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Title of innovation / initiative

Summarise your innovation / initiative – try to make it engaging!

The development of the 'Leeds primary care student leadership placement' was spearheaded by the practice learning facilitator (PLF) for Leeds Community Healthcare NHS Trust and Leeds General Practice in conjunction with the Queen's Nursing Institute (QNI) Community Nursing Innovation Programme 2022–2023, in collaboration with various local partners, including higher education institutions (HEIs), NHS practice partners, local council organisations, integrated care board (ICB) and private, independent, and voluntary organisations. Over a 10-week period, the pilot programme involved four adult nursing students who assumed leadership roles in conducting NHS health check clinics across a primary care network (PCN) in Leeds.

Problem

• Please clearly and concisely describe the problem that you were trying to solve.

The NHS 'Five Year Forward View' (2014) and NHS 'Long Term Plan' (date) set out ambitious plans to transform healthcare service delivery, managing increasing complexity at the heart of communities. Whilst general practice nurses are considered integral to the delivery of the preventative healthcare agenda (HEE, 2017, QNI, 2015), concerning workforce projections (NHS Digital, 2023, The Health Foundation, 2022) highlight a substantial shortfall in the number of general practice nurses available to meet the intentions of the NHS 'Five year forward view' and NHS 'Long Term Plan'. The disparity between the current GPN workforce and what is needed to deliver healthcare of the future is compounded by a number of factors; An ageing general practice nursing population (QNI, 2015, HEE, 2017), and a lack of newly registered nurses opting for general practice as their first career destination (Butler, 2022).

The NHS 'General Practice Nursing Ten Point Plan and HEE General Practice Nursing Workforce Development Plan (NHS England, 2017 and HEE, 2017) set out proposals to increase visibility of general practice nursing careers and support expansion of high quality, sustainable clinical placements. Due to pandemic induced service changes, general practice placement opportunities were reduced by 91.6% across the Leeds region.

Aim

• What were you trying to achieve? Try and make it specific - how much and by when?

Consequently, the Practice Learning Facilitator went onto develop the Leeds Primary Care Student Leadership Placement which aimed to;

- 1. Expand high quality placement provision for pre-registration nursing students in general practice, working across PCN footprint.
- 2. Raise the profile of general practice nursing and provide fundamental exposure to career pathways available upon registration.

- 3. Enable pre-registration nursing students with the opportunity to develop leadership skills through delivery of NHS health check clinics.
- 4. Enable pre-registration nursing students with the opportunity to increase knowledge and understanding of primary prevention, health needs, health inequalities and digital health and inclusion.
- 5. Enable pre-registration nursing students to be supervised and assessed across a PCN.

Plan

- What did you do and how did you do it?
- What were the key steps / actions you took and changes you made?
- Did you use any improvement methodology or tools?

Step 1: The PLF scoped placement availability within general practice to understand the shortfall of placement opportunities within that environment

Step 2: Engagement with students and general practices to understand the demand for general practice placements and to understand the barriers and challenges to providing student placements from the general practice nurse perspective.

Step 3: To consider how placements could be offered in an innovative way to reduce pressure associated with historic placements that followed a 1:1 model of student supervision and assessment

Step 4: Scoping what other regions were doing to combat the placement capacity issues, learnt more about student led clinics and student lead healthcare from the wealth of literature available and attended conferences.

Step 5: Creation of a placement mapped against NMC proficiencies and skills annexe for 3rd year nursing students

Step 6: Shared placement and mapping with directors of practice from both local universities, given the go ahead to pilot the placement.

Step 7: Applied for QNI community nursing innovation programme, was successful-Supported with funding and honing aims , objectives and how to measure impact and outcomes

Step 8: Engaged with GPN lead nurse within an identified PCN, developing the model further so it could be workable across a practice and PCN

Step 9: Engaged with partners across health and social care to shape and structure sessions that would would be provided in the first structured learning week, supporting the students to learn more about how we work collaboratively. Engaged with 100% digital Leeds, third sector hubs local to the PCN, health partnerships, social prescribing, ICB health data team, health and well being coach.

Step 10: Requested 4 students on the adult nursing programme in their final year were

allocated to the placement from a local university.

Step 11: Placement commenced.

Step 12: Placement ended, celebration event hosted and evaluation was completed.

