locally.</i>
<i>Need more coverage for the xxxx area.</i>

Two comments also related to the type of courses: the level and the topic area.

<i>Very little mental health updates available.</i>
<i>Would like more diploma courses.</i>

Frequency and convenience of courses was further explored through two specific questions. 'How convenient do you find the location of courses?' Although the frequency was about right for most practices (77%), the remainder said that courses ran too infrequently. There were more widespread problems with accessibility, as only a third said they were 'mostly easy to get to', over half said 'some are difficult to get to' and the remainder (13%) found them 'often difficult to get to'.

#### Convenience of location and frequency of courses for practice nurses

How convenient do you find the location of courses?	Too many/too frequent	About right	Too infrequent	Totals	%
Mostly easy to get to	0	9	1	10	33%
Some are difficult to get to	0	10	6	16	53%
Often difficult to get to	0	4	0	4	13%
<b>Totals</b>	0	23	7	30	100%

Unfortunately only two practice managers elaborated on the problems. On frequency they commented:

*Sometimes struggle to get on the more popular courses and have to wait longer than we would like.*

*Some training is annually which can be difficult.*

On accessibility, comments were:

*Covering all Kent is a problem when only one course available.*

*More access in East Kent as a lot of courses are generally in West Kent area. Employees complain about time/cost of travel.*

*Sometimes too far away for half day course.*

*This [often difficult to get to] is what I am told by my nurses.*

*Too far away.*

The geography of Kent influences the way attendants perceive whether or not a course is easy to get to and hence how conveniently located it is. This is not surprising given the dispersal of GP practices across the county. However, being inconveniently located includes not only the travel time to the venue, but also whether or not a comparatively short course (half a day) would be worth the effort (and cost) of considerable travel time. This may be something that could be more easily addressed than trying to optimise course location.

Respondents had some experience of courses being oversubscribed or advertised too late to sign on: although they did not specify which courses were more popular and what notice periods were required, there may well be a need for some courses to be available more often.

Practice managers were asked if they had problems with various aspects of the courses being run. The biggest problem was under-provision (for 7 managers, ie 23%). A few had problems with subject and level of courses (3 managers = 10%), and other problems (5 managers = 17%). None of them reported a problem with whether courses were accredited, the length of courses, or over-provision,

A number of comments were made about these problems; for the purposes of this report we quote those related to long term condition courses only.

On subject and level, the comments included:

*My nurses have a range of experience/skills so need varying levels of courses.*

On under-provision the comments included:

*Not able to book Diabetic Foot Care for last couple years.*

*Often have a long wait for the required course.*

Comments on other problems mentioned practical problems of missing a course due to sickness and having to wait a long time for the next one, and the difficulty of providing cover when more than one nurse wanted to attend. Other comments included:

*Some locations quite a distance.*

*Would be good to provide e-learning updates.*

When asked to make any further comments on the training needs and courses available, practice managers wrote the following about training relating to long term conditions:

*Don't seem to see Chronic Disease updates as we used to - timings are often difficult as generally we are putting in a request and then waiting for the course to be commissioned rather than booking directly onto a course date. We understand that this process is to protect costs but can be difficult if short notice as the nurse will already have clinics arranged.*

*E-learning would be a good innovative way to help nurses access courses as not always able to be released from Clinics. Especially if long distance learning with mentors available ie asthma.*

*It would be good to be sent a list of available courses run so as it could be used in appraisals rather than trying to identify what is needed and then trying to find out whether a course is available. The Training Department are very helpful though when you ask for help.*

*The evidence base for managing patients with LTC is changing is in constant change and it is important for nurses to be able to access updates for these conditions. Many of our nurses are prescribers and we welcome the prescribing updates from CCCC.*

*We will happily enter our nurses (when we get them) onto any relevant training courses which will benefit patient care.*

*Would be difficult if starting with a new nurse or returner to work.*

*Would be good to have just a one day course to introduce nurses to the basics of the subject then run another more advance course later. Nurses do not always have time to study for diplomas especially when working full time.*

Verbatim comments from practice managers have been included in this section only if clearly relevant to LTC training issues. The commentary provides insight into current topics and interest areas for GP practices, and the level of course/level of skills. The theme of demand exceeding supply of some courses was highlighted, and that people had to wait, also that courses had been too far away or difficult to get to. Regarding topics, managers wanted to see more chronic disease updates, and made suggestions about different formats and how they are told about course options. Practice managers were also complimentary about the service and expressed their satisfaction with the GP staff training team.

Comments were not sufficiently numerous to draw firm conclusions, however they provide some indication on the current perceived gaps, frequency and topic areas for courses. It may be a starting point for further more in-depth work and analysis of the courses to be provided. One approach would be to triangulate this data with other routine information collated by the service, for example records on course inquiries, length of waiting lists and also the records of informal conversations.

## 4. Practice Nurse survey results

### 4.1 Responses and demographic profile

There were 45 replies from nurses working in 25 different practices. (See survey questions in Appendix B.) Eighteen of these practices had one nurse reply, four practices had responses from two or three nurses, and the remaining three practices had five or six nurses responding. One nurse did not give the name of her practice. 25 practices (with one or more nurses replying) out of the 70 practices sampled gave a 36% response rate.

All respondents were women, and all were registered nurses. Nearly all (96%) the nurses were age 35 or above, over half (53%) had worked in general practice for at least 10 years, and most (84%) expected to remain working in general practice for the next 5 years.

#### Age-group and length of service

How long have you worked as a nurse in general practice?	18-24	25-34	35-44	45-54	55+	Totals	%
0-1 year	0	0	2	0	0	2	4%
2-4 years	0	0	3	5	0	8	18%
5-9 years	0	2	4	2	3	11	24%
10 or more years	0	0	4	11	9	24	53%
<b>Totals</b>	0	2	13	18	12	45	100%

#### Age-group and future work plans

Do you expect to continue working as a practice nurse in Kent & Medway for the next 5 years?	18-24	25-34	35-44	45-54	55+	Totals	%
Yes	0	1	11	18	8	38	85%
Uncertain	0	1	2	0	3	6	13%
Definitely not	0	0	0	0	1	1	2%
<b>Totals</b>	0	2	13	18	12	45	100%

When asked about their role, 16 out of 45 (36%) were Practice Nurses running disease clinics, and six (13%) were other Practice Nurses. Seventeen (38%) were generalist practice nurses or treatment room nurses, and the remainder were nurse practitioners (13%). There were no replies from entry level nurses.

Results have simplified the categories by combining Generalist and Treatment room nurses, combining Practice Nurse with specialty and Practice Nurses running clinics, and allocating other role descriptions to the appropriate category.

Comparing role with age, there were no replies from nurses aged under 25, and the youngest respondents were generalist practice nurses in the 25-34 age-band. Otherwise there was no particular association between age and role.

#### Age-group and role

What is your main role?	18-24	25-34	35-44	45-54	55+	Totals
Entry level nurse	0	0	0	0	0	0
Treatment room/Generalist practice nurse	0	2	5	4	6	17
Practice Nurse with specialty/running clinics	0	0	6	12	4	22
Nurse practitioner	0	0	2	2	2	6
<b>Totals</b>	0	2	13	18	12	45

Overall three quarters or the nurses replying (34 nurses out of 45 = 76%) worked part-time. This proportion was higher for practice nurses which includes those running disease management clinics, with seventeen out of twenty nurses (85%) working part-time.

