

NHS Rotherham Clinical Commissioning Group

Operational Executive – 14 November 2016

Strategic Clinical Executive

GP Members Committee (GPMC) – N/A

Clinical Commissioning Group Governing Body - N/A

Audit & Quality Assurance Committee – N/A

Primary care sub-group – 30 November 2016

Primary care committee – 14 December 2016

Practice nurse development/quality contract

Lead Executive:	Sue Cassin/Chris Edwards
Lead Officer:	Jacqui Tuffnell
Lead GP:	Dr Jason Page
Purpose:	
The purpose of this paper is to discuss and agree arrangements for the future direction of practice nurse development within Rotherham.	
Background:	
Earlier this year, after discussion at OE and SCE it was agreed that a full-time Band 8a Development nurse was required to support and continually develop the quality contract. At the same point of agreeing the funding, there were concerns regarding the funding allocation for primary care being insufficient to support this along with concerns regarding funding for GPFV therefore this process was halted. Since then, the quality contract mobilisation, diabetes pathway changes and GPFV discussions have highlighted the significant requirement for this role. Other areas have already progressed with investing in similar roles, recognising the requirement for general practice to develop its nursing and other clinical roles for sustainability. RCCG has requested funding for this and other roles via GPFV non-recurrent monies, however this post is required substantively utilising primary care funding.	
Analysis of key issues and of risks	
The quality contract and GPFV requires a highly developed nursing workforce. To date, support with development has relied on goodwill from highly experienced Practice Nurses, one in particular which is not sustainable and insufficient capacity to deliver the long term requirements. We currently have no clinical resource to support the significant primary care delivery agenda. It is proposed that the resource will not be employed by RCCG and instead hosted by a practice whilst the Federation is formed therefore there are small risks in relation to this not being an employee which can be mitigated with a clear heads of agreement with the relevant practice. Discussions have taken place with the LMC to support these interim arrangements.	
Financial Implications:	
Resource cost of proceeding before the NHSE funded non-recurrent resource commences. This is a non-recurrent support as primary care funding is more stable whilst acknowledging it is required to support corporately.	
Human Resource Implications:	
The practice will be supported with recruitment to ensure normal RCCG processes are followed.	
Procurement:	

N/A

Recommendations:

To approve the funding and recruitment of a development nurse to be employed by a practice on behalf of the LLP.

This proposal has been supported in principle by OE and was previously supported by SCE to be funded from primary care resources.

