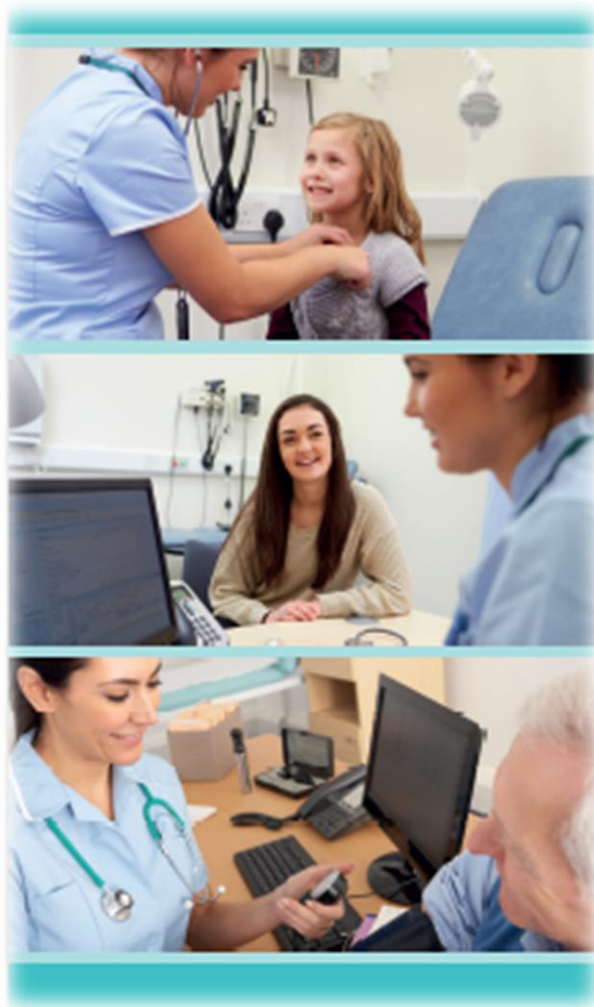


Primary Care Nursing Roles Now and in the Future ‘The Next Steps’ 20th January 2025



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Foreword

This report relates to the second in a series of events to explore Primary Care nursing roles now and in the future and their unique contribution to addressing population health needs, delivering quality person-centred care closer to the patient's own home and transforming services in the context of the wider health and social care system.

These events are driven by the Primary Care Nursing Steering Group (Appendix 1), chaired by the Public Health Agency (PHA). This collaborative group provides strategic leadership, professional and expert direction, contributing to the shaping, transformation and delivery of a stable and sustainable Primary Care nursing workforce for Northern Ireland. The events are led and funded by the PHA.

The first Primary Care Nursing Roles Now and in the Future Engagement Event was held on the 27th June 2024 at Dunsilly Hotel, Antrim. This first, mainly nursing-only event, involved engagement of and showcasing frontline Primary Care nurses' roles from GP Practices, GP Federations and Health and Social Care Trust (HSC) treatment room services and exploring potential role development. Representation from the Primary Care Nursing Steering Group and nursing leaders from regional bodies and universities were also in attendance. The report is available at:

[PrimaryCareNursingRolesNow and in the Futue EngagementEventJune 2024.pdf](#)

1. Introduction

The purpose of subsequent events was to engage with, and influence, policy and decision makers to demonstrate that Primary Care nursing is part of the solution to an effective and efficient health and care system for Northern Ireland. The second event: Primary Care Nursing Roles Now and in the Future 'The Next Steps' was held on the 20th January 2025 in Corrs Corner Hotel, Newtownabbey.

Invitations to the engagement event were extended to members of the Primary Care Nursing Steering Group, Health and Social Care Trusts, General Practitioners via the Northern Ireland General Practitioners Council, Department of Health (DOH) nursing and Primary Care Directorates, Strategic Planning and Performance Group, universities and frontline Primary Care nurses and non-registrants (attendance list in Appendix 2).

2. Recap from June 2024 Engagement Event

Siobhan Donald, Assistant Director of Nursing, PHA, recapped on the first event where frontline practitioners in GP Practice, GP Federations and HSC Trusts demonstrated their unique and varied contribution to improving patient and population health across the life span. The Primary Care nursing workforce is also uniquely placed to reduce service delivery burden on the wider HSC system. Key messages from the first event were the need for:

- ✓ A clinically responsive expert workforce collaborating with others to improve population health.
- ✓ Role (and responsibility) clarity, stratification and standardisation linked to the Career Pathway for General Practice Nursing.¹
- ✓ Workforce intelligence and a strategic workforce plan
- ✓ Measuring and demonstrating value and outcomes.