#### Full or part-time working and role

What is your main role?	Full-time	Part-time	Totals
Entry level nurse	0	0	0
Treatment room/Generalist practice nurse	5	12	17
Practice Nurse with specialty/running clinics	3	19	22
Nurse practitioner	3	3	6
<b>Totals</b>	11	34	45
Percentage	24%	76%	100%

Some of the survey responses (8 out of 45 = 18%) were from Registered Nurses with no higher qualifications. The rest were qualified to diploma level (19 out of 45 = 42%), or educated to degree or higher (18 out of 45 = 40%). It should be noted that at this point the survey asked about diploma level and that diplomas can be delivered at a range of levels. Elsewhere the survey refined this to ask about accredited modules at level 4,5,6.

#### Highest level of qualification and role

What is your main role?	Registered nurse	Diploma level module	Degree	Masters, or masters level study	Totals
Entry level nurse	0	0	0	0	0
Treatment room/Generalist practice nurse	6	5	6	0	17
Practice Nurse with specialty/running clinics	1	14	5	2	22
Nurse practitioner	1	0	3	2	6
<b>Totals</b>	8	19	14	4	45
Percentage	18%	42%	31%	9%	100%



## 4.2 LTC clinics being run and nurses' qualifications

While 13 nurses (29%) said they were not running any disease management clinics, the remaining 32 responding to the survey said they were leading a total of 63 clinics relating to long term conditions. It was usual for a nurse to lead one or two clinics, although some led as many as 5 clinics.

### Nurses running clinics and role

What is your main role?	Number of nurses running clinics	Number not running clinics	Number of LTC clinics run	Number of other clinics run	Total clinics run
Entry level nurse	0	0	0	0	0
Treatment room/Generalist practice nurse	7	10	8	3	11
Practice Nurse with specialty/running clinics	20	2	39	3	42
Nurse practitioner	5	1	9	1	10
<b>Totals</b>	<b>32</b>	<b>13</b>	<b>56</b>	<b>7</b>	<b>63</b>
Percentage	71%	29%	89%	11%	100%

The eight 'other' clinics led by nurses responding to this survey were INR/Warfarin (3), Hypertension (2), Doppler, Epilepsy.

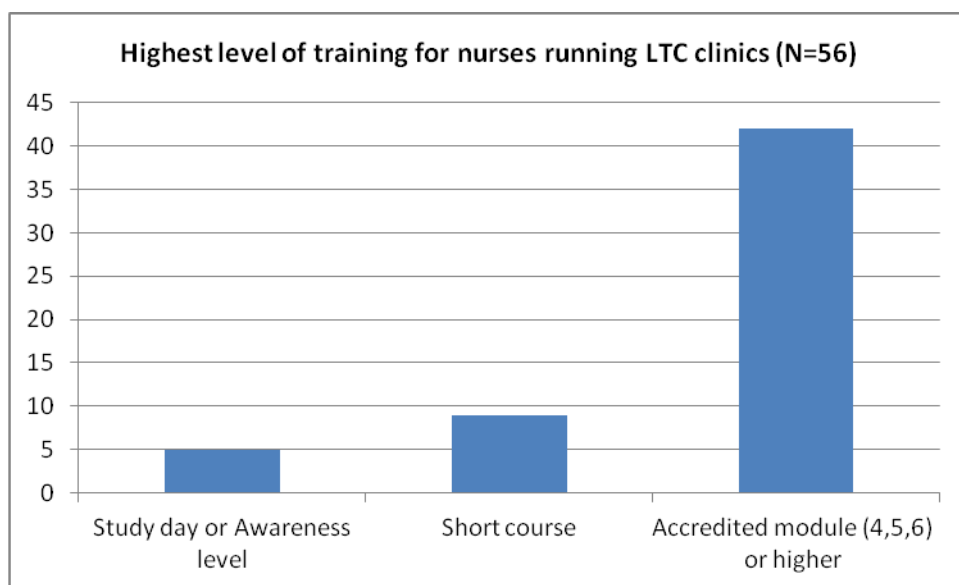
The relative frequency of LTC clinics reported in the Practice Nurse survey closely matched that reported by Practice Managers, with diabetes being most common, followed by asthma, and COPD.

### Long term condition clinics run and role

What is your main role?	COPD	Asthma	CHD (incl hypertension)	Heart failure	Diabetes	Chronic kidney disease	Depression	Other	Total clinics
Entry level nurse	0	0	0	0	0	0	0	0	0
Treatment room/Generalist practice nurse	2	3	1	0	3	0	0	2	11
Practice Nurse with specialty/running clinics	9	9	7	2	11	2	0	2	42
Nurse practitioner	1	3	2	0	3	0	0	1	10
<b>Totals</b>	<b>12</b>	<b>15</b>	<b>10</b>	<b>2</b>	<b>17</b>	<b>2</b>	<b>0</b>	<b>5</b>	<b>63</b>
Percentage	19%	23%	16%	3%	27%	3%	0%	8%	100%

When asked the highest level of training undertaken for each clinic most (42 out of 56 = 75%) were run by nurses with accredited module level (4,5 or 6) or higher qualification.

Nine (16%) clinics by nurses who had taken a short course, and five (9%) by nurses who had done a study day or awareness level course.



The survey found that 25% of the clinics were led by nurses with short course training or lower levels of training. A few asthma, COPD and CKD clinics appeared to be led by nurses with only study day or awareness level training.

#### Long term condition clinics and highest training level

Please state the highest level of training you have undertaken for the clinics you run	COPD	Asthma	CHD	Heart failure	Diabetes	Chronic kidney disease	Depression
Awareness level	0	0	0	0	0	1	0
Study day	1	2	0	0	0	1	0
Short course	3	2	1	0	3	0	0
Accredited module (level 4, 5, 6)	8	10	6	2	13	0	0
Masters level module	0	1	1	0	1	0	0
Specialist level degree	0	0	0	0	0	0	0
<b>Totals</b>	12	15	8	2	17	2	0

When asked if they had the skills to carry out their current or future roles, nurses already running LTC clinics felt they did. Of the five who said they were unsure or did not have the skills, four were not yet running LTC clinics or were thinking about non-LTC clinics. One nurse who had undergone short courses was not confident with her skills. Nurses were also asked to write some further comments on what skills they needed and six responded with the following:

*Although it does involve keeping up to date and a lot of reading.*

*Have the diabetes module, but there is always something more to learn with DM.*

*Should probably do nurse prescribing.*

Think I am going to branch into COPD/Asthma. Feel I need formal training in this area.

This is a new role within the surgery and the development of this role is ongoing. I have identified areas that I need further development in and training needs have been identified.

Will be looking for a course this year to enable me to practice chronic disease management of Heart Failure and am booked on a 2 day course for sexual health and family planning in June. Otherwise yes to this question.

Out of the 13 who were not running clinics, two nurses (a Practice Nurse and a Nurse Practitioner) had qualifications of accredited module or higher but were not running clinics. This indicates there is some spare capacity for more nurses to run LTC clinics within their own surgeries.

### 4.3 Organisation and planning of training

The survey asked about induction, overall skill levels in relation to their role, professional development plans and appraisals. One third had not had an induction programme. Overall 84% of the nurses taking part in the survey had a CPD plan, although treatment room or generalist practice nurses were much less likely to. For quite a large proportion of nurses (37%), especially those running clinics, the plans were not being fully followed. Just over a quarter said they did not always have a choice in the training courses they attended. 22% gave no date of last appraisal or it was over 15 months ago.

