

# HCA, NA and GPN Scope of Practice Guide

Understanding the scope of clinical support and nursing roles within general practice



**Am I trained to carry out this task?**



**Do I feel competent to carry out this task?**



**Am I insured to carry out this task?**

This document was produced by the Black Country Training Hub and has been adapted to include LLR specific information.

Increasing pressures within General Practice sometimes mean staff are regularly trying to cover colleagues when busy or on leave in order to meet demand in service. Due to this, it is sometimes easy to forget about the implications of when staff operate out of their scope of practice.

The document has been created to show the tasks frequently undertaken by Health Care Assistants, Nursing Associates and Registered Nurses, and the roles and responsibilities of carrying out those tasks.

As with any task no one should be undertaking duties they are not trained or competent to carry out. A professional qualification does not mean the person can do the task if they have no knowledge, training, or experience of it.

### What is scope of practice?

Scope of practice is the limit of a person's knowledge, skills and experience carried out within their role. All health and care employees must keep within their scope of practice to ensure they are practicing safely, competently and lawfully.

### Disclaimer:

Whilst this document is intended to provide guidance on what tasks staff can safely carry out in general practice, regulations do change on a frequent basis and staff must check with professional bodies if they are unsure of the current position.

Any questions or queries about this document please email:

[llrtraining.hub@nhs.net](mailto:llrtraining.hub@nhs.net)

Where the document details 'with training and competency achieved' this means that the member of staff has carried out training specific to the task and has been deemed competent to undertake it.

For the purpose of this document the focus is on the roles Health Care Assistant/Support Worker, Nursing Associate and General Practice Nurse.

Throughout the document the following abbreviations are used for the roles covered:

**HCA-** Health Care Assistant/Support Worker.

**NA-** Registered Nursing Associate, qualified with a level 5 foundation degree (registered with the NMC).

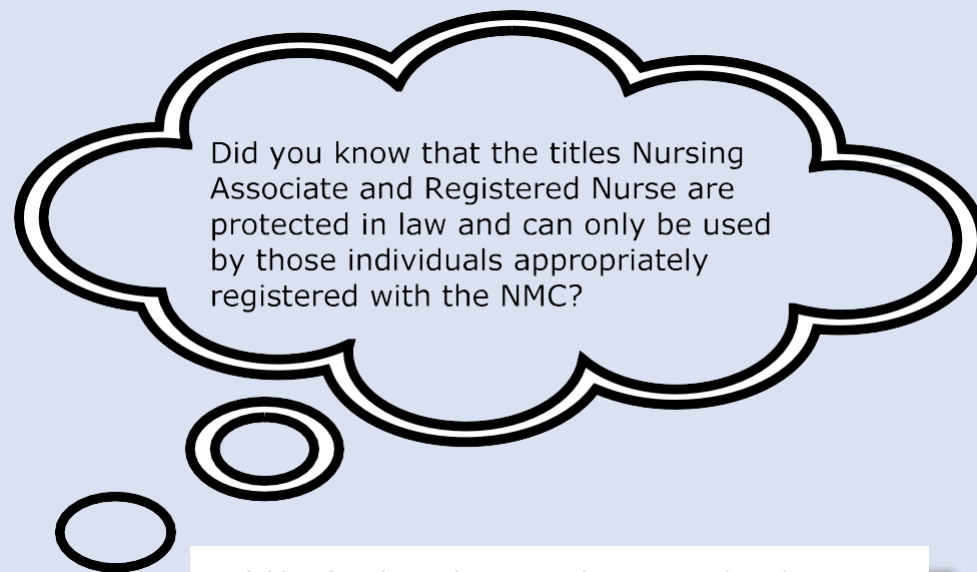
**GPN** - General Practice Nurse, qualified with approved RN training (registered with the NMC).

## Difference between a Nursing Associate and a Registered Nurse

The role of Nursing Associate (NA) and Registered Nurse (RN) are not interchangeable, the main difference being that RNs lead on managing, assessing, planning and evaluating care and NAs monitor, support and contribute to care; for this reason, NAs should work under the direction of a Registered Nurse.

There is more information about NAs available from the NMC at the following link: <https://www.nmc.org.uk/about-us/our-role/who-we-regulate/nursing-associates/information-for-employers/>

Please note that the titles "Nursing Associate" and "Registered Nurse" are protected in law and can only be used by those individuals appropriately registered with the NMC.



