

# General Practice Nurse Survey Analysis 2020



## **The Queen's Nursing Institute's International Community Nursing Observatory**

The QNI launched the International Community Nursing Observatory (ICNO) in November 2019.

The ICNO analyses data and trends in the community nursing workforce data in greater depth, to aid understanding of the challenges faced by services. It will collate and analyse data about community and primary care nursing services at a regional, national and international level.

Professor Alison Leary MBE, Chair of Healthcare and Workforce Modelling at London South Bank University (LSBU) and a Fellow of the QNI is Director of the ICNO.

The idea behind the foundation of the ICNO originated from an independent strategic review conducted in 2018 by executives at Barclays Bank plc, through the 'Unlocking Insights' programme, led and managed by the charity Pilotlight. The 'Pilotlighters' at Barclays highlighted that data relating to the community nursing services workforce is often incomplete and this leads to barriers which prevent the progression of policy development, service enhancement and improvements to the care of individuals, families, carers and communities.

The ICNO seeks commissions designed to support data gathering and analysis that will provide evidence to enhance service planning and delivery in health and social care settings.

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**Analysis was conducted by Dave Bushe, Professor Alison Leary MBE and Dr Geoffrey Punshon for the Queen's Nursing Institute.**



In March 2020 as the Covid-19 pandemic spread within the UK, General Practices made significant changes to the ways in which they offered services to their registered populations in order to reduce the spread of the virus.



### **Introduction**

In March 2020 as the Covid-19 pandemic spread within the UK, General Practices made significant changes to the ways in which they offered services to their registered populations in order to reduce the spread of the virus. This included taking measures to reduce footfall into surgeries, decreasing routine face to face consultations and providing, wherever possible remote, telephone and digitally enabled consultations.

General Practice Nurses at the time were reporting anecdotally on social media that these measures were having a significant impact on their nursing practice and it was recognised by NHS England and NHS Improvement that there was an opportunity to systematically capture these experiences in order to inform future policy developments.

### **Aim**

In May 2020, a survey was carried out to understand more about the impact of Covid-19 on the role of Registered Nurses working in General Practice.

### **Methods**

The survey was designed by the Queen's Nursing Institute (QNI) in collaboration with stakeholders, including the Royal College of Nursing, NHS England and NHS Improvement.

The survey was shared online using SurveyMonkey via the QNI General Practice Nurse (GPN) mailing list and on social media.

There were a total of 3352 responses to the survey of which 175 were excluded as coming from respondents with non-registered Nurse posts, leaving 3177 responses available for analysis. There were 14 questions in the survey. Each question did not necessarily require an answer, some questions allowed for multiple options to be selected and many questions allowed for respondents to enter free text and further information.

The results were collated and analysed using descriptive statistics and sentiment analysis from free text (RapidMiner and Monkeylearn).

## Summary of findings

**1.** 82% (2290) of respondents reported that their hours of paid work had not changed, with 10.5% (295) reporting an increase in hours and 7.5% (209) a decrease.

**2.** 51 mentioned leave in the context of having to take leave or leave not being available. 9 mentioned colleagues being furloughed, primarily HCAs. Redeployment was common, other concerns included reduced work as well as increased workloads and working hours.

**3.** 71% (2266) of respondents reported that they were now providing the majority of their consultations/appointments remotely and, where capacity can be assessed, 49% (1246) reported an increase in capacity. 12% (382) reported little had changed in the way they were working.

**4.** 65% (1853) of respondents had the necessary equipment available to work, 14% (389) reported lacking equipment while 21% (603) responded 'not applicable'. In further sentiment analysis, access to technology was broadly negative.

**5.** 22% (564) reported there was less capacity due to colleagues on sick leave and/or being shielded, however only 1.3% (38) reported changes to their employment due to sick leave or shielding.

**6.** 78% (2043) of nurses reported feeling supported by their employer with sentiment analysis remaining marginally positive. 6% (159) of nurses reported feeling unsupported by their employers, 9% (239) reported they felt in need of support. However, only 34% (899) reported feeling supported by their colleagues which warrants further investigation.

**7.** Experiences of technology was broadly positive but access to technology was broadly negative.

**8.** Issues such as anxiety and uncertainty appeared, for example 'I am not an anxious person generally, but feel the new way of working has caused me stress in a way I have never known before but now I realise this, I am mostly able to manage it.'