Number having a training/CPD (continuing professional development) plan and role

What is your main role?	Yes	No	Totals
Entry level nurse	0	0	0
Treatment room/Generalist practice nurse	13	4	17
Practice Nurse with specialty/running clinics	19	3	22
Nurse practitioner	6	0	6
<b>Totals</b>	38	7	45
Percentage	84%	16%	100%

Whether the CPD plan is being followed and role

What is your main role?	Fairly well	Partially	Not very well	Totals
Entry level nurse	0	0	0	0
Treatment room/Generalist practice nurse	10	3	0	13
Practice Nurse with specialty/running clinics	11	7	1	19
Nurse practitioner	3	2	1	6
<b>Totals</b>	24	12	2	38
Percentage	63%	32%	5%	100%

Training needs are decided in a variety of ways, it can be through appraisal (12), the nurses choosing for themselves (13), according to the demands of the practice (4), or a mixture of these (12). Occasionally decisions were made when information on courses arrived in the practice.

When asked what prevented nurses from doing the training they needed, there were only 10-15 replies. Time and course availability were perceived to be the main problems. Other reasons were that a course was cancelled or not available at the right time, it was too far away, or funding was a barrier. The LTC-related comments to the question 'If you have not had the training you need for your current job, what has prevented it?' were as follows:

<i>Cancellation due to weather conditions.</i>
<i>Courses getting cancelled. Distance of courses is an issue as I have school run to do.</i>
<i>Don't get enough time to sit in on clinics post courses to gain practical experience.</i>
<i>For other newer nurses to primary care over the last few years a lack of pertinent courses available.</i>
<i>None so far.</i>
<i>Not having time the course not running when I need it being snowed under by MSc work.</i>
<i>Only been here a year, so needed to get settled in.</i>
<i>Time constraints and availability of specific course.</i>
<i>Time off from practice.</i>
<i>Waiting lists / funding.</i>

#### 4.4 Training courses recently attended by nurses

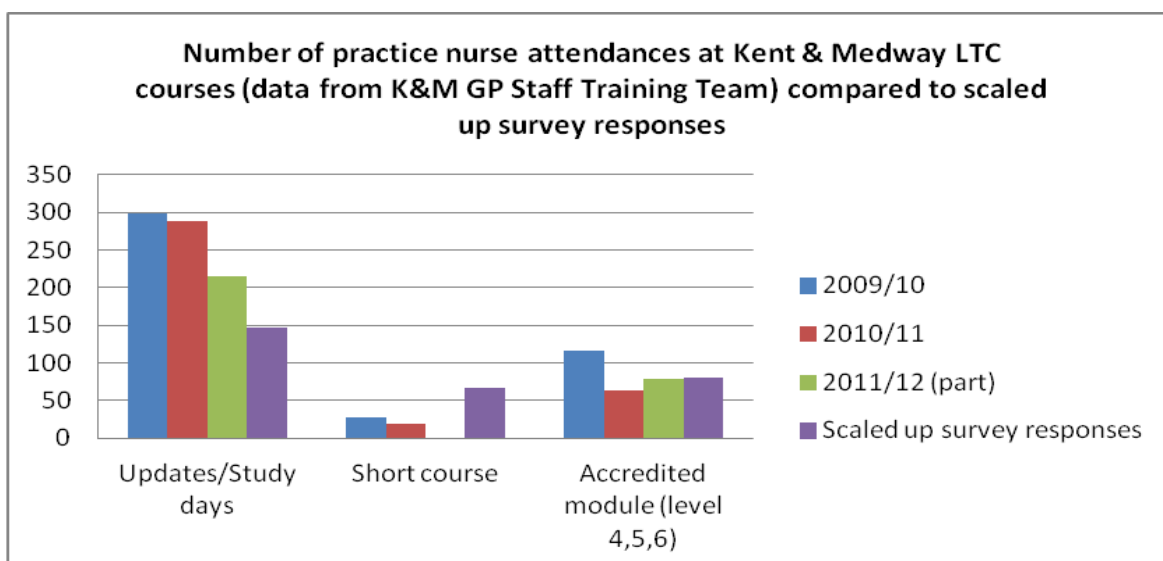
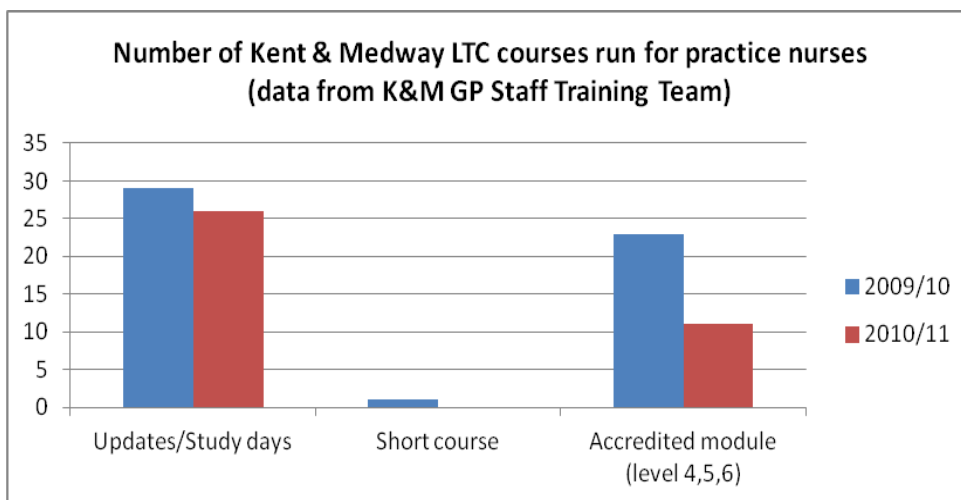
The survey asked practice nurses to give the name, level and duration of courses they had undertaken in the last year. Nurses said they had attended 107 courses, of which 22 (20%) related to long term conditions. The LTC courses were as follows:

- COPD (4 courses): 2 nurses on accredited modules (level 4-6) courses, and 2 on study days
- Asthma (4 courses): 1 nurse on accredited modules (level 4-6) course, 2 on study days, and 1 on awareness level
- CHD (3 courses): 1 nurse on a accredited modules (level 4-6) course, 2 on study days
- Heart failure (1 course): 1 nurse on a accredited modules (level 4-6) course
- Diabetes (9 courses): 1 nurse on a accredited modules (level 4-6) course, 4 on short courses, 4 on study days
- CKD (no courses)
- Depression (no courses)
- Long Term Conditions (1 course): 1 on short course (level 3 over 6 months)

LTC courses attended	Awareness level	Study day	Short course	Accredited module (level 4,5,6)	Masters level module	Specialist level degree	TOTAL
COPD		2		2			4
Asthma	1	2		1			4
CHD		2		1			3
Heart failure				1			1
Diabetes		4	4	1			9
Chronic Kidney disease							0
Depression							0
Long Term Conditions			1				1
TOTAL	1	10	5	6	0	0	22

