

OVERVIEW: DEVELOPING STUDENT PRIMARY CARE PLACEMENTS

NHS Cumbria Clinical Commissioning Group (CCG), general practices and the University of Cumbria are working in partnership with the North West Placement Development Network (NWPDN) to develop and increase primary care placement opportunities for pre-registration nursing students, trainee assistant practitioners and nursing cadets. This has been identified as a key education and training need if future student learners are to have the exposure and the right skills to develop the role of primary care in the future.

This project is exploring the concept of providing a 10-12 week hub placement for pre-registration nursing students in year 3 of their degree programme. A bespoke placement model has been developed which utilises a cluster arrangement between two practices, in order to address previously identified challenges of supporting a hub placement for this length of time.

As part of the nursing curriculum student nurses adopt a hub and spoke approach to their placements. A hub placement (in this case the primary care placement across two practices) is the student's main placement, and spoke opportunities are areas or services which a student can visit for a shorter period of time to enhance their learning and understanding. In order for this to be contextual learning, following a patient journey is considered to be best practice.

Across the CCG recruiting to practice nurse vacancies has been problematic, and there is the added concern of the approaching retirement of a significant proportion of the current workforce. To address this, the Primary Care Development Leads want to be proactive in developing the future practice nurse workforce. Currently student learners have little to no access to practice placement opportunities in primary care, therefore have little understanding of the practice nurse's role, and do not routinely consider primary care as an option post qualification.

Key Aims

Primary care capacity needs to be developed and sustained to ensure that the workforce of the future have the right skills, values and behaviours to:

- Provide placements for student learners in general practices with a strong teaching and learning ethos
- Address an anticipated need for practice nurses when the current workforce reaches retirement
- Ensure there are enough practice nurses to fill the increasing number of positions as the primary care workload increases and more secondary care patients are being cared for out of hospital
- Support student learners to gain an understanding and insight into the role of the primary care nurse in managing patients in the community with complex multiple co-morbidities
- Raise the profile of primary care and provide an avenue for newly qualified nurses to explore this as a future career.

Background

The demands placed on general practices are significant and challenging with the NHS reforms placing GPs at the centre of commissioning. The ageing population and the increasing prevalence of chronic disease add further complexity, which requires a strong re-orientation from the current emphasis on acute and episodic care, towards prevention, self-care, more consistent standards of primary care, and care that is well coordinated and integrated (The Kings Fund 2011).

The Department of Health (DoH) is currently emphasizing the importance of primary care and its role at the forefront of the National Health Service. The key drivers listed below highlight the necessity to develop holistic accessible services for children and adults closer to home. Recommendations include the importance of excellent training and local partnerships being developed with the focus on quality, holistic, cost effective, local care being provided. The landscape for this care will be developed via primary care services delivering services 24 hours 7 days a week.

Key drivers for change include:-

- [Health Education England Mandate 2015/2016](#)
- [Transforming Primary Care: Safe, Proactive, Personalised Care for those who need it most \(DoH 2014\)](#)
- [NHS 5 Year Vision \(DoH 2014\)](#)
- [Statutory Guidance on Joint Strategic Needs Assessment and Joint Health and Well-being Strategies \(DoH 2013\)](#)
- [Healthier Together \(Greater Manchester Association of](#)

- [Clinical Commissioning Groups 2014\)](#)
- [Transforming Community Services Agenda \(DoH 2011\)](#)

Key Stages of Set-up

The first step of the project was a meeting between the NWPDN and Mike Eddy, a Practice Manager from the South Lakes locality, to discuss how practice placements opportunities could be developed and how student learners can best be supported. This discussion highlighted challenges from a primary care perspective around supporting a full time student for 10-12 weeks. The main concerns were focused on Practice Nurse availability; the majority of Practice Nurses are part-time and have limited time available to support a student. In order to address the challenges a bespoke placement model was developed (Appendix 1) which divides the hub placement between two general practices.

Next a meeting was arranged with a number of South Lakes Practices, primarily with Practice Managers and Practice Nurses, to present the bespoke model and obtain feedback. The practices were invited to express an interest in participating in the pilot project, which four practices did. All placement providers must comply with Nursing & Midwifery Council (NMC) standards for supporting student nurses on placement, so from this a review of the staff profile of each of the practices was undertaken to ascertain if a qualified mentor was in situ and the date they last received a mentor update and triennial review.

The practices were paired up by geographical location,

ensuring that a qualified mentor was available in each of the pairs. A review of the learning opportunities available in each practice was discussed and documented in the NWPDN toolkit (Appendix 2) and the clinical placement profile template.

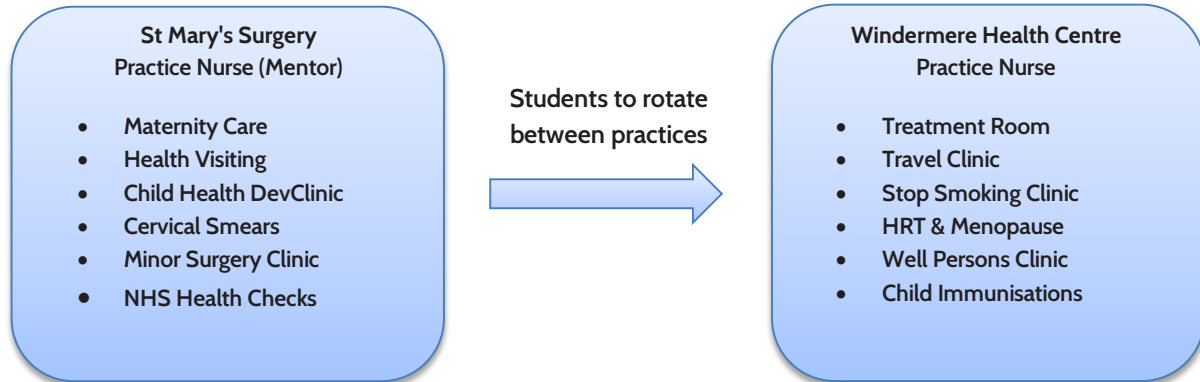
A Practice Education Facilitator (PEF) and a university link lecturer (ULL) were allocated to the cluster; they delivered a mentor update for the practices and explained the support they could offer. As part of this session an overview of the nursing programme, placement expectation, learning outcomes and practice assessment documentation was completed.