**9.** Mixed sentiment was common, for example 'Worry about all my patients and also have lost many in care homes, the staff are doing fabulous work and I am proud of them'

**10.** The behaviour of others (occasionally positive but primarily negative) also featured alongside personal risk. 'It's sickened me to see how nurses have been forced to put themselves at risk when the Drs in the surgery hide away in their rooms and refuse to undertake face to face consultations for fear of catching the virus.' and 'My surgery is fantastic. However, I would like the GPs to see their own patients if they decide to bring them in. I feel a little vulnerable having to see PPE patients 3 days a week (the other ANP sees them 2 days a week).'

**11.**

PPE was an ongoing issue (mentioned 163 times primarily in the context of lack of supply and lack of information about what kind of PPE should be used) 'Feel PPE been a problem we were originally told we didn't need to wear it [if] patients were screened prior to attending for face to face treatments. Then we were advised to wear PPE but shortage of masks meant wearing one for full day not ideal.'

**12.**

The perceived value of the GPN role featured in the free text frequently and was broadly negative. For example, 'I feel that our team response has demonstrated that GPNs are integral to the provision of general practice services and the wider NHS. I believe that this should be reflected in our terms and conditions and that they should be included in Agenda for Change pay scales especially if they are being expected to redeploy or adapt their roles to provide support in other NHS settings.'

**13.**

Leave of absence terms and poor working conditions i.e. lack of sick pay was explicitly mentioned 15 times. For example, 'Our practice does not pay for sick leave which caused a lot of difficulties when it came to staff following guidelines on self-isolation. Eventually the practice agreed to cover sick leave until May 2020. If we had standardised terms and conditions in the GP surgeries along with the NHS this would not have been a problem'.

**14.**

Pay was mentioned 40 times alongside working conditions (20) in the context of pay and conditions alongside retention 'No support from practice manager or GPs, before, during & no doubt after Covid-19. Desperately short of trained staff, no one stays because of poor pay terms & conditions...'

**15.**

The most frequently mentioned issue in any context was pay and conditions. This was universally negative for example 'Consistency throughout General Practice in ALL aspects would be the greatest value for GPNs. The discrepancies in working conditions, roles, training, sick pay, pay structure, support, bereavement pay, holiday allowance, etc are really quite shocking. It's obvious on lots of the forums that have been set up, especially since the current pandemic has occurred there are an awful lot of GPNs who are being let down and not respected or appreciated, and many more...very experienced ones who can't wait to get out and retire. How sad and heartbreaking is that.'

**16.**

Some people signalled an intention to leave/quit/retire (15) 'I am 62 years old and if I was in a position to be able to leave I would. I do not think we are in any way properly protected and I feel very much at risk.'



Covid-19 has exacerbated underlying issues around remuneration, working conditions, terms of employment and perceptions of value of the role. It also raised issues around job security as demand fell.



### Learning Points from Covid-19

GPNs faced significant challenges in obtaining the right type or quantity of personal protective equipment. Some GPNs felt they were exposed to increased risk compared to other workers - for example, seven remarked they were the front of house professional seeing patients.

The workforce appears to have responded to the pandemic with agility but feels that this has not been recognised on national or local platforms.

Although many felt supported by employers, far fewer felt supported by colleagues - this is worthy of further study.