3. Primary Care Nursing Workforce Census

Amber McCloughlin Nurse Consultant for Primary Care presented the final census report undertaken on 14th February, 2024 and is available at [Primary Care Nursing](#). She reiterated that this is a workforce census and some of the key facts presented would require further analysis. Key messages were the need for an adequate and sustainable Primary Care nursing workforce with urgent need for succession planning.

4. Demonstrating Primary Care Nursing Value

Amber McCloughlin described the Primary Care Nursing 10,000 More Voices project led by the PHA as one mechanism of demonstrating the value of the nursing roles from the patient's perspective. This is a voluntary survey which will run for a 6-week period: February to March 2024 and all GP Practices are encouraged to participate.

¹ [Career Pathway for General Practice Nursing | NIPEC \(hscni.net\)](#)

Amber also described the benefits of understanding the value of the nursing work force from within nursing and from other professional disciplines. She described research commissioned by NHS England and undertaken by Sonnet². The full extent of the GPN role was explored and articulated. The research showcased General



Practice Nurses (all roles) as a workforce of skilled, confident and resourceful professionals, working independently with high levels of autonomy and authority to deliver expert patient care. It described the uniqueness of the role which complements that of the other

members of the wider Primary Care team. While this research is accepted nationally, discussions are commencing at PHA level to consider if a similar piece of research would be beneficial for Northern Ireland.

Using data is imperative to demonstrating value. The PHA have been scoping Primary Care nursing activity data on existing recording systems and associated extraction processes. Further work is required to determine what data is required, how it can be consistently captured and how it can be used to demonstrate value and drive transformational change.

5. Panel Presentations

1. Reflections from the June Engagement Event and the Primary Care Vision

Louise McMahon, Director of Primary Care, Strategic Planning and Performance Group provided attendees with an overview of her Primary Care Directorate. This includes managing approximately 1500 contracts, statutory functions, finance with a budget of over £1bn, quality and safety for the delivery of Primary Care services.

² [Leading-the-way The-role-and-value-of-nurses-in-general-practice-in-England-2021 Publication-version.pdf](#)

Ms McMahon described the challenges in Primary Care such as access, increased demand, funding, contracts and the Primary/Secondary care interface. Enablers for effective service delivery are:

- Dedicated professionals throughout Primary Care with ideas for problem solving and development of services.
- GP Federations – clustering, leadership, creativity, the ‘push-pull’ approach.
- Senior nursing input from experienced individuals.
- Primary Care Nursing Steering Group.
- DoH colleagues in policy and professional roles working collaboratively and supportively.
- Technical underpinning – digital health, health and care number, shared records.



Ms McMahon reflected on the June event noting the varied career paths with individuals who enjoy their jobs in Primary Care, radiating commitment and professionalism. The nursing workforce is receptive to all opportunities to undertake further learning and develop additional clinical skills including management roles. They are independent thinkers, providing practical problem-solving ideas and are eager for improvement.

Ms McMahon described her vision for the development and strengthening of Primary Care in its widest sense, meeting the needs of populations as they grow and change, keeping people well in their own community; in Primary Care settings and in their own homes, and reducing pressure on emergency departments and secondary care services in general. As a system we need to maximise resources, build resilience, drive improvement and deliver on performance in a collaborative multidisciplinary way. Primary Care nursing is key to this vision.

2. The Strategic Context: The Nursing Potential

Gearoid Cassidy, Director of Primary Care, Department of Health described the commitment of all Government departments to improve population health. Health, and Primary Care requires a particular focus with an ambition to promote the shift left

agenda. Empirical evidence for improvement and excellence will inform how we maximise investment within current budgetary restraints.

Primary Care is making a difference. There are current innovations for example, system synergies to address winter preparedness under the auspices of the Primary and Community Care Board, the introduction of GP Federations, multidisciplinary



teams in 7 of the 17 GP Federations, with a planned rolled out resourced from transformational funding, and general practice pharmacists. However, despite some transformational funding monies, there has been an overall lack of funding and investment in Primary Care. Another challenge has been workforce constraints.