Did you know that the titles Nursing Associate and Registered Nurse are protected in law and can only be used by those individuals appropriately registered with the NMC?

A Nursing Associate must have completed an NMC accredited two-year Level 5 Foundation Degree, be registered with the Nursing and Midwifery Council and have their own NMC PIN number; a Registered Nurse must also have completed an appropriate accredited programme and be included on the Registered Nurse part (Adult, Child, Mental Health or Learning Disability) of the NMC register.

Please ensure that Student/Trainee Nursing Associates, Health Care Assistants and Assistant Practitioners are appropriately titled in the practice and in any relevant literature/websites so as not be confused with a registered NA; and that NAs are not badged as Registered Nurses.

NA and RN registration details can be checked at the following link: <https://www.nmc.org.uk/registration/search-the-register/>

Nursing associate	Registered nurse	 Nursing & Midwifery Council
6 platforms	7 platforms	
Be an accountable professional	Be an accountable professional	
Promoting health and preventing ill health	Promoting health and preventing ill health	
Provide and <b>monitor</b> care	Provide and <b>evaluate</b> care	
Working in teams	<b>Leading and managing nursing care</b> and working in teams	
Improving safety and quality of care	Improving safety and quality of care	
<b>Contributing to</b> integrated care	<b>Coordinating</b> care	
	<b>Assessing needs and planning care</b>	

## Mandatory training-

GP Mythbuster 70: available [here](#)

CQC's stance on mandatory training says:

'Each GP practice is responsible for determining what mandatory and additional training its staff need. They are also responsible for how this is delivered. Online training may be acceptable as long as providers show staff have the competency, skills and knowledge to perform their roles.

Individual practices must:

- decide what training is mandatory and how they deliver it
- make this clear to staff
- monitor how staff engage with it.

To deliver safe, high-quality care and treatment, you must take reasonable steps to support staff to do their jobs. This is to keep both patients and practice staff safe. We will take regulatory action if this does not happen.

If you ask someone to work outside their normal scope of practice, this must be within their competencies and not be against their will. They must also be supported and supervised appropriately and properly equipped.

Healthcare workers should not be expected to take on activity they have not been trained to do or do not have the skills for. You may need to offer training or development to ensure your staff have up-to-date skills and knowledge.

To carry out some specific roles, the clinician must be registered with a professional body. Providers must still meet that professional regulator's requirements.

The Health and Care Act 2022 introduced a new legal requirement from 1 July 2022. All providers registered with us must make sure their staff receive training to support autistic people and people with a learning disability. We do not tell you specifically how to meet your legal requirements in relation to this training'.

### NOTE:

It is not the Training Hub's responsibility to arrange mandatory training for staff within primary care.

Mandatory training must be provided by the employer.

There are excellent resources available for GP practices to access through the e-learning for health platform.

<https://www.e-lfh.org.uk/>



## External training

Clinical training is extremely important for both new and existing general practice staff in order to learn and update skills and knowledge.

The LLR Training Hub and LLR ICB Training and Development Department regularly arrange training via external organisations which is free for general practice staff to access.

If you are employed within General Practice in Leicester, Leicestershire or Rutland, then you are eligible to sign up to these training courses. To find out what training is available please ensure you are registered to receive our emails by ensuring that you are on the correct mailing list.

Please do not book on to training without the consent of your manager.

No employee is allowed to undertake update training without first completing the initial training (eg flu, pneumonia, shingles, covid, new to immunisations, cervical cytology, contraception). It is your own responsibility to undertake update/refresher training.

