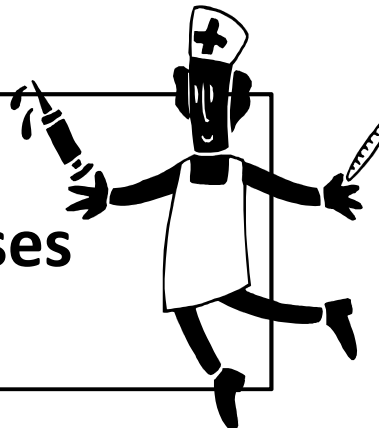


Managing practice nurses effectively

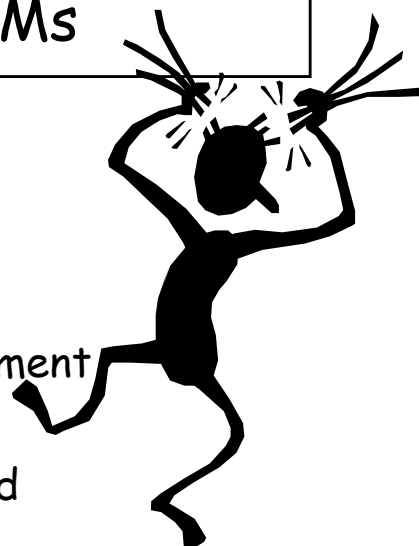


Marilyn Eveleigh, PCT Lead Nurse
Independent nurse adviser
Editorial adviser to Nursing in Practice

PM conference: June 2011

Headaches for PMs

Flexible working
Sociable hours
Higher salaries
Uncomplicated recruitment
Negotiate own terms
Free rein, unstructured
Trained on the job



PN risks in primary care?



NO formula for nursing/
hours/caseload

Inappropriate allocation of roles

Inadequate training for role

Clinical supervision not undertaken

PNs wanting a career progression

Inappropriate appraisal

Q1: What is your biggest worry about employing PNs?



- How to manage a clinician
- PM lack of decision-making
- Difficult/disruptive relationships
- Handling disciplinary issues
- Lack of professional support/perspective

Q2: What is the most common GP need for a nurse?

- All GPs may be different
- Matches what PNs experience
- Acute vs Community/chronic
- Multi-skilled generalist



Q3: what should nurses lead in?

- ✓ Cytology
- ✓ CDM
- ✓ Infection control
- ✓ Equipment control
- ✓ Vaccinations
- ✓ QOF quota



Q4: Define a practice nurse

By **COMPETENCIES** for the role:

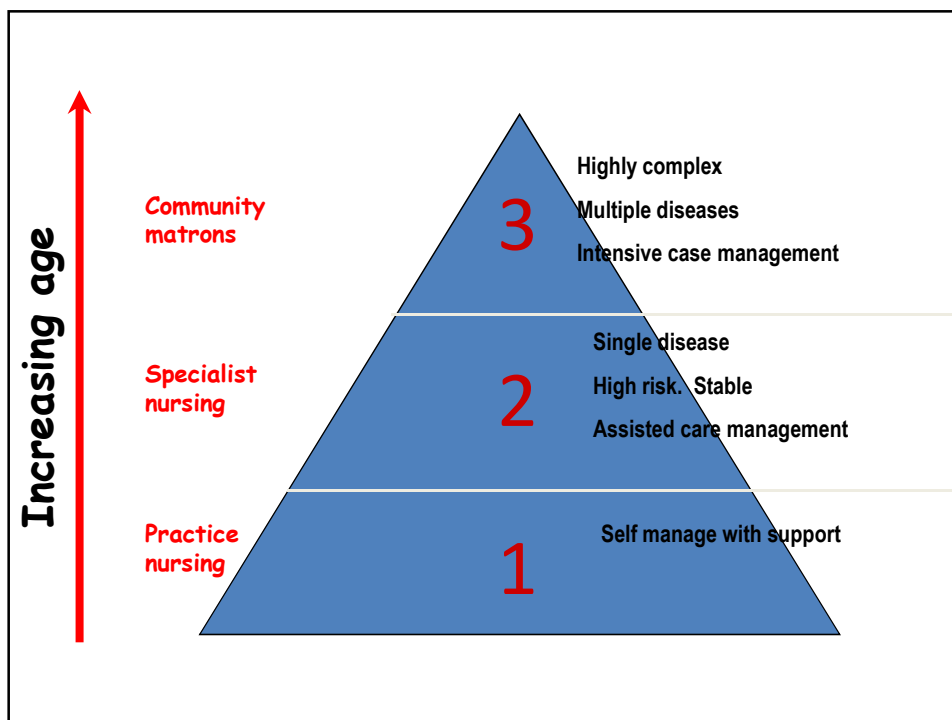
Long term conditions

Screening

Health promotion and protection

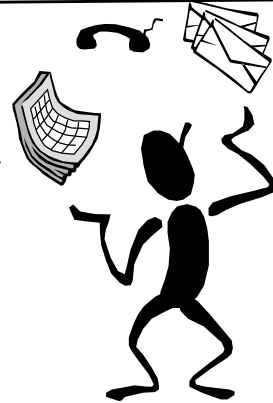
Diagnostic standards

Triage



Q5: Have your PNs got core competencies?

Common skills for the role
Ensures continuity of service
Multifunctional
Cost-effective for practice



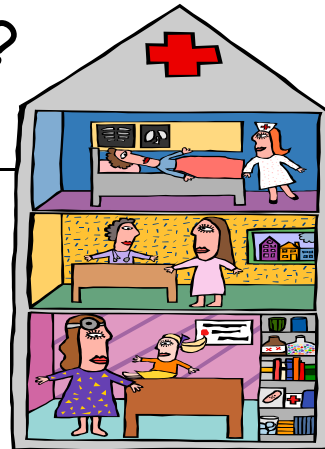
⇒ **Competencies link to pay**

Q6: How is PN pay determined?

- ✓ Competencies rewarded
- ✓ Responsibility recognised
- ✓ Leadership of the team
- ✓ Annual uplifts
- ✓ Bonus when over and above, exceptional.....



Q7: Who manages? Who leads?



Ensures clarity and
fairness over.....

- Core PN Competencies
- Training defined
- Common role & responsibilities
- Employment & career progression
- Pay structure

Q8: Who appraises the PNs?

- PM & GP
- GP
- PN
- other



- ✓ Who trained to do appraisals?
- ✓ Who makes decisions
- ✓ Review previous appraisal/PDP
- ✓ No surprises

More skills - more pay??



- Only if responsibilities change significantly
- Agreed beforehand in PDP
- Being skilled is a professional responsibility and expectation

Q9: is there a GP lead for the PN team?

- ✓ Conduit for practice issues
- ✓ Business agenda and goals
- ✓ Appraisals
- ✓ Leader recognised
- ✓ Consistency



Q10: who determines PN workload?

Determining the practice PN requirements

Ratio: 1000 patients to 10 nurse hours

Time allocation for procedures

Cleaning, stock control, domestics

Administration

PN cover



Common
assumptions should
be possible.....



Nurses work to their grade/band

Not precious about role: succession plans

Nurses use every opportunity

Nurses lead reviews of multiple LTCs