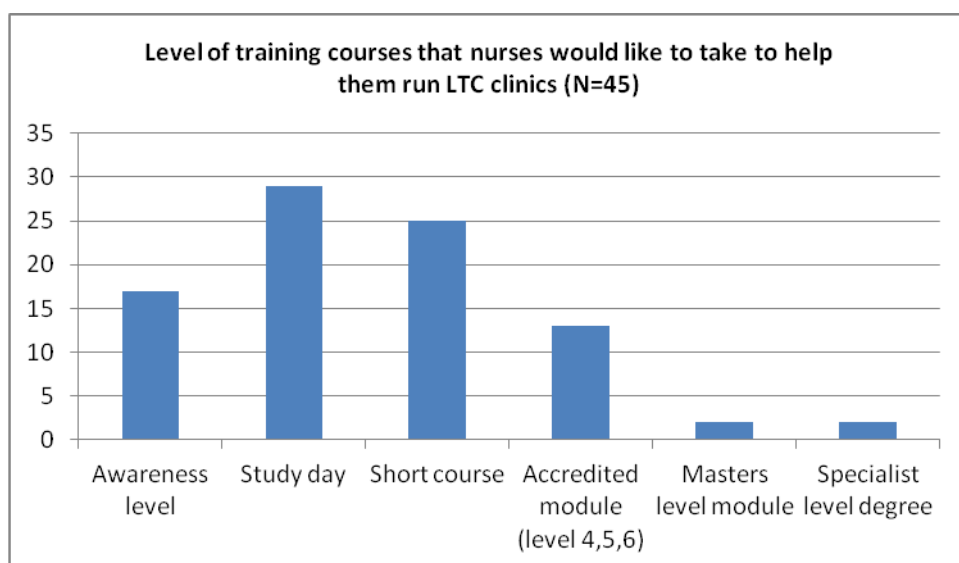
The 45 practice nurses in this survey went on 107 courses in the last year, of which 22 were related to long term conditions. This is an average of 2.4 courses per nurse per year, with 20% being on management of LTCs. If these figures are scaled up to the whole GP nursing population of 600 practice nurses in Kent and Medway, this amounts to 1440 course attendances annually of which 288 relate to long term conditions. Data on the number of practice nurses attending LTC training in recent years have been made available by the GP Staff Training Team (see Appendix D). In three years from 2009/10 to 2011/12, the number of attendances were 443, 371 and 450 respectively (with the latest year's figure being estimated by the K&M GP Staff Training Team).

Over the last two full years of data the training team funded 53 LTC courses attended by 443 practice nurses in 2009/10, and 37 LTC courses attended by 371 practice nurses in 2010/11. The number of updates and study days remained steady (29 and 26), one short course on LTCs was run, and the number of LTC modules went from 23 to 11. The survey respondents' attendance at training sessions was not dissimilar on overall volume, but differed from what was funded by the training team insofar as more survey respondents went on short courses and fewer went on awareness / study days,



#### 4.5 Training courses nurses will need

The survey also asked practice nurses what types of courses they would like to take that would help them run LTC clinics, and that they would be able to attend if the courses were held in the next 12 months. Most popular were study days (64%) and short courses (56%), with smaller numbers also interested in awareness level (38%) and accredited modules level 4,5,6 (29%). Only about a third of those expressing interest said they would be able to attend. Only a few (9%) said they would like to attend masters level modules or specialist level degrees, but a further 13% did not think they would be able to attend this level training, some giving time and home commitments as the reason.



On awareness days for LTC one nurse commented:

*So much changes so quickly with LTC re. treatments so awareness / keeping up to date crucial*

Another wanted awareness days, study days and short courses for COPD/Asthma/Wound care/CHD. One said they would like study days for 'Updates in various LTC', and another was interested in a short course for diabetes. There were also two nurses asking for accredited courses in asthma and one in diabetes. Accredited courses were difficult for some because they did not feel they would have enough time to do the course work, or it would depend on home/family commitments. One asked for Master's level courses that are practice-based using distance learning, because was a more effective way to learn.

Again it is possible to scale up the survey results to estimate future demand across the whole of Kent and Medway. Applying these percentages to all 600 practice nurses, and assuming they only attend one such course in a year, then the following would be needed:

- 227 places on awareness level courses (if 38% of all nurses want to attend),
- 387 places on study days (if 64% of all nurses want to attend),
- 333 places on short courses (if 56% of all nurses want to attend),
- 173 places on accredited modules (level 4,5,6) (if 29% of all nurses want to attend),

- 53 places on Masters level module/Specialist level degree courses (if 9% of all nurses want to attend).

The number of courses needed depends on how many places there are, and using averages derived from recent figures in Appendix D, these demand figures translate to the following numbers of courses:

<b>Level of course</b>	<b>Estimated demand (places) in Kent and Medway</b>	<b>Approximate number of attendees per course</b>	<b>Estimated demand (courses) in Kent and Medway</b>
Awareness level courses	227	11	21
Study days	387	11	35
Short courses	333	24	14
Accredited modules	173	6	28
Masters level modules/Specialist level degree courses	53	6	9
<b>Total</b>	<b>1173</b>		<b>107</b>

As well as uncertainties about student numbers on courses, the estimates must be treated with caution for several other reasons. Most importantly, only about a third of the nurses surveyed thought they would be able to attend the training they said they would need, so these estimates could be exaggerating demand three-fold. Also the survey may well have been completed by nurses with more than an average interest in training, which would tend to over-estimate demand. Finally, the sample size in this survey (N=45) gives somewhat imprecise estimates with confidence intervals of +/- 10-15 percentage points.

Comparing these demand figures with estimates of provision from the Kent & Medway General Practice Staff Training Team for the current year (2011/2012) the above concerns seem valid. Provision in the current year is expected to be at least 450 places on 23 courses. The number of places (450) is lower than the demand estimated from the survey (1173), bearing out the concerns what people want compared to what they might attend. It is recommended that the estimated number of places is used as a more reliable measure of demand than the number of courses, due to fluctuations over time in average attendances.

The estimates of demand from this survey of Practice Nurses were higher than provision has been in the last few years. Estimated demand for short courses was many times higher (a demand for 333 places compared to the highest provision in recent years being only 28 places). Estimated demand for awareness/study days and modules was about 2-3 times greater than recent provision statistics. Given the related information about whether nurses can attend, these figures suggest that the main shortfall is in short courses.

Having predicted demand in terms of the level of courses, is it possible to refine this by adding the LTC subject that people want? Predicting demand by subject and level is hard to do based on the small number (22) of LTC courses attended in the last year, and the fact that only a handful of nurses indicated the LTC topics for which they want training in the coming year (see comments in the Practice Nurse survey questions 10 and 15 in Appendix C). It is possible to say that in the coming year, study days continue to be in most demand, with short courses and awareness days gaining in popularity, and that the most popular LTC topics for the coming year are COPD, asthma and CHD. Diabetes is less popular compared

to the previous year. There continues to be no demand at all for training on chronic kidney disease or depression/mental illness clinics, and little demand in training for managing patients with heart failure.

#### **4.6 Practice nurses' comments on training and education**

Overall comments made by practice nurses included compliments of the GP Staff Training Team service, for example in having good lines of communication, being very helpful and supportive, responding well, and providing high quality training.

Two mentioned waiting lists, saying they were often long and that maybe that the waiting list system did not work. One asked for more short courses or distance learning for COPD, asthma, CHD, etc. and for more update opportunities. One found prescribing updates in short supply and another said that notice of courses was sometimes too short to reorganise patient appointments and attend.