For Training Hub please go to:

<https://www.llrtraininghub.co.uk/>

For the Learning Management System:

<https://lms.leicestershire.nhs.uk>

Alternatively, please contact:

[Llrtraininghub@nhs.net](mailto:Llrtraininghub@nhs.net)

[llricb-llr.gptraining@nhs.net](mailto:llricb-llr.gptraining@nhs.net)

## Revalidation

All Registered Nurses and Registered Nursing Associates must revalidate their registration every three years with the Nursing and Midwifery Council. This requires the following:

- Confirmation that the registrant has completed a minimum of 450 hours of practice
- Confirmation that the registrant has undertaken a minimum of 35 hours CPD of which 20 must be participatory
- Five pieces of practice related feedback
- Five written reflective accounts
- Evidenced reflective discussion with another NMC registrant
- Health and character declaration
- Proof of professional indemnity cover
- Confirmation by manager

More information about revalidation can be found on the NMC website: <https://www.nmc.org.uk/revalidation/>



## Health Promotion

Task	HCA	NA	GPN
Stop smoking clinic/advice	Yes, with training and competency assessed and achieved.	Yes, with training and competency assessed and achieved.	Yes, with training and competency assessed and achieved.
Weight/diet advice	Yes, with training and competency assessed and achieved.	Yes, with training and competency assessed and achieved.	Yes, with training and competency assessed and achieved.
NHS Health Checks	Yes, with training and competency assessed and achieved.	Yes, with training and competency assessed and achieved.	Yes, with training and competency assessed and achieved.



# Women's Health

Task	HCA	NA	GPN
<b>Cervical screening</b>  Cervical screening (a smear test) is a test to check the health of the cervix and help prevent cervical cancer carried out under the national screening programme. A cervical sample taker must have the required level of knowledge and understanding of the cervical screening programme, and clinical skill, to safeguard the individual.	No.	NAs can carry out cervical screening after completing an accredited cytology course. NAs must use their own NMC PIN, (never use a colleague's PIN), and be signed up to CSMS.	GPNs can carry out cervical screening after completing an accredited cytology course. GPNs must use their own NMC PIN, (never use a colleague's PIN), and be signed up to CSMS.
<b>Coil fitting (IUD fitting)</b>  The IUD (intrauterine device, or coil) is a small device that is fitted in the womb (uterus) to prevent pregnancy.	Can assist the practitioner, with training and competency assessed and achieved.	Can assist the practitioner, with training and competency assessed and achieved.	Can assist the practitioner, with training and competency assessed and achieved.  Fitting can only be undertaken by FSRH LARC trained GPN.  GPNs will need either a PSD or be a non-medical prescriber.
<b>Coil removal (IUD removal)</b>	Can chaperone only, with training and competency assessed and achieved.	Can chaperone only, with training and competency assessed and achieved.	Can assist the practitioner, with training and competency assessed and achieved.  Removal can only be undertaken by following FSRH guidance*.

\* There is no formal FSRH training for IUC removal and clinicians should follow their own local pathway for developing and maintaining competence. Further guidance is available from FSRH website.

# Women's Health

Task	HCA	NA	GPN
<b>Coil Check</b>  6 weeks post fitting and as required.	No.	Yes, with training and competency assessed and achieved.	Yes, with training and competency assessed and achieved.
<b>Contraceptive implant</b>  Contraceptive implants are a long- term contraceptive method, also called 'long-acting reversible contraception' (LARC).	Can assist the practitioner, with training and competency assessed and achieved.	Can assist the practitioner, with training and competency assessed and achieved.	Can assist the practitioner, with training and competency assessed and achieved.  Fitting/removal can only be undertaken by FSRH LARC trained GPNs.  Will need either a PSD or be a non-medical prescriber
<b>Contraception consultations</b>  Consultations are undertaken if the patient would like to start, switch, or continue repeat contraceptive.	No.	Following attendance at FSRH Essentials for Primary Care course.  Can monitor with training and competence assessed and achieved, but not initiate or change contraception.	Following attendance at FSRH Essentials Primary Care course. Initiation and review with training and competence assessed and achieved.
<b>Depo Provera injections</b>  Depo Provera is a hormone used for contraception.	No.	Following attendance at FSRH Essentials for Primary Care course.  Can administer under PSD, with training and competence assessed and achieved, up to 14 weeks after last injection. If 14+1 day or over needs RN/GP assessment.	Following attendance at FSRH Essentials for Primary Care course.  Can administer under PSD with training and competence assessed and achieved, or as non-medical prescriber.





