



Amicus CPHVA response to the draft discussion paper: 'TREATMENT ROOM NURSING SERVICES'

Amicus is the UK's second largest trade union with 1.2 million members across the private and public sectors. Our members work in a range of industries including manufacturing, financial services, print, media, construction and not for profit sectors, local government, education and the health service.

Introduction

1. Amicus CPHVA welcome the opportunity to respond to this draft discussion paper on Treatment Room Nursing Services. There is no doubt that there is a need to streamline nursing services as required by ambulatory patients in primary care. As the service currently stand there is a mixture of service provision by both the Trusts and GP practices resulting in inequities in some practices in terms of treatment room type nursing provision.
2. The aim of the proposals as indicated in the draft discussion paper is to ensure sustainable access to effective treatment room and practice nurse services for patients; to secure greater consistency and clarity in the range of those services that patients might expect to be provided locally, and over time, to promote the more equitable distribution of practice nurse and treatment room nurse resources across practices. It is also intended to better empower GPs to organise the totality of the nursing resource within the practice to respond appropriately to demand, ensure patient safety, operate efficiently and avoid unnecessary referrals to hospital.
3. Whilst this is a laudable vision for future service provision in this area we do have a number of concerns in relation to the deployment and future professional development of those staff who will be affected by these proposed changes, namely the treatment nurses currently employed by the Trusts.

Options

4. Option 1.

10. Practices that currently receive practice nurse funding from Boards should continue to receive these monies at existing levels. Practices that currently have access to a TRN will receive 80% of the funding needed to employ the nurse. This funding is broadly equivalent to the current Board contribution to practice nurses. The remaining 20% of the available budget will be divided equally between Trusts

(10%) and practices on a pro rata basis that currently have TRNs (10%) to deal with maternity and sick absences.

5. Option 2

16. Board-allocated practice nurse funding as agreed as part of GMS, including any subsequent uplifts, and 90% of Trust Treatment Room Nursing resources are pooled and allocated to all Practices using the GMS workload formula. As for option 1, practices will directly employ treatment room nursing staff.

6. We are interested to know the background by which these two options were decided upon. Why was there not consideration given to all of these services being paid for and delivered by Trusts as required by Service Level Agreements ? The current funding given to GPs to employ practice nurses might well be more equitably distributed if left in the control of Trusts.
7. Whether option 1 or 2 are chosen the impact on current treatment room nurses will be substantial. Many of these nurses may not wish to be employed by GP practices as they will have concerns, primarily for their future terms and conditions but also for their professional development and career progression.
8. Any transfers of staff to a new employer would require the same level of protection as that being afforded to staff moving under RPA terms. Including all pension provision, maternity, leave, recognition of service moving outside the HPSS and moving back into the HPSS, trade union recognition and all other benefits as per HPSS Contracts and a guarantee that Agenda for Change terms and conditions would not only apply at point of transfer but ongoing within the employ of the GPs. This would be required to ensure a 2 tier workforce does not develop for Health service providers.

Maintaining Professional Competency and Career Progression:

9. In the current provision of treatment room nursing services Trusts have responsibility for clinical supervision and the provision of relevant quality training for staff based on training needs analysis linked to service requirements.
10. In order to maintain registration, all registered nurses, under NMC PREP requirements, must undertake a minimum of 35 hours learning activity relevant to their area of practice in the three years prior to their renewal of registration on the NMC register.
11. Will GP practices have in place a system whereby nurses employed by them have structures in place to identify training needs? Are they guaranteed to put in place quality assured training for these nurses so that the public can be assured that the nursing service provided to them is based on sound knowledge and skills that is safe, evidence based and regularly evaluated and updated.
12. Clinical supervision is an important part of the clinical governance agenda according to the NMC and as such they support the establishment of clinical supervision based on local circumstances to support and improve patient care. The NMC highlight the need for the practitioner having the opportunity to reflect on practice and be facilitated in this role by a skilled supervisor. How can treatment room nurses be assured that both ongoing training and clinical

supervision requirements are enshrined in any process that involves transfer of their employment from Trusts to GP practices?

13. There is a need to have an independent nurse co-ordinator at Board/commissioning level to oversee that the professional development and terms and conditions of treatment nurses who move across to GP employment is maintained at a level consistent with their colleagues within the HPSS. This is crucial not only for the retention of well trained and motivated staff but also in the interest of patient safety.
14. Considering that the majority of the funding is coming from this source there is no reason why this should not be stipulated within transfer arrangements and within Service Level Agreements. The alternative is to leave current staff in a situation where their employers can dictate terms and conditions that may enhance a business ethos at the expense of patient safety.

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