Benefits

Impact-Service Users

Over the 10-week placement, the 4 students opened capacity to offer an additional 380 appointments. 299 of those were attended by those eligible to receive their NHS health check across 6 different practice sites within 1 PCN.

The NHS health check appointments were audited using a pre developed framework designed by the GP confederation. System one was reviewed with support from the students, and this is what was found;

Low Q Risk (less than 1 in 10 risk of having a heart attack or stroke in the next 10 years)	Medium Q Risk (1-2 in 10 chance of having a stroke or heart attack in the next 10 years)	High Q Risk (at least 2 in 10 chance of having a stroke of heart attack in the next 10 years)
64.2% of the 299	26.7% of the 299	6.68% of the 299
Outcome:	Outcome:	Outcome:
Lifestyle	Lifestyle support, statin Lifestyle support, statin	
support offered	offered & review in 5	offered a statin
Review in 5 years	years	& review in 1 year

By completing the NHS health checks, the students supported early identification of those at low/medium and high risk of having a heart attack/stroke within the next 10 years and were able to provide early intervention measures to reduce the risk and enable lifestyle and health behaviour change to happen i.e smoking cessation guidance, healthy diet and exercise information, reduction in alcohol consumption. It is likely the students have reduced the requirement for costly medical interventions/hospital stays later down the line whilst also reducing morbidity and mortality rates within the PCN population.

The project lead aimed to improve service user satisfaction and understand more about the patient experience during student led activity. A survey was developed (loosely based on the NHS friends and family test) to review service user experience, the survey revealed high levels of perceived satisfaction, See quotes;

"The students were friendly and informative" "It was good to have a check and found the students gave me peace of mind" "They were excellent and made the process a pleasure" "The 2 nurses were fantastic!!" "They were friendly and made me feel at ease"

"Competent and friendly"

"The students are very thorough; the appointment wasn't rushed. These clinics help free up staff. It's a really helpful check up that offers reassurance and validation"

"Lovely welcoming manner"

"Quick and stress free"

"Its nice to know everything is still being checked by the NHS"

"I got to see 2 lovely young people who are in their final year and I believe they will do sterling job for the NHS"

Service users were also asked what advice/guidance the students offered them to enable them to make changes to their health and lifestyle, this enabled the project lead to understand more about the main take away health information from a service user perspective. See quotes;

"exercise"

"Healthy diet and exercise"

"Lower caffeine intake and lower potassium-eat less bananas!"

" change dietary habits"

"eat less salt"

"They gave advice that was supportive and took into account my busy life & schedule, let me know what I need to look out for"

"Exercise and drinking alcohol. They also advised me around my diet"

All service user feedback was positive, and the student led service was well received.

Impacts measures-Students

In order to measure increase in student knowledge and skills regarding health needs/health inequalities, leadership and digital health, they were surveyed pre and post placement. The project lead created a survey on google forms to demonstrate knowledge and skill growth throughout the placement.

PRE PLACEMENT- Graphs represent baseline knowledge, skills and confidence;



Comparatively the data pre and post placement survey suggests, student skill, knowledge and confidence has increased throughout the placement. The students initially perceived they had minimal/no knowledge of preventative health care, general practice nursing, population health, health inequalities, digital health, social prescribing, and health and well being due to limited prior placement experiences within the community/general practice setting.

Comparisons can also be drawn from the pre and post placement leadership skill assessment of knowledge and confidence, which again highlights the student's lacked confidence in key leadership areas in commencement of the placement but by the end of the placement all students felt fairly confident/very confident to lead. This correlates to what is expected of 3rd year nursing students who should be "leading and co-ordinating care with confidence" (NMC, 2018), indicating the placement met student need and supported their preparation into a registered nursing role.