Both require attention to expand the Primary Care service delivery model and maximise benefits to patients. Additionally, and in order to achieve different outcomes, we need to think differently and capitalise on all available opportunities. Primary Care nursing is integral to moving forward in a more collaborative and innovative way.

3. The GP Perspective: The Value of Primary Care Nursing

Dr Grainne Bonnar, General Practitioner, reiterated many of the descriptors already referenced to highlight the value of the wide-ranging roles of the Primary Care nursing workforce in respect of clinical expertise, leadership and continuity of holistic care across the lifespan, and that nurses are integral and valuable to the Primary Care multidisciplinary team.

Dr Bonnar described the uniqueness and benefits of the various routes of employment and acknowledged that nurse recruitment had been challenging in recent years suggesting a number of reasons; no previous Primary Care knowledge or experience, availability of training and terms and conditions. The additional investment in GP Federation-employed nurses was a welcome start to growing and supporting the workforce and promoting capacity in the teams. Commissioning of

learning programmes specifically for Primary Care nurses, working with others such as GPNI creates opportunities to develop practice but there is more to do.

There is a need for a comprehensive Primary Care Strategy and vision which strengthens how GP practices, GP Federations, Trusts, Independent sector and regional bodies work together to ensure development of a supportive infrastructure, the workforce, and integrated planning and commissioning of services; a whole system approach rather than individual siloed projects.



This will need supported by dedicated, uni and multidisciplinary funded training and a supportive leadership and clinical and professional governance infrastructure. Exposing pre-registration student nurses to Primary Care placements, effective preceptorship and supervision for staff will assist in attracting and maintaining the nursing workforce. The MDT and GP Federation models are a potential avenue to strengthen both nursing and other professional workforce roles in Primary Care.

Dr Bonnar reiterated that Primary Care is the foundation of the health and social care system providing 95% of the care that patients need. She called on policy makers and commissioners to work with all key stakeholders to maximise opportunities to grow the workforce and for the Primary and Community Care Board to be accountable for truly shifting left in investment and service delivery to meet local population health needs.

4. Primary Care Nursing Contribution to Population Health

Heather Reid, Interim Director of Nursing, Midwifery and Allied Health Professionals, described the Northern Ireland population profile, health challenges, preventable ill health and health inequalities. The skills, experience, attributes and expertise relevant to all nurses include professionalism, compassion, dedication, ability to work autonomously and as part of a wider multidisciplinary team, leadership and networking across professional boundaries and organisations.



Nurses in Primary Care are uniquely positioned to address population health. As skilled generalists working with patients across the whole life course, they are often the first point of contact for patients, thereby improving access, caring for people closer to home and reducing the burden on Secondary Care. Primary Care nurses often develop trusted relationships with patients and

families over generations and with communities. They know the health issues and as super connectors, know who to refer to, and how to work with others to collaboratively improve patient and population health. They have multiple opportunities to deliver on preventative health, making every contact count.

6. Panel Discussion

Attendees were invited to submit written questions to the panel throughout the event. In the interest of time, only some were put to the panel. The themed responses to these questions are laid out below.

Multi-disciplinary team: 'MDT' – the potential for nursing

- Initial narrow focus of six MDT roles (health visitor, district nurse, first contact physiotherapist, mental health practitioner, social worker and social work assistant) with ring-fenced regional transformational fund monies. The implementation plan has been refined to refocus on four Practice-based roles (first contact physiotherapist, mental health practitioner and social worker/assistant with some scale back of the social worker roles).
- Positive evaluation and impact on patients, stability of GP Practices and on wider upstream services at system level.
- Terminology in use of MDT. Needs to be viewed in the wider multidisciplinary team context of nursing, pharmacy and GP staff as integral members. Primary Care teams; need to be designed around addressing population health, strengthening the core nursing role.
- Multidisciplinary learning is key to success.
- Opportunity to change the MDT good story into a best seller with inclusion of complementary nursing roles.

- Data sets important to measure patient and population health impact. Learning from MDT process.
- Financial constraints require solution at Department of Health (DOH) level.
- Core Primary Care nursing roles need to be discussed collaboratively in the MDT space as part of a broader Primary Care plan.



The power of data

- Ambition for comprehensive data to evidence patient and population health impact and outcomes.
- The importance of interplay between regional population health, health inequality, GPIP and GP Practice level data.
- The challenge but importance of demonstrating the uniqueness of nursing.
- The need to utilise a range of qualitative and quantitative measures.
- Need to agree what is important to collect and that can demonstrate impact in itself or against current or future investment.
- Primary Care data to be discussed as part of a regional multi-professional data workshop being convened by Digital Health and Care NI (DHCNI).