# Immunisations

Task	HCA	NA	GPN
<b>Child Immunisations</b>  (Oral/injection given to protect children from a range of diseases/conditions as per NHS vaccination schedule)	No.	Yes, with training and competency assessed and achieved under a PSD, written by knowledgeable prescriber in childhood immunisations.	Yes, with training and competency assessed and achieved under a PGD.
<b>Flu -Adults</b>  Flu vaccination is offered every year through the NHS to protect people at risk of getting seriously ill from flu.	Yes, with training and competency assessed and achieved under a PSD, over 18's only.  (To attend relevant training, HCA must be enrolled on, or completed, level 3 HCA qualification and a minimum 2 years' experience as an HCA).	Yes, with training and competency assessed and achieved under a PSD.	Yes, with training and competency assessed and achieved under a PGD.
<b>Flu – Children</b>  (Nasal and intramuscular)	Only nasal, under a PSD, with training and competency assessed and achieved.  (To attend relevant training, HCA must be enrolled on, or completed, level 3 HCA qualification and a minimum 2 years' experience as an HCA).	Yes, with training and competency assessed and achieved under a PSD.	Yes, with training and competency assessed and achieved under a PGD.
<b>Whooping cough (pertussis) vaccine in pregnant women.</b>  Whooping cough is a serious infection that causes long bouts of coughing and choking making it hard to breathe. Pregnant women can help protect their babies by being vaccinated.	No.	Yes, with training and competency assessed and achieved given under a PSD.	Yes, with training and competency assessed and achieved given under a PGD.

# Immunisations

Task	HCA	NA	GPN
<b>Pneumococcal vaccine - Adults</b>  The pneumococcal vaccine helps protect against serious illnesses like pneumonia and meningitis. Recommended for people at higher risk of these illnesses.	Yes, with training and competency assessed and achieved under a PSD. Over 18's only.  (To attend relevant training, HCA must be enrolled on, or completed, level 3 HCA qualification and a minimum 2 years' experience as an HCA).	Yes, with training and competency assessed and achieved under a PSD.	Yes, with training and competency assessed and achieved under a PGD.
<b>Pneumococcal vaccine - Child</b>	No.	Yes, with training and competency assessed and achieved given under a PSD.	Yes, with training and competency assessed and achieved given under a PGD.
<b>Shingles</b>  A vaccine to prevent shingles, a common, painful skin disease, is available on the NHS as per guidance.	Yes, with training and competency achieved under a PSD.  (To attend relevant training, HCA must be enrolled on, or completed, level 3 HCA qualification and a minimum 2 years' experience as an HCA).	Yes, with training and competency assessed and achieved under a PSD.	Yes, with training and competency assessed and achieved given under a PGD.
<b>Travel health – vaccinations on GP Contract only.</b>	No.	Yes, with training and competency assessed and achieved given under a PSD.  Can administer vaccines but not assess or plan care. Travel consultation needs to be performed by GPN.	Yes, with training and competency assessed and achieved given under a PGD.

## Notes:

Any other vaccinations not listed would need to be assessed on an individual basis.

Immunisation training- anyone administering vaccines needs to undertake new to immunisation training and annual update for all relevant vaccines. NAs can administer travel vaccines but cannot undertake initial travel health assessment as this is out of their scope of practice.

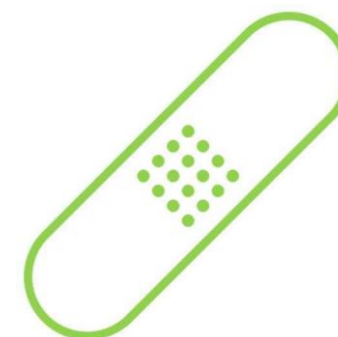
# Medication administration- including injectables

Task	HCA	NA	GPN
<b>Medication administration</b>  (Oral, sublingual, buccal, inhaled, nebuliser, subcutaneous, rectal, dermal)	No.	Yes, with training and competency assessed and achieved, under PSD.	Yes, with training and competency assessed and achieved under PSD/PGD, or as a non-medical prescriber.
<b>Prostap</b>  Injection used in the treatment of various conditions including prostate and breast cancer.	No.	Yes, with training and competency assessed and achieved given under a PSD.	Yes, with training and competency assessed and achieved given under a PSD.
<b>Decapeptyl</b>  Injection used in the treatment of various conditions including prostate cancer and endometriosis.	No.	Yes, with training and competency assessed and achieved given under a PSD.	Yes, with training and competency assessed and achieved given under a PSD.
<b>Zoladex</b>  Implant used in the treatment of various conditions including prostate and breast cancer.	No.	Yes, with training and competency assessed and achieved given under a PSD.	Yes, with training and competency assessed and achieved given under a PSD.
<b>B12</b>  Vitamin B12 deficiency anaemia occurs when a lack of vitamin B12 or folate causes the body to produce abnormally large red blood cells that cannot function properly.	Yes, with training and competency assessed and achieved, given under PSD.	Yes, with training and competency assessed and achieved given under a PSD.	Yes, with training and competency assessed and achieved given under a PSD.