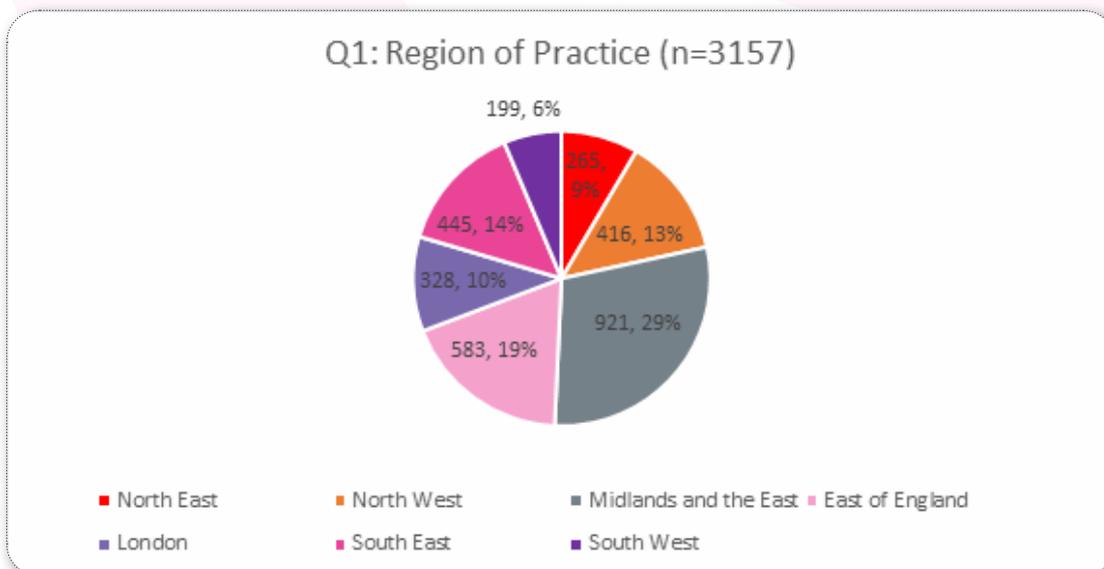
The changes to methods of communication and the use of technology were overall positive however access to technology needs to be improved to maximise this.

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### Survey Results

#### Question 1: In what region of England are you working?

The most common region of England was the Midlands and East (29%, 921) followed by the East of England (19%, 583), the North West (13%, 416), London (10%, 328), the South East (9%, 265) and finally the South West (6%, 199).

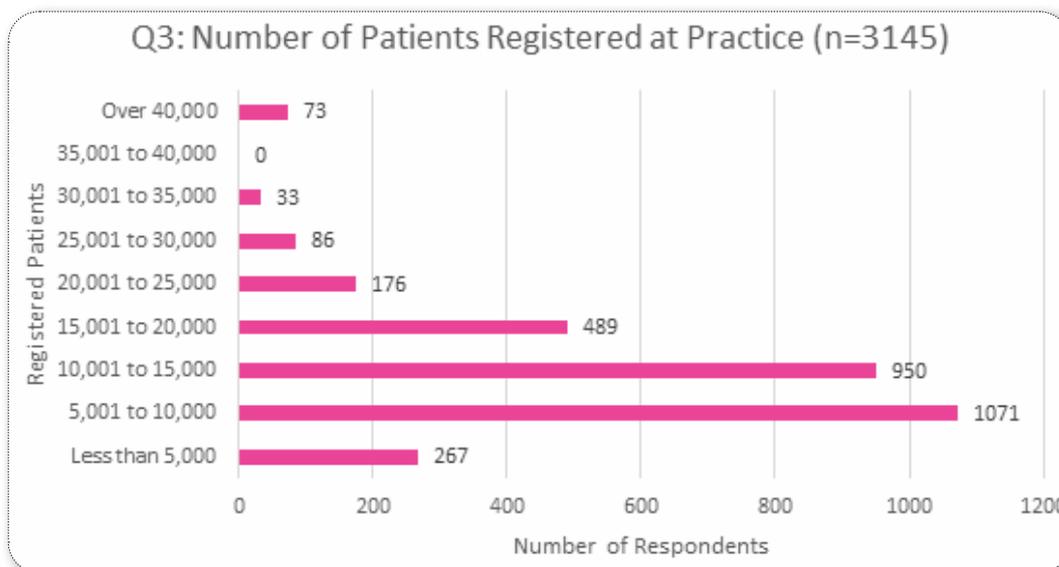


**Question 2: Please give the nearest town or city to your place of work to enable us to have a better idea of the area of England you work in whilst still remaining anonymous.**

Not required to be analysed for this report.