In addition to the above, the 4 students were asked further questions , which enabled the

project lead to understand in greater detail their perceptions and experiences of the placement through qualitative data;

- 1) The students were able to identify certain aspects of academic learning that they had applied throughout the placement. The key areas aspects included;
- The population health module
- Building rapport
- Understanding social determinants of health
- Health promotion/health inequalities
- Theory/simulation of venepuncture
- Motivational interviewing
- Management of long-term conditions
- Personalised care
- 2) They were able to demonstrate how they had promoted digital health and inclusion throughout the placement;
 - NHS app to book appointments & see test results
 - Using the SMS service to advise and support people to use One You Leeds and Bradford Healthy Hearts
 - Advice around where to access free WiFi i.e the library hub
 - Accessing medical records online
 - Showing online services such as One You Leeds/Smoke Free for support
 - Discussions around what devices people had, whether they had access to the internet

The students felt well supported throughout their placement by the PLF (Project lead) and the PS/PA's within the practice (see quotes):

"Hayley's consistency to the love of her work has not only had a positive impact on my learning and achievement, but also on the care that patients have received. This is due to all of the support received from Hayley. She has been incredible and this has helped me to thrive during my placement."

"The support has been amazing throughout. Hayley has been on hand for anything and everything and has made SUCH a difference to this placement experience. The staff across all sites have been really helpful"

"Yes. We have worked with really friendly and supportive staff"

"I had a lot of support from the staff at each of the practices, as well as a huge amount of support from Hayley, out PLF. She has been so organised with preparing us for the placement as well as throughout placement, she was checking in to make sure we are enjoying it and we are getting the support needed on the daily basis. Amazing!"

This was supported by the placement feedback left on the PARE (Practice Assessment Record and Evaluation) system. The students provided evaluation on the PARE system which showed a 100% positivity rating for the placement, highlighting the quality, experience, behaviours and

values were outstanding throughout the 10 weeks by all involved.

Initially the 4 students were asked whether they had considered careers in general practice, they all responded they were keen to work in HDU/ICU/Major trauma wards, this question was repeated at the post placement survey and the results were outstanding-demonstrating that because of this placement they had all done a u turn and would be considering careers in general practice.

Has this placement made you consider working in primary care or community on registration? 4 responses



Reasons as sited below;

"I have wanted to be a practice nurse although, I was always told that I must work in a hospital for at least 1 year before I could apply. This placement has encouraged me to apply for practice nurse vacancies straight away"

"YESSS!! Sign me up now local love it so much and have realised the importance of primary care and preventing ill health. I can't wait to manage my own patients and build rapport"

"I have really enjoyed working in the community. I have had a really positive experience working in primary care- I think I will go into primary care in a year, once I have experience as a RN so I have years of additional knowledge to be able to pass onto my patients to give them the best care possible."

"I will 100% consider working within primary care once I qualify. I love the nursing role in this setting and find it very interesting".

This demonstrates the impact the placement has had overall, and how it has enabled the students to change their perceptions of nursing in the community and general practice setting.

IMPACT MEASURES-PS/PA

As the placement was provided in one PCN across 6 different practice sites with a new supervision and assessment model it was important to ascertain the experiences of both the PS and PA's throughout and whether the need of the students would be greater to those on

traditional placements.

The respondees reported that there huge benefits of student leadership placement including;

-Good student engagement -Willingness to learn -demonstration of theory into practice -student knowledge and skill development under their supervision

See quotes:

"The students were generally very well received and did a good job. They were very polite and appeared to enjoy the experience"

"The students were a fantastic edition to the practice, and were a pleasure to have and support. It was good they had support from one another but perhaps they needed a little more support from the nurses especially for the initial first patients. Just to ensure they were adequately capturing the information/ procedures/ ways of working within the practice. I think going forward it would be beneficial for the nurse supporting to block off time to sit in with the students observing the first few patients. Or, alternatively having this support prior to joining. However, this may because our practice was the first one in the PCN the students started with. I would expect they may have become more proficient with time. Overall, very impressed with this pilot"

"Brilliant way to expand knowledge and encourage our new generation of nursing colleagues into general practice".

There was no evidence to suggest the needs of the students were greater on the pilot or that the new model of supervision had a negative impact on student/educator experience.

Outstanding outcomes of the project include;

- The PCN creating 2 new job posts following the pilot
- The PCN recruiting 2 of the students from the pilot and all four from the subsequent placement, totalling a recruitment of 6 new registrants into general practice nursing.
- An increase in demand for general practice placements and an expansion in placement capacity.
- Improved working relationships and collaboration across the Leeds health and social care system.

Measures

• Please share any measures that you used to discover if your initiative resulted in an improvement.

Reporting from system one to gain insight into additional number of additional appointments the students were able to provide.