The above two paragraphs summarise the following detailed comments relating to LTC training:

<i>Excellent training dept but not sure the waiting list system works. Very helpful.</i>
<i>I have a good line of communication with the training team who respond well to enquiries regarding training. There are many opportunities for training and if these are over and above the limit set by the practice in work time (3 study days a year but in practice we generally have more)then I am happy to study in my own time. The training provided is generally of high quality.</i>
<i>I have always felt very well supported and encouraged in my professional development and am keen to continue that development.</i>
<i>In my role as Nurse manager, having had experience for the past 20 yrs in Practice Nursing, I feel I am able to fulfil my role &amp; keep up to date with most areas of my work. I do feel sometimes that there is a gap in continuing education for the other Nurses who work under my supervision. Would like to see more opportunities for them to attend short courses or distant learning for COPD, Asthma, CHD etc. At present there are often long waiting lists for these courses and then not many update opportunities. I don't wish to criticise the work by KM GP Staff training team - they do a good job, but perhaps there is a funding issue? Also, I do not feel that all nurses need to do courses to degree or Diploma level for diseases such as Asthma, COPD. I feel in some circumstances a RELEVANT short course would be of help. Hope these comments are of use to you, but they are not meant as a complaint.</i>
<i>Overall team at GP training providers have always been very supportive and helpful. It's been good to have the opportunities to build on my skills and confidence in order to give evidence based care / help my patients.</i>
<i>Prescribing updates in short supply</i>
<i>Sometimes we are not told of courses/study days until quite late and then it's difficult to attend as I already have patients booked on that day</i>



## 5. Discussion of survey results in context of courses provided in the past and future

These results are based on the views of 30 practice managers and 45 practice nurses in Kent and Medway, responding to an online survey sent to a random sample of one in five general practices. It is possible there is a response bias towards those practices and nurses who are more interested in the subject of training or are running nurse-led clinics for patients with long term conditions.

The view of the Kent LMC was that the initial sample was representative of different types of practices (in terms of size and geographical spread), and that there was no obvious bias in the responding practices.

The practice manager survey showed a wide range of patterns of the number of nurses in general practices and how they were used to lead LTC clinics. In most practices, nurses were leading clinics, particularly for patients with diabetes, asthma and COPD. Practice managers saw some problems in the location and frequency of the courses, but on the whole practice managers were happy with the Kent & Medway GP Staff Training services.

Some of the critical comments were on specific topics, for example, about a lack of chronic disease updates and diabetic foot care. On styles of teaching, it was suggested that more use could be made of e-learning, and that introductory courses could be offered when there was insufficient time for studying accredited modules. However, it seems likely that demand for accredited modules is set to increase, since the number of practice nurses was widely expected to increase, practices were planning some increases in the number of LTC nurse-led clinics, and to run them nurses should generally have diploma level training.

There is clearly a perception that courses do not cover Kent evenly in frequency or location, while those commissioning the courses believe that the courses are run where there is demand and that overall more are run in East Kent.

Some of the issues raised, such as availability to attend and cover, are ones which have to be resolved within a practice. Also there is a tension between the time nurses have to study in order to achieve the higher levels of skills that both they and their practice would like them to achieve.

The suggestion that there should be more e-learning is worth pursuing, especially for updates, where there seemed to be greater demand. Also the request for more specific courses are likely to be valid, such as diabetic foot care, and chronic disease updates to ensure nurses keep up to date in fast-moving fields of care.

Other suggestions worth addressing are to provide and distribute a full list of courses that could be used in appraisals, and to provide a more modular approach such as a one-day introductory course leading on to higher level training.

From the practice nurse survey it is clear that nurses running LTC clinics are mostly over 35 years old, working part-time and likely to remain in post for at least the next 5 years. The survey has not included the views of younger nurses, either because few work in general practice or because the survey was only passed on to those with an interest in LTC care. If

there are more younger nurses now or coming into post, they will add to the demand for future training needs.

Practice nurses already running LTC clinics were confident in their skills to do so, however there could be some risk for more junior nurses to be doing this or those who have not undertaken relevant training at accredited module level. When commenting about what prevented them from attending training, nurses mentioned that time and availability of courses were sometimes a barrier, as were distance to courses, cancellations and funding. While they had been on quite a number of courses only one in five of these were for LTC patients. Study days seemed most popular, in terms of what nurses had taken and what they would like to take in the next year. There was considerable demand for most types of course, apart from masters level or specialist degrees where nurses perceived there were more barriers to their attendance. The comments emphasised the need to keep updated, although it was felt that nurses could not always get the time to attend.

As commented on above, the geography of Kent and Medway poses a particular challenge in this. However local a course is run, somebody will have the longer and/or more difficult journey to travel to the event, and survey respondents have said that locality and various issues of timing have prevented some of them from attending the training they felt they needed. Options for addressing this are also constrained by the availability of suitable venues.

One solution may be to consider running courses on a smaller scale, for example modelled on geographies of the future GP commissioning clusters. Making courses more accessible in this way would of course have implications for costs and organisation of courses. An alternative, would be future investment in other delivery options for courses, such as on-line training, video conferencing and virtual meeting. This in turn requires certain investments, but could be off-set by economies of scale and more flexible forms of delivery.

From the perspective of course participants and the GP practices that sent them, there is a message about opportunity cost of attending courses. Releasing a nurse to attend training has implications for a practice, so the investment needs to be perceived to be worthwhile. It may be an opportunity to look at the length of courses that are being delivered and test out further whether shorter courses are perceived to be 'good value' or whether combining shorter course elements into day courses may be perceived as providing additional value. Of course any remodelling of the course offering needs to be considered against other barriers that would develop as a result of such a development.

The above survey findings have been compared to recent listings of the courses run in Kent & Medway. The proportion of courses that nurses recently attended that are related to LTC is similar in both the survey (20%) and the data supplied by the GP Staff Training Team. Also the number of attendances is quite similar in both data sources. Future demand has been calculated for different levels of courses, with study days or short courses being most popular. Provision of places on short courses in recent years has been much lower compared to estimates of future demand from this study. The subjects that nurses most want are COPD, asthma and CHD.

Based on data from the Kent & Medway GP Staff Training Team, recent reductions in the number of LTC courses run may reflect the reality of practices' ability to free nurses to attend, or the availability of funding in the training budget to commission additional courses.

In contrast, the survey responses suggest there will be increases in future demand driven by increases in the workforce (which our survey suggests is planned in at least a quarter of practices) and where nurses take on more LTC clinics (envisaged in over a third of practices).

## **6. Summary and Recommendations**

The surveys of practice managers and practice nurses in Kent and Medway have shown a high level of satisfaction with the GP staff training programme, with the team being described as supportive and responsive, and the training being of high quality,

The surveys showed the number and type of clinics being run by practice nurses for long term conditions, with diabetes, asthma and COPD being the most common, but with practices expecting to increase both the nursing workforce and nurse-led clinics it is certain that demand for training will also rise. While there are constraints around what can be achieved within the top-sliced funding for course provision, this survey is intended to focus on the relative needs of different topics and formats for nursing training in Kent and Medway. Nevertheless, there remains a tension between the level of training a nurse needs to run a clinic safely (longer courses and accredited modules with accompanying course work), the time constraints within general practice to accommodate training absences, and the preference of nurses to attend shorter and more local training courses.