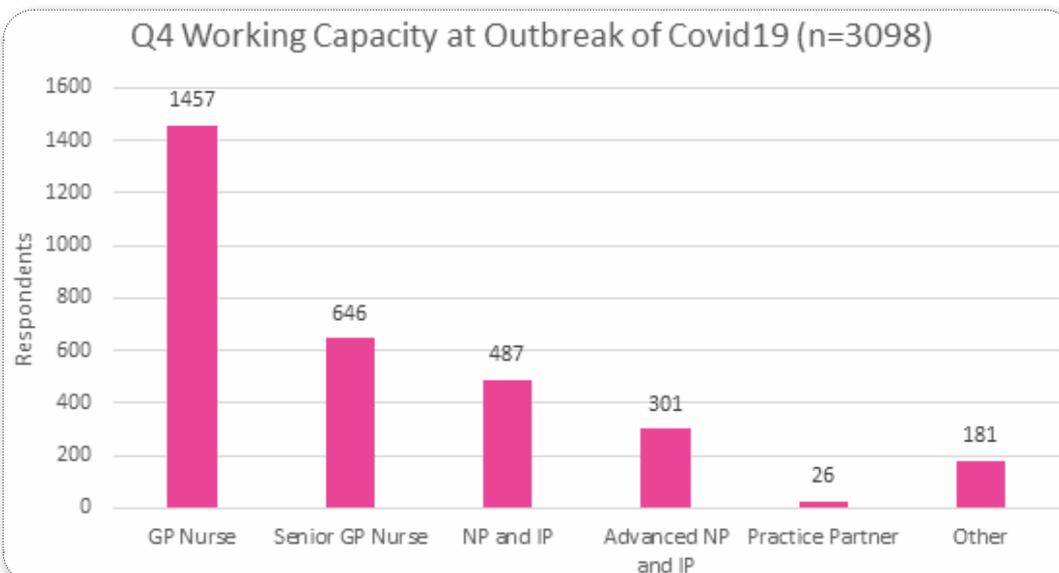
There was no identifiable correlation between the region and other responses in the survey.

**Question 3: How many patients are registered at your practice?**



Most respondents reported the number of registered patients between 10,001 and 20,000. 34% (1071) of respondents had between 5001 and 10,000 registered patients, 30% (950) between 10,001 and 15,000 and 16% (489) between 15,001 and 20,000 registered patients.

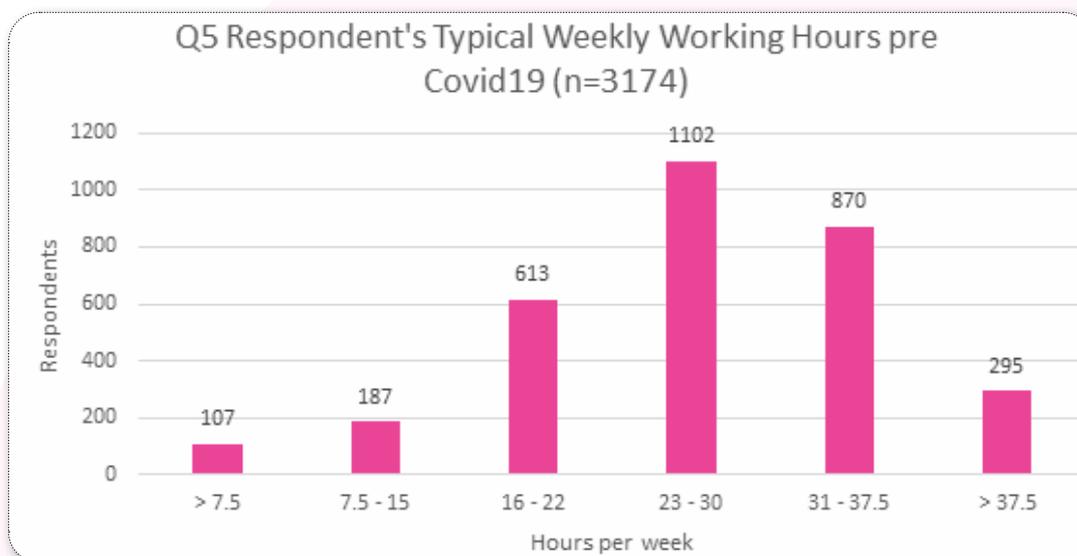
**Question 4: In what capacity were you working in General Practice at the outbreak of Covid-19?**



Key: General Practice (GP); Nurse Practitioner (NP); Independent Prescriber (IP)

Almost 70% of respondents were GP Nurses (47%, 1457) or Senior GP Nurses (21%, 646).

**Question 5: Please state your typical weekly hours of work in the GP practice before the outbreak of Covid-19. Please do not include any hours in a second practice or other service.**



The typical General Practice Nurse role is, for more than half of respondents (63%, 2009), a part-time role of 30 hours or fewer in any one General Practice.