**Notes:** Any other medications not listed would need to be assessed on an individual basis.

# Wound care

Task	HCA	NA	GPN
<b>Wound care</b>	Yes, with training and competency assessed and achieved, only if wound has been assessed by GPN. Care plan must be in medical records, with regular on- going assessment of wound by GPN.	Yes, with training and competency assessed and achieved, only if wound has been assessed by GPN. Care plan must be in medical records, with regular on- going assessment of wound by GPN.	Yes, with training and competency assessed and achieved, including wound assessment and selection of appropriate dressings, and regular, ongoing assessment and re-evaluation of care.
<b>Removal of sutures and clips</b>	Yes, with training and competency assessed and achieved, with GPN oversight.	Yes, with training and competency assessed and achieved, with GPN oversight.	Yes, with training and competency assessed and achieved.



# Long term conditions

Task	HCA	NA	GPN
<b>Anti-Coagulation Monitoring</b>  For patients who need regular monitoring of their anti-clotting or blood thinning medication. Monitoring is done by a blood test for INR's (International Normalised Ratio) and/or renal function.	Can take blood for INR on behalf of practitioner if phlebotomy trained, with training and competency assessed and achieved.	Can take blood for INR on behalf of practitioner if phlebotomy trained, with training and competency assessed and achieved.	Can manage and inform patients of their results with training and competency assessed and achieved, following national/local guidelines and overseen by GP.
<b>Asthma annual review</b>  A routine check up to see how a patient is managing their asthma.	No, but can support reviews by, for example, undertaking basic observations, with training and competency assessed and achieved.	Monitoring of patients with training and competency assessed and achieved.	Assessment and management of patients with training and competency assessed and achieved.
<b>Cancer care reviews</b>  A Cancer Care Review (CCR) is a conversation between a patient and their GP or Practice Nurse about their cancer journey.	No.	No.	Yes, with training and competency assessed and achieved.



# Long term conditions

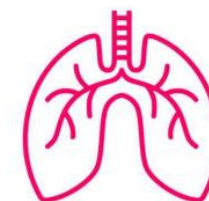
Task	HCA	NA	GPN
<b>Cholesterol review</b>  Hyperlipidaemia (also known as high cholesterol) can be defined as several disorders that can result in too much fat (lipids) in the blood.	No, but can support reviews by, for example, undertaking basic observations, with training and competency assessed and achieved.	Monitoring of patients with training and competency assessed and achieved.	Assessment and management of patients with training and competency assessed and achieved.
<b>COPD annual review</b>  A routine check up to see how a patient is managing their chronic obstructive pulmonary disease (COPD).	No, but can support reviews by, for example, undertaking basic observations, with training and competency assessed and achieved.	Monitoring of patients with training and competency assessed and achieved.	Assessment and management of patients with training and competency assessed and achieved.
<b>Diabetes annual review</b>  Diabetes is a chronic (long-lasting) health condition that affects how the body turns food into energy.	No, but can support reviews by, for example, undertaking basic observations, with training and competency assessed and achieved.	Monitoring of patients with training and competency assessed and achieved.	Assessment and management of patients with training and competency assessed and achieved.
<b>Diabetic foot screening</b>  For diabetic patients it is important that their feet are regularly checked to prevent serious foot problems.	Yes, with training and competency assessed and achieved.	Yes, with training and competency assessed and achieved.	Yes, with training and competency assessed and achieved.
<b>Dementia reviews</b>  Dementia reviews are carried out annually by the GP.	Can undertake health checks as part of review with training and competency assessed and achieved.	Can undertake health checks as part of review with training and competency assessed and achieved.	Can undertake health checks as part of review with training and competency assessed and achieved.