Taking into account the survey's propensity to over-estimate demand, this analysis has found a reasonable match between average provision over recent years of updates, study days and modules. However any downward trend in provision of these types of courses will need to be addressed, as will the large shortfall in provision of short courses that this analysis has found compared to the demand. Consideration should be made of providing more courses on COPD, asthma and CHD, and fewer on diabetes, if the demand figures are considered to be reliable.

The perception of nurses and practice managers that courses are too far away from East Kent, and that the frequency and availability of places on some courses has led to delays in getting on courses may need to be managed. Service providers will also want to note some specific suggestions, such as those for more e-learning, LTC updates, and diabetic foot care.


Taking a wider perspective, it may be possible to build on the positive relationships already developed and strengthen the lines of communication and exchange with the GP practices. This might include setting up more regular feeds from practices about demand, the training team distributing course lists and encouraging their use in appraisals, and practices feeding back decisions from the appraisal to the training team. This continuing dialogue may also improve the perception of enough of the right courses being run in the right locations.

The work described here reflects the views of a representative sample of practices in Kent and Medway, and provides a basis for continuing to assess needs and demand. There is now the opportunity to respond to the changing landscape in primary care and to be more proactive in negotiation and conversation with GP commissioning bodies about staff training provision.

## Appendix A Practice Manager survey

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### Practice Manager survey



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#### Welcome

We are asking general practice managers and nurses across Kent & Medway about the kinds of training and education that nurses need to support patients with long term conditions (LTCs). This section is for Practice Managers. Your replies will help the local GP Staff Training Team organise the right mix of training courses. We'd greatly appreciate if you can take a couple of minutes to answer these questions.

Replies will be treated in strict confidence and reported anonymously by researchers at the University of Kent. This research has ethical approval and works within the university's research governance framework.

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**About your practice**

1. Please give the name of the practice where you work

2. Please give surgery ID (GP-G/Y number)

3. How many patients are registered with this practice?

4. How many nurses are employed in your practice? please click on the relevant box and type in the number

[More Info](#)

	Total number of nurses	Total number of whole time equivalents
a. Entry level nurse	<input type="text"/>	<input type="text"/>
b. Generalist practice nurse	<input type="text"/>	<input type="text"/>
c. Treatment room generalist nurse	<input type="text"/>	<input type="text"/>
d. Practice Nurse specialty (such as asthma)	<input type="text"/>	<input type="text"/>
e. Practice Nurse running disease management clinics	<input type="text"/>	<input type="text"/>
f. Specialist nurse practitioner	<input type="text"/>	<input type="text"/>

5. What age are your nurses? please tick the boxes that apply

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	Age in years				
	18-24	25-34	35-44	45-54	55+
a. Entry level nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Generalist practice nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Treatment room generalist nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Practice Nurse specialty (such as asthma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Practice Nurse running disease management clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Specialist nurse practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you have plans to change (increase or decrease) the nurse workforce in the next year or so?

**Nurse-led clinics for long term conditions (LTCs)**

7. Do nurses lead any of the following long term condition (LTC) clinics in your practice?  
(select all that apply)

[More Info](#)

- COPD  
  Asthma  
  CHD  
  Heart failure  
  Diabetes  
  Chronic kidney disease  
  Depression
- Other (please specify):

8. Are there plans to change the number of nurse-led LTC clinics?

	No changes planned	Start a nurse-led clinic	Do more nurse-led clinics	Do fewer nurse-led clinics
a. COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Heart failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Chronic kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Training and education opportunities provided in Kent & Medway**

9. What is your overall view of the courses currently available for practice nurses which are provided through the Kent & Medway Staff Training Team?

- Good or excellent coverage  
 OK/adequate coverage  
 Poor or inadequate coverage

Please add any comments

10. How do you find the timing of courses for practice nurses?

- Too many/too frequent  
 About right  
 Too infrequent

Please add any comments

11. How convenient do you find the location of courses?

- Mostly easy to get to  
 Some are difficult to get to  
 Often difficult to get to

Please add any comments

12. Do you have problems with any of the following aspects of the range of training courses available to practice nurses?

			Please describe the problems encountered
	No problems	Have problems	
a. Subject and level of courses	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
b. Whether accredited	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
c. Length of course	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
d. Over-provision	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
e. Under-provision	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
f. Other problems	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**Additional comments**

13. If you would like to make further comments about the training needs of practice nurses and the courses available to them, especially relating to patients with long-term conditions, please write them here.

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## Appendix B Practice Nurse Survey

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**Practice Nurse survey**



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### Welcome

We are asking nurses in general practices across Kent & Medway to tell us about the training and education you have had or will need to support patients with long term conditions (LTCs). Your replies will help the local GP Staff Training Team that organises training opportunities to match needs. We hope you will take a few minutes to answer these questions.

Replies will be treated in strict confidence and reported anonymously by researchers at the University of Kent. This research has ethical approval and works within the university's research governance framework.

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**Your workplace and role**

1. Please give the name of the practice where you work

2. Are you a registered nurse?

Yes  No

3. What is your main role?

Entry level nurse  
  Generalist practice nurse  
  Treatment room generalist nurse  
  Practice Nurse specialty (such as asthma)  
 Practice Nurse running disease management clinics  
  Specialist nurse practitioner  
 Other (please specify):

4. Do you run any long term condition (LTC) clinics by yourself?  
(select all that apply)

COPD  
  Asthma  
  CHD  
  Heart failure  
  Diabetes  
  Chronic kidney disease  
  Depression  
 Other (please specify):

5. Please state the highest level of training you have undertaken for the clinics you run

	Awareness level	Study day	Short course	Accredited module (level 4,5,6)	Masters level module	Specialist level degree
a. COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Heart failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Chronic kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Skills and knowledge development**

6. What training have you undertaken in the last year? Please write in course title, level and duration

	Course title	Level	Duration
a. -	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. -	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. -	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. -	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. -	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Do you have a training/CPD (continuing professional development) plan?

Yes  No

If 'No' please say why this is the case

8. Is the plan being followed?

Fairly well  Partially  Not very well

9. What was the date of your last appraisal (dd-mm-yyyy format)

10. Do you think you have the skills to carry out your current or future role?

Yes  No  Unsure

If not, what do you need and when?

**Training and education opportunities**

11. Did you have an induction programme when you started in your current job or role?

Yes  No  Can't remember

12. Do you have the opportunity to choose which training courses you attend?

Yes, always  Yes, sometimes  No or not usually

13. How are your training needs identified?

14. If you have not had the training you need for your current job, what has prevented it?

15. What types of courses would you like to take that would help you run LTC clinics, and would you be able to attend if these courses were held in next 12months?

