# General Practice Nursing

# Developing confidence, capability and capacity for delivery of technology enabled care and prevention of avoidable illness


## Authors: Dr Ruth Chambers (RC), Rachel Hatfield (RH), Ann Hughes (AH)




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Rachel.hatfield1@nhs.net; ruth.chambers@stoke.nhs.uk

**Summary**
Adoption of technology enabled care services (TECS) is a complex process with a minority of frontline healthcare teams and champion practitioners embedding technology into their day to day processes with vast numbers of practitioners/patients being left behind.
As a result, technology is often deployed in an ad hoc way, with its real purpose never being realised. Digital general practice nurse champions from one area per Regional GP Nursing Board will showcase what is possible through technology enabled care. As well as identifying barriers that exist to deployment they would aid promotion of ways to overcome such challenges and speed digital transformation of TECS in general practice and other frontline settings, at scale.

This action learning programme underpins adoption and dissemination of the use of technology enabled care services by general practice nurses (GPNs) across a Local Health Economy. This will make a substantive contribution to enhancing patient engagement, so increasing the likelihood of patient adherence to treatment and redressing of their adverse lifestyle habits via behaviour change; whilst also providing a viable approach for more effective and productive working by general practice nurses.

Our aims are for individual general practice nurse participants to:

- Use at least two modes of technology enabled care service in their practice (and have at least 20% of patients signed up to GP Online)
- Use Closed Facebook and/or WhatsApp and/or other trusted apps to support patients with long term conditions and create a focus on preventative interventions
- Encourage patients' intelligent use of GP Online (e.g. those with long term conditions accessing their medical records to enhance their understanding of their health condition and treatments/tests)
- Reduce the proportion of face to face consultations e.g. substitution by video consultation / use of clinician/patient texts
- Increase access to self-care information and then shared management of long-term condition
- Provide a consistent professional approach to TECS by general practice (and other) nurses and clinicians across the health economy; and enthusiastic clinical engagement in digital delivery of general practice care.
- Understand how the application of TECS can promote health and wellbeing and prevent avoidable illness.
- Support patients to adopt and access preventative interventions which are illustrated in PHE's All Our Health framework such as obesity, smoking and antimicrobial resistance.

The programme supports the GP Forward View and All Our Health, and new models of care; and the wider rollout of TECS to general practice nursing by the creation of digital general practice nurse champions.

**All Our Health**




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*A framework of evidence to guide healthcare professionals in preventing illness, protecting health and promoting wellbeing* [www.e-lfh.org.uk/programmes/all-our-health/](www.e-lfh.org.uk/programmes/all-our-health/)

Public Health England has launched new free bite-sized e-learning sessions, developed in partnership with Health Education England, to improve the knowledge, confidence and skills of all health and care professionals in preventing illness, protecting health and promoting wellbeing. The sessions cover some of the biggest issues in public health and they contain signposting to trusted sources of helpful evidence, guidance and support to help professionals embed prevention in their everyday practice.

All Our Health is a resource to help healthcare professionals in England maximise the impact they can have on improving health outcomes and reducing health inequalities.
Front-line healthcare professionals can achieve this by:

- carrying out proactive work to prevent illness or protect health, and measuring your impact when you do this
- working with people, families and communities to equip them to make informed choices and manage their own health
- making every contact count.

**Why All Our Health is needed**
In England, people are living longer, but often in poorer health.
We know that what people eat, or whether they smoke or keep active, are behaviours that have a big impact on their health.
And we also know that in poorer parts of the country people have lower life expectancy and fewer years of living in good health.
Front-line professionals understand more than anyone about the pressures of increasing demand on health and social care at the same time as tighter budgets. Managing this demand is part of the day to day work of surgeries, clinics and wards across the country.
**Helping healthcare professionals make an impact**
Health and care practitioners are amongst the most trusted members of our community, privileged to have millions of contacts with patients every day and shape and deliver services at the front line, so your work to prevent as well as treat ill health is absolutely crucial.
Across the country, we see great examples of front-line professionals building their knowledge about the wider impact of our lifestyles on health and using this to help patients or the community.

**Making Every Contact Count (MECC)**
Utilising recognised behavioural change models and applying the principles of Making Every Contact Count'. This will help General Practice Nurses have more success in the adoption of behavioural change for key lifestyle risks, whether this in exploring motivations around the use digital resources for self-care.

We will expect participating general practice nurses to focus on the application of technology enabled care services for common long-term conditions (LTCs) - COPD, asthma, back pain, diabetes type 2, hypertension, AF, cardiovascular risk and dementia.

The two sessions in each action learning set will upskill the general practice nurse participants in the 7Cs - see Table 1. This will enable them to develop relevant action learning plans, apply these in their practice at the frontline, and share their learning and experience with their group and more widely.

**Table 1: Key elements of the exemplar general practice quality mark – the 7Cs relating to delivery of TECS for long term conditions/lifestyle habits**

(Chambers R, Schmid M, Al Jabbouri A, Beaney P. *Making Digital Healthcare Happen in Practice.* Oxford: Otmoor Publishing, 2018)

| | |
|---|---|
| 1 | Competence: practitioner, manager and patient/carer/citizen – ability in relation to personal use of range of modes of delivery of TECS for agreed purpose and feeding in information/acting on advice and information |
| 2 | Capability: practitioner, manager and patient/carer/citizen – actual best practice in use of range of modes of delivery of TECS for agreed purpose and feeding in information/acting on advice and information in daily professional/everyday life |
| 3 | Capacity: possess protected and prioritised time for initiating and participating in remote delivery of care, that is regarded as key element of work role (practitioner/manager) or personal life (patient/carer/citizen) + the IT infrastructure and equipment is available and easily accessed by all service providers and users |
| 4 | Confidence: practitioner, manager confident that organisational infrastructure is in place in line with code of practice including reliability and validity of equipment and its outputs. Patient/carer/citizen confident that usage of TECS is integral part of clinical best practice as agreed with clinician, and that their responsible practitioner will access/act on relay of TECS messages or interchanges. |
| 5 | Creativity: practitioner/manager able to adopt and adapt agreed TECS for different purpose or patient/carer group in line with code of practice. |
| 6 | Communication: the sharing and dissemination of digital modes of delivery and associated clinical protocols and evaluation of applications/outcomes/challenges etc. with a team or organisation working together and sharing what has worked well and what has not worked so well. |
| 7 | Continuity: at least one practitioner/patient able to interact via mode of TECS along one pathway for LTC/lifestyle habit; if practitioner not at work cover arranged as appropriate and pre-agreed with patient in line with agreed shared care management plan. |




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