The availability of a range of full and part time roles available for GPNs may be an important consideration in relation to measures to improve recruitment and retention,

**Question 6: How have your hours of work changed since the outbreak of Covid-19?**

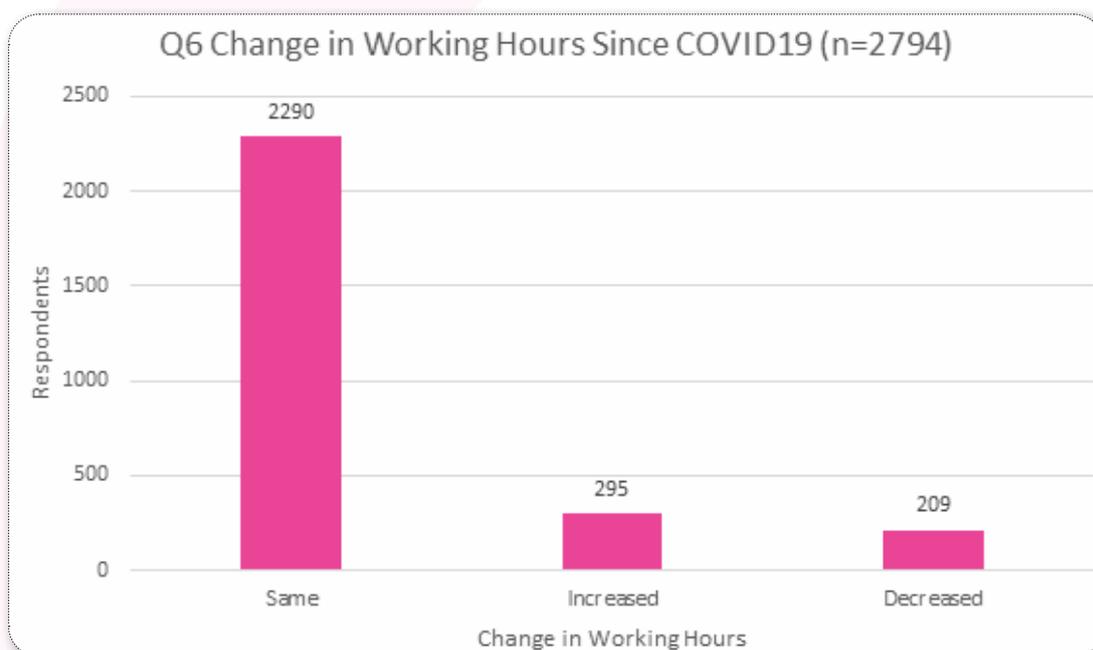
The number of respondents who had been fully or partly redeployed, made redundant, resigned from their role or been furloughed is shown in the table below:

Change in work	Number
I have been partially redeployed to another service	63
I have been fully redeployed to another service	19
I have been made redundant since the outbreak of Covid-19	6
I have resigned from my role since the outbreak of Covid-19	6
I have been furloughed	5
<b>Total</b>	<b>99</b>

Regarding working hours, 82% of the respondents' hours of work had not changed, 10.6% had increased their hours while 7.5% had reduced their hours (n=2794).



Redeployment seems more common with people concerned about reduced workloads as well as increased workloads and working hours.



Freetext sentiment analysis was neutral (n=3,101) probably due to the amount of none or no change (59). However, 51 mentioned leave in the context of having to take leave or leave not being available. 9 mentioned colleagues being furloughed, primarily HCAs. Redeployment seems more common with people concerned about reduced workloads as well as increased workloads and working hours.