Workforce

- The three routes of employment for nursing brings benefits and challenges and there is a need for GP Practices, GP Federations, GP Federation Support Units and Trusts to work more collaboratively and locally to improve service delivery via a mixed model of care. Type of employer should not detract from what matters to the patient/people: access and, safe and effective care.
- There is a need to fully understand the Trust role, scope and volume of care in providing treatment room services.
- A comprehensive Primary Care strategy and workforce plan is essential to the shift left health agenda but is not currently being regionally progressed in its own right. In the meantime, there are actions that we can progress now for example

- Developing a Primary Care nursing governance and leadership infrastructure.
- Exposing pre-registration student nurses to Primary Care.
- Using the 2024 Primary Care nursing workforce census to highlight the urgent need for succession planning.
- Solutions do not need to be prescriptive, but focussed on how partners work together to deliver care.

Pre- registration student nurses in Primary Care

- There are currently no substantive pre-registration student nurse placements in Primary Care. This urgently needs to change in order to expose and attract new nurses into the setting, understand the patient journey and support workforce succession planning given the age profile of Primary Care nurses. This work could be widened into the Independent Sector care home setting.
- Acknowledging Nursing and Midwifery (NMC) pre-registration education standards to ensure high quality learning and potential funding issues, this needs to be progressed. In the absence of an overall dedicated professional nursing infrastructure in Primary Care, there is infrastructure in universities, Federations and Trusts that could support the process.
- Primary Care nurses are already supporting other disciplines pre- and post-registration placements.
- There is an opportunity to work with other professionals across the pre- and post-registration education space and this would require DOH policy and local support.

Other questions not answered at the event related to workforce, education, funding, structure and service delivery. These strategic subject areas are regularly discussed at existing fora including the Primary Care Nursing Steering Group where most of the event panel members are also in attendance.

8. The Way Forward and Closing Remarks

Maria McIlgorm, Chief Nursing Officer (CNO), Department of Health thanked the frontline Primary Care nurses for their passion and commitment to patient and population health acknowledging the important work that they deliver. She highlighted what they do well such as preventative health, anticipatory health, immediate and urgent care and long-term condition management in an ageing population with complex health needs.

There is an opportunity to explore Primary Care workforce, expertise, education and



impact on population health, working collaboratively to design services around people. This will involve maximising integrated working between primary and community nursing and midwifery across the lifespan. They are small in number but their knowledge, skills and competencies can be shared to affect change.

The four key priorities described in the CNO vision for nursing and Midwifery in NI:2023-2028 Shaping Our Future³:

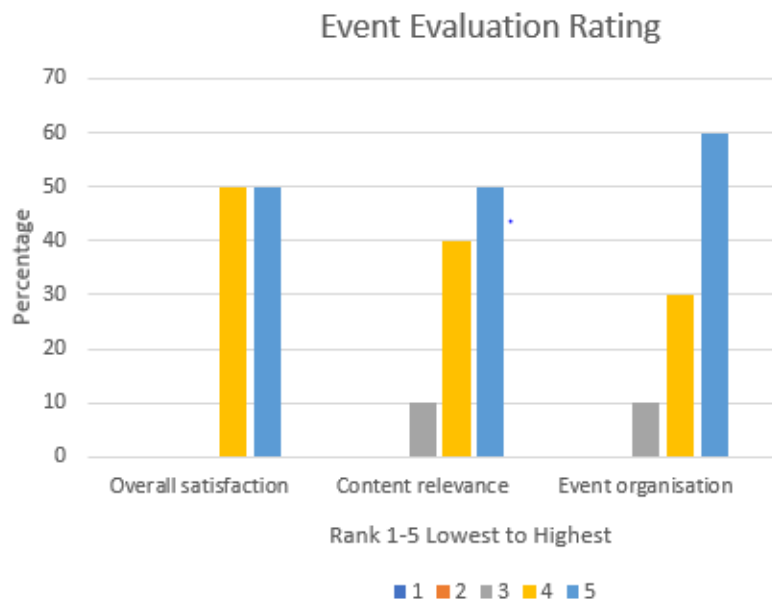
- workforce and workload planning,
- pre and post registration education and training,
- further development of career pathways beyond clinical pathways,
- the development of a quality assurance framework for nursing and midwifery, provides a framework for all nurses across HSC Trust, Primary and Independent Care sectors to lead on improving population health and demonstrating professionalism in all that nurses do.