	Yes	No	Would be able to attend	Probably not able to attend	Add any comments here
a. Awareness level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b. Study day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c. Short course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d. Accredited module (level 4,5,6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e. Masters level module	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
f. Specialist level degree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
g. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**About you**

16. What is your highest level of qualification?

- Registered nurse    Diploma level module    Degree    Masters, or masters level study  
 Other (please specify):

17. Are you

- Male    Female

18. What age-group are you?

- 18-24    25-34    35-44    45-54    55+

19. Do you work

- Full-time    Part-time

20. How long have you worked as a nurse in general practice?

- 0-1 year    2-4 years    5-9 years    10 or more years

21. Do you expect to continue working as a practice nurse in Kent & Medway for the next 5 years?

- Yes    Uncertain    Definitely not

22. If you have any further comments, please write them here

Additional comments

[Continue >](#)

[Check Answers & Continue >](#)

## Appendix C Full list of comments

### Comments from Practice Manager survey

6. Do you have plans to change (increase or decrease) the nurse workforce in the next year or so?
Increase to incorporate more specialist roles
Looking to recruit second Nurse Practitioner
May increase the Nursing team depending on financial income to the practice
may look to take on nurse practitioner later in year
Neither. We have adequate nursing hours for our practice population
No
No
NO
No
No
No
No
No
No
No
No plans
Not at present
Not significantly
One of our nurses is due to retire this year. We have employed a nurse who is presently undertaking all practice nurse training requirements for the post.
one[full time nurse is pregnant & will be off on maternity leave for 1 year in the summer. The nursing workforce will be increased
Practice Nurse on Maternity leave intend to review nurses hours on her return
This is currently under review, our list is open and an increase in hours will be dependent on the growth of the list size during the next 6 months
We currently do not have a practice nurse, we are trying to recruit two part time nurses. We do have an efficient HCA who works 20 hours per week
We may increase our nurse hours in the next year or so to take the practice nurse speciality role up to full time. Note - we also have a Health Care Assistant to our practice nurse team.
We would like to increase the nursing hours depending on practice income
YES
Yes - additional 16 hours per week which has recently been lost Consideration of additional hours is being discussed
Yes - I am currently going to advert to have a .66 WTE Practice Nurse Specialising in disease Management and .3 WTE Treatment Room Nurse

Yes, according to needs especially with regard our Minor Injury Unit

yes, dependent on retirement plans

**9.a.** What is your overall view of the courses currently available for practice nurses which are provided through the Kent & Medway Staff Training Team? Please add any comments

Greater Notice could be given for courses available

Need more coverage for the xxxx area

Our new nurse has been able to access a lot of training even before she started - may be lucky timing?

Shortage of training courses and based too far a lot of the time

The K&M GP training team respond well to enquiries regarding courses. They also communicate well, notify us of new course and of places available on existing courses

The quality of courses and content is good but availability does not meet demand and we often have to wait for places to be available.

very little mental health updates available

Would appreciate more courses to be run locally

Would like more diploma courses

**10.a.** How do you find the timing of courses for practice nurses? Please add any comments

some training is annually which can be difficult

Sometimes struggle to get on the more popular courses and have to wait longer than we would like.

**11.a.** How convenient do you find the location of courses? Please add any comments

covering all Kent is a problem when only one course available

More access in East Kent as a lot of courses are generally in West Kent area. Employees complain about time/cost of travel.

Sometimes too far away for half day course

This is what I am told by my nurses

Too far away

**12.a.i.** Do you have problems with any of the following aspects of the range of training courses available to practice nurses? Subject and level of courses -- Please describe the problems encountered

difficult to access MSc level courses. wound care not covered very often. Anticoag updates not offered currently

Family Planning for Practice Nurses

My nurses have a range of experience/skills so need varying levels of courses

**12.e.i.** Do you have problems with any of the following aspects of the range of training courses available to practice nurses? Under-provision -- Please describe the problems encountered

As above sometimes wait for more popular courses, e.g. imms and vaccs

long waiting lists for some courses such as imms and vaccs

Not able to book Diabetic Foot Care for last couple years

Often have a long wait for the required course

**12.f.i.** Do you have problems with any of the following aspects of the range of training courses available to practice nurses? Other problems -- Please describe the problems encountered

Often the course is over subscribed very quickly (esp imms & vacs)

some locations quite a distance

Very difficult when a nurse is unwell or on holiday as if they miss course there may not be another one for a long time

We have two nurses and generally they both wish to do same course to update their knowledge, this means we therefore lose both nurses on the same day.

Would be good to provide e-learning updates

**13.** If you would like to make further comments about the training needs of practice nurses and the courses available to them, especially relating to patients with long term conditions, please write them here.

A 3 day Minor illness course would be very useful for practice nurses

Don't seem to see Chronic Disease updates as we used to - timings are often difficult as generally we are putting in a request and then waiting for the course to be commissioned rather than booking directly onto a course date. We understand that this process is to protect costs but can be difficult if short notice as the nurse will already have clinics arranged

e learning would be a good innovative way to help nurses access courses as not always able to be released from Clinics. Especially if long distance learning with mentors available ie asthma

Health Care assistants have a lot to offer and it has been good to see that more offers are being made available. I wonder if general updates on procedures are available

I would like more direction on how they can improve in their specialty. For example how can my excellent diabetes nurse become a Diabetes Nurse Specialist?

It would be good to be sent a list of available courses run so as it could be used in appraisals rather than trying to identify what is needed and then trying to find out whether a course is available. The Training Department are very helpful though when you ask for help.

The evidence base for managing patients with LTC is changing is in constant change and it is important for nurses to be able to access updates for these conditions. Many of our nurses are prescribers and we welcome the prescribing updates from CCCC

We will happily enter our nurses (when we get them) onto any relevant training courses which will benefit patient care.

Would be difficult if starting with a new nurse or returner to work.

Would be good to have just a one day course to introduce nurses to the basics of the subject then run another more advance course later. Nurses do not always have time to study for diplomas especially when working full time.

### Comments from Practice Nurse survey

#### 3. What is your main role?

Lead Nurse /Advanced Nurse Practitioner

Minor illness

Nurse Manager (Senior P/N)

paediatric nurse

practice nurse generalist, treatment room,running disease management clinics and anything else that walks through the door !

#### 4. Do you run any long term condition (LTC) clinics by yourself? Other

doppler clinics

epilepsy

Hypertension

Hypertension

INR

NO

NO

NO

not by myself other nurses also

Not here - did in previous role

travel

warfarin dosing

Warfarin Therapy

#### 7.a. Do you have a training/CPD (continuing professional development) plan? If 'No' please say why this is the case

I don't have a formal one but my MSc is ongoing CPD

never been encouraged to plan a pdp always talked about but no interest from drs

New in post
new to the practice , will be discussed with the Manager
semi retired not planning for long term work

<b>10.a.</b> Do you think you have the skills to carry out your current or future role? If not, what do you need and when?
although it does involve keeping up to date and a lot of reading
but last date appraisal march 2010 your programme would not let me enter this
Family planning, female sexual health, Dermatology. In the next three years
Have the diabetes module, but there is always something more to learn with DM.
should probably do nurse prescribing
Think I am going to branch into COPD/Asthma. Feel I need formal training in this area.
This is a new role within the surgery and the development of this role is ongoing. I have identified areas that i need further development in and training needs have been identified
Will be looking for a course this year to enable me to practice chronic disease management of Heart Failure and am booked on a 2 day course for sexual health and family planning in June. Otherwise yes to this question.