**Question 7: Please provide more detail on the ways in which the capacity within your team has changed in response to Covid-19**

Respondents could choose more than one response:

Capacity	Number
The capacity of the nursing team has not changed	645
There is less capacity in the nursing team because the demand for nursing work has increased	80
There is less capacity in the nursing team because there are colleagues on sick leave and/or being shielded	564
There is more capacity in the nursing team because we have reduced face-to-face appointments and we are providing more consultations via the phone or video link	1248
Our nursing capacity is difficult to assess as the operating model has changed completely	552

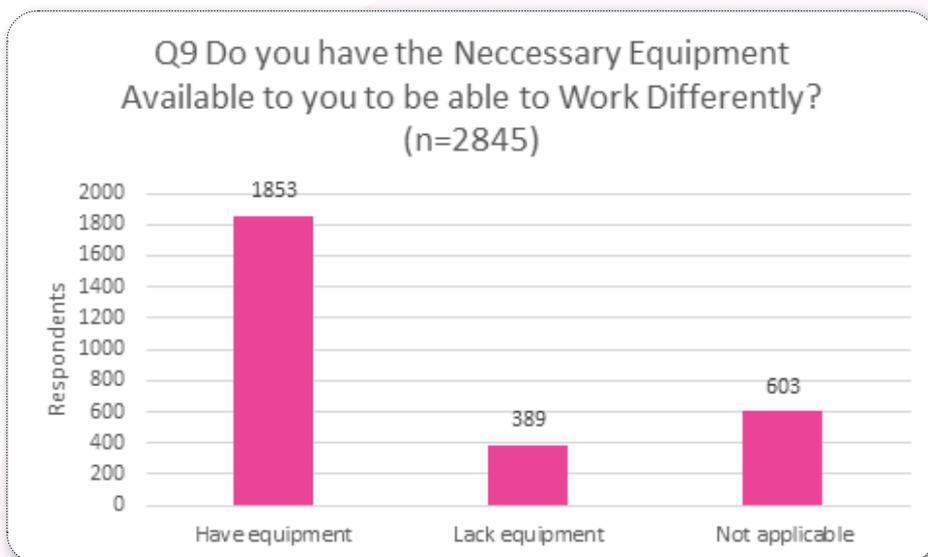
**Question 8: In what ways are you working differently since the outbreak of Covid-19?**

Respondents could choose more than one response:

<b>Working Practice</b>	<b>Number</b>
I am providing the majority of my consultations/ appointments via phone or video link	2266
I am working from home some or all of the time	410
I have changed locality as there are now designated practices in the locality/PCN to provide 'hot and cold hubs'	208
I am continuing to provide home visits as I have always done	205
My home visits as a GPN have increased	312
I am no longer providing home visits to my patients	262
I am working more closely with colleagues in the local District Nursing Team	237
I am working more closely with colleagues in the local Care Homes	142
I am working more closely with colleagues in the local Community Children's Nursing services	19
I am working more closely with colleagues in the local Community Mental Health Nursing services	24
Little has changed in the way I am working	382

**Question 9: Do you have the necessary equipment available to you to be able to work differently?**

<b>Availability of Equipment</b>	<b>Number</b>
I have all the equipment and software needed to enable me to provide phone and video consultations/appointments	1853
I have been unable to work in a different way due to the lack of equipment available to me for remote consultations/appointments	389
Not applicable – I continue to work in a similar way without any additional equipment	603



65% (1853) of respondents had the necessary equipment available to work, 14% (389) reported lacking equipment while 21% (603) responded 'not applicable'.

**Question 10: Have there been any changes to your status of employment since in the outbreak of Covid-19?**

Status	Number
No change	2536
Increased salary as hours of employment increased	75
Decreased salary as hours or employment decreased	63
Flexible contract terminated (e.g. locum contract)	9
I have been furloughed	3
On sick leave: no employer sick pay – statutory sick pay only	12
On sick leave: with employer sick pay	11
Currently shielded: no employer sick pay – statutory sick pay only	2
Currently shielded – with employer sick pay	13
Other (please specify)	121

(n=2845)



