“Giving students experience of general practice is now urgent”

Around 90% of patient contact in the NHS happens in general practice. It is estimated that at least one in five nurses working in this setting are aged 55 or over, and expect to retire within five or 10 years. This is no surprise to anybody working in general practice, perhaps apart from those who hold the reins in deciding clinical priorities.

Until now, the strategic approach to workforce planning seems to have done the equivalent of covering its eyes with its hands and hoping the problem sorts itself out. Time and again, warnings are given about this demographic time bomb. But, when over 20% of a highly experienced workforce effectively disappears into the sunset, the most likely outcome will be a glib recommendation to those who remain to work smarter, not harder.

Deferring retirement is not viable. After a lifetime of service, it could be argued that for many of us, the spirit and commitment to care remains strong but physically it becomes more and more difficult.

Looking ahead to 2020 or thereabouts, if the expertise of general practice nurses (GPNs) is effectively lost and not replaced, what services could be threatened? At the very minimum, patients would not receive care closer to home. The management of long-term conditions, such as asthma, diabetes, chronic obstructive pulmonary disease and cardiovascular disease, as well as anticoagulation monitoring, travel health, family planning, obesity and hypertension management will fall into the laps of GPs, making a mockery of skill mix. Primary and secondary prevention encompasses much of GPNs’ work, reducing the need for more costly and complex hospital interventions. Nurse practitioners assess, diagnose and treat patients with undifferentiated illnesses, a service that may lead to inappropriate attendance at accident and emergency departments.

We need radical, joined-up thinking involving the Department of Health, higher education and GPs, and we need it right now. Key additions to general practice teams must include healthcare assistants and assistant practitioners who have been rigorously prepared for their roles. General practices are effectively independent businesses, and need to balance their books so taking on new staff might be seen as a financial risk. That said, it is encouraging that some newly qualified nurses have been able to achieve employment as GPNs.

Working as a GPN is no easy option. As nurses new to this field quickly realise, there is a world of difference between the skill sets required as a GPN and those acquired in other placements during pre-registration education. If I hear the words “steep learning curve” even one more time I shall probably scream.

Such a comment surely emphasises the need for an urgent shake-up of pre-registration education. We must ensure students have placements in general practice, to sample its culture, to learn skills under supervision, to attract newly qualified nurses to this demanding, fulfilling sector and to head off a looming workforce crisis.

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How we communicate is important, particularly so in healthcare. However, for some people, regardless of the skills of the nurse, communication is a non-starter.

Up to half a million people in the UK have difficulty interacting with health professionals because of a language barrier. This can limit or even prevent their understanding of health issues, affects adherence to treatment and leads to poorer health outcomes.

Using face-to-face interpreters improves access to care. However, it is not just a case of booking a slot with a person speaking the right language.

Our discussion article on page 20 explores the challenges and offers a good practice guide on using interpreters, including preparing for the meeting and how best to manage a three-way conversation.

Kathryn Godfrey is practice and learning editor of Nursing Times.

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Cross language barriers in several steps

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