Primary Care nursing is on an exciting journey and Ms McIlgorm reiterated the commitment from herself and her office to join frontline nurses and leaders on this journey highlighting that the March, 2025 Chief Nursing and Midwifery Advisory Committee was dedicated to Primary and Community Care nursing.

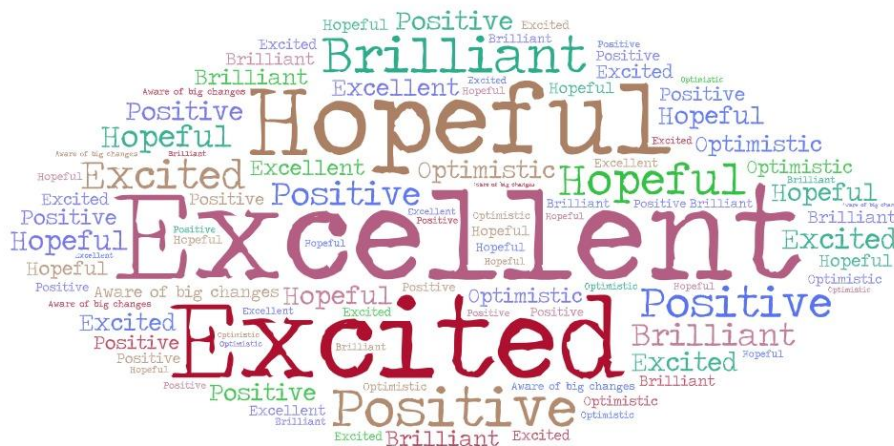
³ [Five-year vision outlined for Nursing & Midwifery | Department of Health](#)

9. Evaluation

The event was very positively evaluated.



Participants expressed how they were feeling following the event:



The event agenda was described as delivering on the awareness and need for transformational change in the wider pressurised health care system with Primary Care as an enabler to addressing population health. There was significant praise for the leadership, calibre, knowledge, experience, and insight of all the speakers and their passion for Primary Care. Some were singled out for additional positive contribution to the event and Primary Care more generally. The Primary Care

nursing workforce census was recognised as valuable baseline data to inform future workforce planning.

Overwhelmingly, the most useful aspect of the event was the panel discussion and the opportunity to have audience questions answered and the generation of informative debate. However, despite being grateful for the opportunity to influence leaders, participants would have liked more time allocated to this element. This is acknowledged as learning for future events.

One respondent opined that at times the event lost focus on nursing and that content was not always relevant to them. In contrast to the first event, focussed almost entirely on frontline nurses, this second event was intentionally aimed to consider the wider Primary Care strategic agenda. Learning from this is the need to create the potential to improve involvement of frontline nursing participants in agenda setting for future events.

As for the first event, there were additional benefits of networking with peers and other organisations and a call for sustaining momentum of effort.

More general comments reflected the need for work outside the event relating to workforce, strategy, NIPEC career framework revision, NMC pre and post registration education standards and harnessing the expertise of the GP Federation nursing leads and frontline nurses in driving the 'shift left' health agenda with investment in Primary Care nursing as a solution to addressing population health needs and system pressures

Additional learning for future events was to consider the location of the venue to meet the needs of those travelling at some distance. The timing of the next event requires considering that a different day of the week may have promoted more GP attendance and lessened impact on Practices releasing nursing staff.

10. Next Steps

The PHA will:

Host another event to include more GPs and Practice Managers September 2025

Share the event report with participants and other stakeholders

Consider the findings to inform future work

11. Acknowledgements

Gratitude goes to:

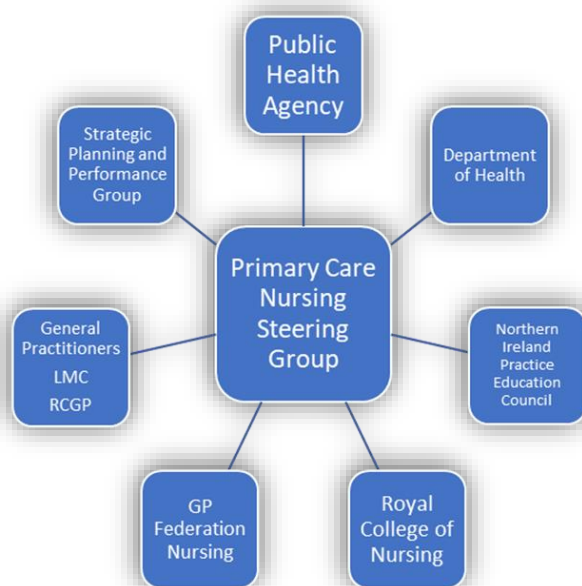
- ✓ Heather Reid, PHA for leading on and funding the event
- ✓ Event speakers for sharing their knowledge and vision:
 - Siobhan Donald
 - Louise McMahon
 - Amber McCloughlin
 - Gearoid Cassidy
 - Dr Grainne Bonnar
 - Heather Reid
- ✓ Professor Maria McIlgorm for her support and closing remarks
- ✓ Senga Curry for organising the event
- ✓ All attendees for travelling and contributing to the event.

12. Appendices

Appendix 1: Primary Care Nursing Steering Group

Appendix 2: Attendance list

Appendix 1: Primary Care Nursing Steering Group



Appendix 2: Attendance list

Name	Title
Frances Barratt	Nurse Practitioner, General Practice Belfast area
Dr Grainne Bonnar	General Practitioner, Belfast area
Katie Brown	Advanced Nurse Practitioner, General Practice Holywood/Bangor area
Sharon Burnside	Nursing Officer for Education, Department of Health
Gearoid Cassidy	Director of Primary Care, Department of Health
Senga Curry	Administration Officer, Public Health Agency
Helen Doherty	Treatment Room Lead, Western Health and Social Care Trust
Siobhan Donald	Assistant Director of Nursing, Public Health Agency
Sinead Douhart	Senior Nurse, Workforce, Belfast Health and Social Care Trust
Christina Evans	Treatment Room Lead, general Practice Derry/Londonderry area
Fionnuala Gallagher	Nursing Officer for Older People and Primary Care, Department of Health
Donna Hanlon	Advanced Nurse Practitioner, GP Practice
Biji Jose	Professional Officer, Ethnic Diversity, Northern Ireland Practice and Education Council for Nursing and Midwifery
Roger Kennedy	Programme Director Community Care, Strategic Planning and Performance Group
Sheila Kinoulty	Nurse Consultant (Workforce, Education and Professional Governance), Public Health Agency
Maria Loughran	Nursing Workforce, Northern Health and Social Care Trust
Sarah Lyons	Advanced Nurse Practitioner, General Practice Northern GP Federation
Dr Ursula Mason	General Practitioner and Chair of Royal College of General Practitioners NI
Emma McAfee	General Practice Nurse, Northern GP Federation
Amber McCloughlin	Nurse Consultant (Primary Care Education and Workforce), Public Health Agency
Cathy McCusker	Senior Professional Officer, Northern Ireland Practice and Education Council for Nursing and Midwifery
Eileen McEneaney	Lead Nurse, Ards GP Federation
Maria McIlgorm	Chief Nursing Officer, Department of Health
Linzi McIlroy	Senior Professional Officer, Royal College of Nursing
JeanMarie McKinney	Treatment Room Lead Nurse, Southern Health and Social Care Trust
Angela McLernon	Director of Nursing, West Belfast GP Federation
Louise McMahon	Director of Primary Care, Strategic Planning and Performance Group, Department of Health
Mary Frances McManus	Deputy Chief Nursing Officer, Department of Health
Dr Margaret O'Brien	Assistant Director of Integrated Care / Head of General Medical Services, Strategic Planning and Performance Group, Department of Health
Heather Reid	Interim Director of Nursing, Midwifery and Allied Health Professions, Public Health Agency
Mark Ryan	Primary Care Lead Nurse, Southern Health and Social Care Trust
Pamela Smith	Advanced Nurse Practitioner, General Practice Dromore area
Una St Ledger	Lecturer, Open University
Pamela Steele	Treatment Room Lead, South Eastern Health and Social Care Trust
Joanne Torrens	Community Nursing Services Manager, Western Health and Social Care Trust
Evelyn Walton	Nurse Lecturer, University of Ulster
Emma Welsh	Healthcare Assistant, General practice Belfast area
Anne Witherow	Lead Nurse, Northern GP Federation and Derry GP Federation