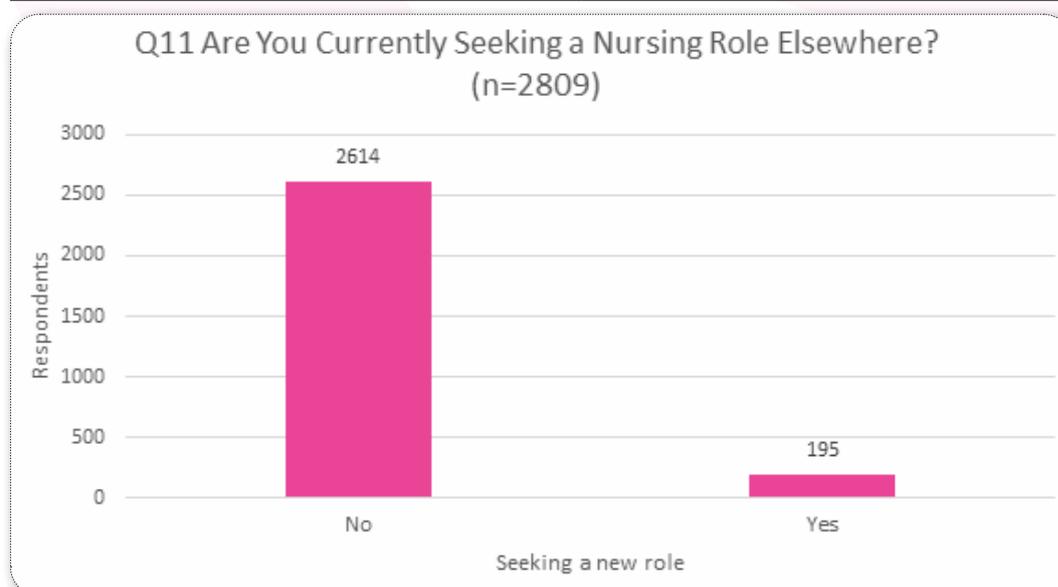
195 were currently seeking a new role elsewhere, with 42 of these seeking a new role with 111 service.



**Question 11: Are you currently seeking a nursing role elsewhere?**

Respondents could choose more than one response:

Are you currently seeking a nursing role elsewhere?	Number
No	2614
Yes	195
<b>Total yes/no</b>	<b>2809</b>
If you are seeking a new role whereabouts is it?	Number
111 service	42
District Nursing Service	26
Care Home	7
Specialist Nursing Service in the community (e.g. Diabetes)	26
Community Hospital (Covid-19 ward)	18
Other	184
<b>Total new role</b>	<b>303</b>
<b>Grand total</b>	<b>3112</b>

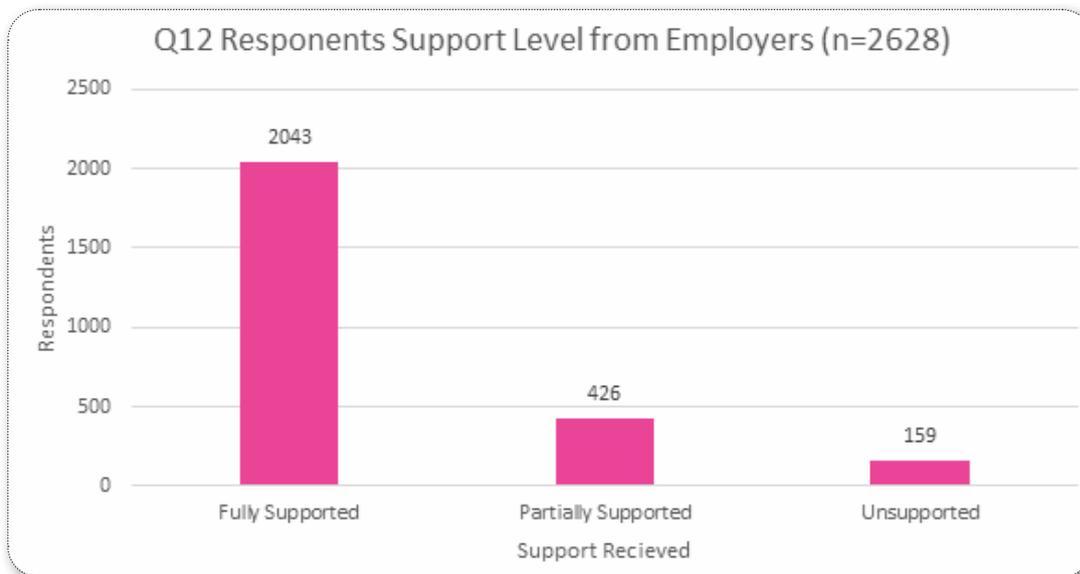


7% (195) of respondents were seeking a nursing role elsewhere.