An educational audit was completed with the practices with the input of the ULL and PEF. It was agreed that one student would be allocated to each pair of practices. Each student would spend the first half of their hub placement at one practice and then rotate to the other.

The final stage was to complete the formal handover process of the placement to the University and for the PEF to activate the placement. The Placement Learning Support Unit (PLSU) then allocated two students to the cluster.

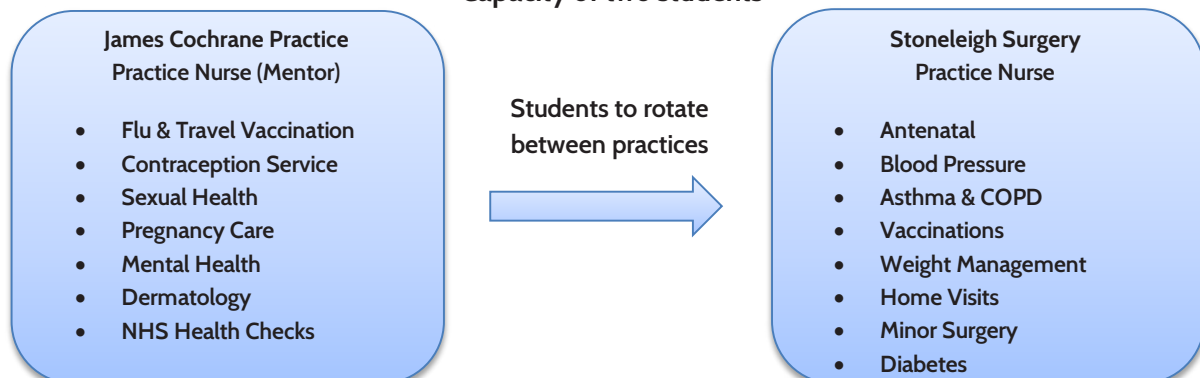
How it Works

Using the cluster model, two practices can work together to provide a hub placement; a student will split their placement between the two practices, spending five weeks at each practice. A qualified mentor works between a pair of practices



South Lakes Cluster Model

Capacity of two students



and long arm mentoring is utilised. Within each practice various spoke opportunities are identified and patient pathways complement contextual learning.

A student co-ordinator, who is the key contact between the four practices and the university, is identified for the cluster. The PLSU at the university will send all notice of student allocations to the co-ordinator who liaises with the practices directly.

Resources

The most significant resource for developing this project was the time of the members of staff involved:

- Practice Manager – attended and co-ordinated all meetings with the practices and volunteered to be the student co-ordinator for the cluster model
- South Lakes Practices – Practice Managers and Practice Nurses who attended the initial project meetings and bespoke mentor updates
- PEF – supported the delivery of a bespoke mentor update, support for the completion of the educational audit and ongoing support for practice staff
- ULL – supported the delivery of a bespoke mentor update, support for the completion of the educational audit and ongoing support for practice staff and students whilst out on placement
- Placement Development Lead – developed the bespoke placement model and led on the implementation of the pilot.

Key Challenges

- No previous experience of a hub primary care placement being shared between two practices. This will be reviewed via student and placement feedback
- Limited mentors – NWPDN plan to develop mentors across the South Lakes cluster and expand the cluster area
- Protected time for the Practice Nurse to feed back and teach the student learner was considered to be a challenge. This was overcome by negotiation with the practice manager and using non-attended appointments.

Key Learning

Feedback from the practices in the cluster and from a student has informed the evaluation of the pilot, which has raised the following points:

- During the planning phase there need to be regular progress updates to practices. These could take the form of an email bulletin and will assist in keeping momentum and engagement for the project.
- Handover time between the practices is key to ensure a smooth transition of learning and supervision for the student.

- All practices agreed that having a protected time slot during their day would assist with supervision and teaching for the student. This would need to be agreed with the Practice Manager.
- Students must be informed of the placement model for this primary care placement in order to manage their expectations.

Sustainability

The practice placement model has now been presented to the Primary Care Development Leads across the CCG and has their full support to implement across the six localities of Allerdale, Carlisle, Copeland, Eden, Furness and South Lakeland.

To date a number of presentations have been delivered on the South Lakes cluster model via Practice Manager Forums and Practice Nurse forums across each of the six localities. This has led to further engagement and a number of practices from each locality expressing interest to provide practice placements as part of a cluster model. The network will continue to present the model to CCGs across the North West and discuss a range of placement models with individual practices.

Next steps

- Continue to develop and refine the South Lakes Cluster model
- Implement the cluster model in each of the six locality areas across the CCG with the support of the Primary Care Development Leads.

Useful links and resources

- Appendix 1 – South Lakes Cluster Model
- Appendix 2 – NWPDN toolkit
- [North West Placement Development website](#)

For more information contact:

Stephanie Purcell
Placement Development Lead
Stephanie.Purcell@uhsm.nhs.uk
01772 214436