<b>13.</b> How are your training needs identified?
1) mandatory re. imms / cytology 2) areas i wish to increase my knowledge / skills -clinical 3) areas - non clinical -i've had no training what so ever in - re. attended course to equip me to do appraisals / will be attending a supervisory course - all to build my skills as a head practice nurse. 4) I have a respiratory specialist interest - so developing that role
3 pronged really. 1) what is identified in PDP but also 2) what the service [ie the practice] requires . 3) as part of clinical governance where issues identified
According to my role
According to my role
Appraisal and own experience
appraisal with lead nurse
Appraisals and personal identification
at appraisal
at appraisal and ad hoc
At Appraisal or as study days come up
at appraisals
at appraisals, pct study day/s. pn/enp meetings/discussions, observation/discussion/hands on at gps clinics, network with pns from other practices, med rep meetings.
at my IPR
Between Team Leader and myself in appraisal.



by me
by me
By myself as the role has developed over the years. By my manager and by National and local guidelines for competence and safe to practice
by myself choosing which courses i want to attend
By myself or the practice
During appraisal
During appraisal and when training info comes through to the practice
I decide on my training needs
I have annual appraisal's in which I identify my training needs
I identify them. Supportive manager
I tell my boss
Identified by myself
in appraisals
in line with the needs of the practice
Initiated by my own self-awareness and match against the needs of the practice.
Mainly by myself, sometimes at the request of the practice eg. INR Training
my reflection on practice/ current policies and recommendations etc
myself and at appraisal
needs of work load, changing workload. need to increase skills to cope
personal need/choice
self appraisal further education
Self identification of needs
staff choice and relevant courses from manager if mandatory.
through appraisal
Was discussed on start of employment and on appraisal
We discuss them at each appraisal with the practice manager and a doctor in the practice and then find out which courses are available ourselves.
with the GPs/ colleagues/ Practice manager.

<b>14. If you have not had the training you need for your current job, what has prevented it?</b>
cancellation due to weather conditions
Cannot access formal travel training
courses getting cancelled. Distance of courses is an issue as I have school run to do
Dont get enough time to sit in on clinics post courses to gain practical experience

for other newer nurses to primary care over the last few years a lack of pertinent courses available
n/a
N/A
N/A
n/a
n/a
N/A
None so far
not having time the course not running when I need it being snowed under by MSc work
Only been here a year, so needed to get settled in
time constraints and availability of specific course
Time off from practice
waiting lists/funding

<b>15.a.ii.</b> What types of courses would you like to take that would help you run LTC clinics, and would you be able to attend if these courses were held in the next 12months? Awareness level -- Add any comments here
COPD/asthma/wound care/CHD
Obviously depending on home/workload commitments
so much changes so quickly with LTC re. treatments so awareness / keeping upto date crucial

<b>15.b.ii.</b> What types of courses would you like to take that would help you run LTC clinics, and would you be able to attend if these courses were held in the next 12months? Study day -- Add any comments here
cpd
COPD/asthma/wound care/CHD
minor-ops ie suturing for a minor injuries unit
Obviously depending on home/workload commitments
Updates in various LTC

<b>15.c.ii.</b> What types of courses would you like to take that would help you run LTC clinics, and would you be able to attend if these courses were held in the next 12months? Short course -- Add any comments here
Diabetes
COPD/asthma/wound care/CHD
might be able to attend

minor-ops ie suturing for a minor injuries unit.
Obviously depending on home/workload commitments
Would have to be approved

<b>15.d.ii.</b> What types of courses would you like to take that would help you run LTC clinics, and would you be able to attend if these courses were held in the next 12months? Accredited module (level 4,5,6) -- Add any comments here
All depending on home/workload circumstances re: my young children and husband's job and training.
asthma
asthma
diabetes and prescribing
not enough time to do course work
Would have to be approved

<b>15.e.ii.</b> What types of courses would you like to take that would help you run LTC clinics, and would you be able to attend if these courses were held in the next 12months? Masters level module -- Add any comments here
am already doing
not enough time to do course work
Home life to busy too be able to focus on
maybe in respiratory medicine at a later stage
very new to the practice will think about it
Would like masters levels courses that are practice based and distance learning. Personally I feel I learn more effectively that way

<b>15.f.ii.</b> What types of courses would you like to take that would help you run LTC clinics, and would you be able to attend if these courses were held in the next 12months? Specialist level degree -- Add any comments here
not enough time to do course work
Home life too busy to be able to focus on
possibly in respiratory medicine at a later stage
very new to the practice will think about it

<b>22.</b> If you have any further comments, please write them here
Excellent training dept but not sure the waiting list system works. Very helpful. Keen as above to access travel training.

Have worked within this practice for 10 years, have always found the partners to be supportive in my learning needs and development and have met very few obstacles along the way. I continue to develop my skills and seek new challenges

I am considering retiring at 65yrs old ie 2 years time

I am now keen to undertake further training in women's health & sexual health. I am booked on a 3 day course in September for INR monitoring training, as the practice will be part of this programme.

I have a good line of communication with the training team who respond well to enquiries regarding training. There are many opportunities for training and if these are over and above the limit set by the practice in work time (3 study days a year but in practice we generally have more) then I am happy to study in my own time. The training provided is generally of high quality.

I have always felt very well supported and encouraged in my professional development and am keen to continue that development.

In my role as Nurse manager, having had experience for the past 20 yrs in Practice Nursing, I feel I am able to fulfil my role & keep up to date with most areas of my work. I do feel sometimes that there is a gap in continuing education for the other Nurses who work under my supervision. Would like to see more opportunities for them to attend short courses or distant learning for COPD, Asthma, CHD etc. At present there are often long waiting lists for these courses and then not many update opportunities. I don't wish to criticise the work by KM GP Staff training team - they do a good job, but perhaps there is a funding issue? Also, I do not feel that all nurses need to do courses to degree or Diploma level for diseases such as Asthma, COPD. I feel in some circumstances a RELEVANT short course would be of help. Hope these comments are of use to you, but they are not meant as a complaint.

overall team at GP training providers have always been very supportive and helpful. It's been good to have the opportunities to build on my skills and confidence in order to give evidence based care / help my patients.

prescribing updates in short supply

Some trainings are run by Private Companies eg. travel vaccine is that accredited as well? Will it cover me to do travel clinic if I attend that one? I also want to do Mentorship training, request made to my manager awaiting reply.

sometimes we are not told of courses/study days until quite late and then it's difficult to attend as I already have patients booked on that day

Whatever courses I undertake obviously need to accommodate home life and the practice's needs.

## Appendix D Data from Kent & Medway Staff Training Team

### LTC clinical courses funded by Kent & Medway GP Staff Training Team for PNs - April 2007 onwards

UPDATED 9-8-11

	Number of Nurses attending LTC courses	No of programmes commissioned or funded	Modules		short courses		updates/study days		Total number of all nursing course	Total attendees
			non LTC (including prescribing)	LTC topic Diploma or degree-level module	non LTC clinical	LTC topic Intro/awareness level/ short course	non LTC clinical	LTC topic update		
	Number (% of all course attendees)									
2007/8	193 (33%)	x								
2008/9	121 (15%)	x								
2009-10	numbers of COURSES: numbers of attendees		68	23 116	23	1 28	85	29 299	200	443
2010-11	numbers of COURSES: numbers of attendees		42	11 64	11	0 19	92	26 288	156	371
2011-12	<i>numbers of COURSES as at 13-5-11</i> <i>estimated numbers of attendees to date</i> <i>(not all courses yet held and many more to be booked in this financial year)</i>		20	4 63	3	0 1	31	15 207	73	271
2011-12	estimated numbers at 9-8-11 (including future bookings already made)* numbers of courses number of attendees		30	8 79	7	0 0	38	7 215	90	294

\* please bear in mind that - subject to demand and budget availability, there are still more courses to book for the remainder of 2011-12, and several will be in LTC topics.

SueT/KMGP/9-8-11