Reporting from system one to learn how many people through their NHS Health check appointments were identified as high, medium, and low risk of developing CVD. Student pre and post placement surveys to demonstrate growth in knowledge and skills.

Service user questionnaire adapted from the friends and family test to assess perceived

satisfaction of service users accessing a student led service.

Student placement evaluation on the PARE system to learn more about the quality of the learning environment from the student perspective.

Practice Supervisor and Assessor Pre and Post Survey to understand their pre placement expectations pre placement and their post placement experiences of facilitating a new placement model.

Placement capacity data pre and post placement sourced from the university allocation system reports.

Resources / team

- What did you need to make the change (equipment, budget etc)?
- Who was involved in making the change did you involve patients and carers?
- Did you use evidence or build on ideas from other trusts or organisations?

As this project was developed as part of the Queens Nursing Institute Community Nursing Innovation Programme, a budget of £5000 pounds was allocated.

Project funds were used for the following;

- Rail Travel/Hotel for 1x QNI study day in London
- 4 x Guide to Survival in General Practice Nursing Books-To gift to the students at the end of the placement programme
- Room Booking for the celebration event at the end of the placement programme.
- Scriberia -Visual Scribe booked a celebration event at the end of the placement programme.
- Initially for the first month 7 hours per week was given to the project in works time (engagement/planning), the remainder was done outside of works time in addition to my day to day (administration).
- To demonstrate sustainability, not all the budget was used. Following implementation of the project £2200 was remaining.

Resource benefits of the project:

- Increase in capacity to offer an additional 380 appointments and complete 299 NHS Health Checks due to additional student resource.
- 299 provided, R.O.I = £5, 980
- Supporting 4 students for 10 weeks, HEE Tarrif = £4,848
- Totalling £10, 828 pounds income generated by implementing the model.

Key learning

Since completing the Queens Nursing Institute Community Nursing Innovation Programme, my personal and professional profile has grown. Leading on a project of this scale has enabled me to demonstrate exceptional leadership in the world of pre-registration practice education, highlighting Leeds Community Healthcare and Leeds GP Confederation as a place to live, train and work.

On a personal level this project has given me so much joy and job satisfaction. Being able to make a different to the experience of the 4 students, changing hearts and minds on careers in general practice and improving health outcomes for people across Leeds is a unique privilege.

I have applied to become a Queens Nurse and will continue to champion careers in the community and general practice setting, supporting the preventative healthcare agenda. I applied for the 2023 Student Nursing Times Awards and the Leeds Primary Care Student Leadership Placement was a finalist in the 'Community Placement of the Year' category. The project won project of the year within my organisation. I am also looking into undertaking formal project management education as this project year helped me to realise that I enjoy project management and am successful at it!

This programme is now being rolled out across different PCN's in Leeds, looking at how the model is widened to include more third sector partners and diverse learners across nursing and allied health professions. The work has also been shared regionally and nationally through blogs, case studies, publication (in September) and presentations at various conferences. Many partners across the country are keen to adopt this model and showcase how if students have an excellent high quality placement experience in this setting that they are more likely to consider general practice nursing as an early career.

Tips for others

- Who else can benefit from this work?
- What advice would you give to others doing the same thing?

Students, HEI's, practice partners, service users can all benefit from this model! It really has been a success which has been demonstrated in the recruitment of 6/8 of the students that have accessed this placement so far!

My 5 top tips;

- 1. Identify an area of healthcare provision that students can lead on within your service, that is responsive to your needs!
- 2. Draw upon support from your practice learning facilitator to structure a learning plan for the students.
- 3. Think outside the box! What third sector and charitable organisations could student spoke out to which would enhance their experience and gain a greater understanding of preventative healthcare at the heart of communities-not focusing solely on NHS services.
- 4. Employ the NMC SSSA (2018) as flexibly as possible to enable you to support students in one area or across several different sites, be creative!
- 5. Consider students as assets! They can provide vital human resource, lead services with appropriate support and nurture.

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Date of innovation / initiative: Pilot between 7th November 22 to 31st Jan 23. 2nd phase ongoing.

Do you have any attachments?

- "A picture is worth a thousand words". Are there any photos or graphics that could help bring your story to life?
- Are there any supporting materials, documents, communications or other outputs that you used or produced that you could share to prevent others reinventing them?

If so, please upload them to the Fab site with this completed template.