**Question 12: How are you being supported to work differently?**

Respondents could choose more than one response:

How are you being supported to work differently?	Number
My employers are fully supportive of my current role as a nurse in General Practice	2043
My employers are partially supportive of my current role as a nurse in General Practice	426
I feel unsupported by my employers	159
I am supported by my colleagues	899
As a Partner, I feel supported by my fellow partners	26
As a Partner, I feel partially supported by my fellow partners	0
I am not aware of any NHS support available	100
I am aware of the NHS support services and plan to/have accessed the Covid-19 support website	432
I feel in need of support	239
<b>Total</b>	<b>4324</b>



**Question 13: Please state what has helped you to work differently? (e.g. help from colleagues, employer, family, friends, professional organisation)**

There were only free text responses to this question (N=3175 responses).

The overall sentiment was marginally positive. This was driven by the use of the term support which was frequently used (support, supportive, supported 974) help and helpful (445) and relationships with not only colleagues (various) but also family (319).

Technology was also broadly positive but access to technology was broadly negative. This aspect is likely to have made the sentiment analysis only marginally positive rather than more positive, *'The NHS in GP land is a dinosaur, we need to be much more up to date with technology and stop using out dated slow computers, that can even downloads a website !!!!! So that staff can provided a more up to date speedy service, for pts. now with Covid-19 and for the future and provide more Peer support, even remotely and for meetings, training ... I am fed up of the NHS (my GP surgery) being out of date with technology ... incredibly frustrating.'*

**Question 14: Please write here anything else you would like to add?**

There were only free text responses to this question (N=3143 responses).

The overall sentiment was negative.

The most frequently mentioned issue in any context was pay and conditions. This was universally negative for example *'Consistency throughout General Practice in ALL aspects would be the greatest value for GPN's. The discrepancies in working conditions, roles, training, sick pay, pay structure, support, bereavement pay, holiday allowance, etc are really quite shocking. It's obvious on lots of the forums that have been set up, especially since the current pandemic has occurred there are an awful lot of GPNs who are being let down and not respected or appreciated, and many more...very experienced ones who can't wait to get out and retire. How sad and heartbreaking is that.'*

Issues such anxiety and uncertainty appeared for example, *'I am not an anxious person generally, but feel the new way of working has caused me stress in a way I have never known before but now I realise this, I am mostly able to manage it.'*

Mixed sentiment was common for example *'Worry about all my patients and also have lost many in care homes, the staff are doing fabulous work and I am proud of them'* or in regard to value of the GPN role, *'I feel that our team response has demonstrated that GPNs are integral to the provision of general practice services and the wider NHS. I believe that this should be reflected in our terms and conditions and that they should be included in Agenda for Change pay scales especially if they are being expected to redeploy or adapt their roles to provide support in other NHS settings.'*

The behaviour of others (positive but primarily negative) also featured alongside personal risk *'It's sickened me to see how nurses have been forced to put themselves at risk when the Drs in the surgery hide away in their rooms and refuse to undertake face to face consultations for fear of catching the virus.'* and *'My surgery is fantastic. However, I would like the GPs to see their own patients if they decide to bring them in. I feel a little vulnerable having to see PPE patients 3 days*

*a week (the other ANP sees them 2 days a week).'*

Leave or absence terms and conditions i.e. the lack of sick pay was mentioned 15 times.

*For example, 'Our practice does not pay for sick leave which caused a lot of difficulties when it came to staff following guidelines on self isolation. Eventually the practice agreed to cover sick leave until May 2020. If we had standardised terms and conditions in the GP surgeries along with the NHS this would not have been a problem.'*

Pay was mentioned 40 times alongside working conditions (20): *'No support from practice manager or GPs, before, during & no doubt after COVID-19. Desperately short of trained staff, no one stays because of poor pay terms & conditions...'*

PPE was mentioned 163 times primarily lack of supply and lack of information about what kind of PPE should be used: *'Feel PPE been a problem we were originally told we didn't need to wear it patients were screened prior to attending for face to face treatments. Then we were advised to wear PPE but shortage of masks meant wearing one for full day not ideal.'*

Some people signalled an intention to leave/quit/retire (15): *'I am 62 years old and if I was in a position to be able to leave I would. I do not think we are in any way properly protected and I feel very much at risk.'*

### **Limitations**

This was a self-selected convenience sample using a cross sectional approach. The survey uses some multiple questions, but the free text is rich and offers depth. This is likely to counter any interpretative issues regarding the questions in terms of insight.



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