# Long term conditions

Task	HCA	NA	GPN
<b>Hypertension review</b>  An annual review is offered to patients diagnosed with high blood pressure.	No, but can support reviews by, for example, undertaking basic observations, with training and competency assessed and achieved.	Monitoring of patients with training and competency assessed and achieved.	Assessment and management of patients with training and competency assessed and achieved.
<b>Learning Disabilities reviews</b>  Annual check for everyone over the age of 14 who is on the GP learning disability register.	No, but can support reviews by, for example, undertaking basic observations, with training and competency assessed and achieved.	Can undertake health checks as part of review with training and competency assessed and achieved.	Can undertake health checks as part of the review with training and competency assessed and achieved*.
<b>Mental Health Reviews</b>  Annual check for patients with schizophrenia, bipolar disorder, or psychosis.	No, but can support reviews by, for example, undertaking basic observations, with training and competency assessed and achieved.	Can undertake health checks as part of review with training and competency assessed and achieved.	Can undertake health checks as part of review with training and competency assessed and achieved*.
<b>Spirometry</b>  Spirometry is a test used to help diagnose and monitor certain lung conditions by measuring how much air a person can breathe out in one forced breath using an approved calibrated device.	Yes, with training and competency assessed and achieved.	Yes, with training and competency assessed and achieved.	Yes, with training and competency assessed and achieved. GPN's may also be able to interpret results**

\*Some GPNs may be LD or MH trained and undertake reviews as part of their role if competent to do so.

\*\*Some GPNs may be respiratory/ ARTP trained and can undertake reviews if competent to do so.



## Other tests/procedure/reviews

Task	HCA	NA	GPN
<b>Blood pressure and pulse monitoring</b>  A blood pressure test checks if blood pressure is within range as per NICE guidelines. Blood pressure is the term used to describe the strength with which blood pushes on the sides of the arteries as it's pumped around the body.	Yes, with training and competency assessed and achieved.	Monitoring of patients with training and competency assessed and achieved.	Assessment and management of patients with training and competency assessed and achieved.
<b>Ear irrigation</b>  A flushing out of wax from the ear with water. Check indemnity.	Yes, with training and competency assessed and achieved, and completed annual updates. Patient must be assessed by competent GP/GPN.	Yes, with training and competency assessed and achieved, and completed annual updates. Patient must be assessed by competent GP/GPN.	Yes, with training and competency assessed and achieved, and completed annual updates.
<b>ECGs</b>  An electrocardiogram records the electrical signals in the heart. It is a common and painless test used to quickly detect heart problems and monitor the heart's health.	Yes, with training and competency assessed and achieved.	Yes, with training and competency assessed and achieved.	Yes, with training and competency assessed and achieved.





## Other tests/procedure/reviews

Task	HCA	NA	GPN
<b>Minor Surgery</b> (cryotherapy, electrocautery, curettage, excisions, incisions, biopsy, therapeutic injections into joints)  Minor surgical procedures are those that are minimally invasive.	No, but can assist the qualified practitioner once trained and competency assessed and achieved.	No, but can assist the qualified practitioner, once trained and competency assessed and achieved.	No, but can assist the qualified practitioner* once trained and competency assessed and achieved.
<b>Occupational health reviews</b> - not part of the GP contract	No.	No.	No.
<b>Specialist referrals</b>	No.	No.	Yes, using appropriate pathways.
<b>Urine testing (urinalysis)</b>  A urinalysis is a test of urine. Used to detect and manage a wide range of disorders, such as urinary tract infections, kidney disease and diabetes.	Yes, with training and competency assessed and achieved.	Yes, with training and competency assessed and achieved.	Yes, with training and competency assessed and achieved.
<b>Venepuncture</b>  Venepuncture is the term used for the procedure of withdrawing blood from a vein with a needle.	Yes, with training and competency assessed and achieved.	Yes, with training and competency assessed and achieved.	Yes, with training and competency assessed and achieved.

\*GPNs and ANPs can undertake minor surgery training



# Housekeeping

Task	HCA	NA	GPN
<b>Stock ordering and rotation, fridge temperature checks</b>	Yes, after being trained.	Yes, after being trained.	Yes, after being trained.
<b>Medical devices check (eg. weighing scales, blood pressure monitor, nebuliser)</b>	Yes, after being trained.	Yes, after being trained.	Yes, after being trained.
<b>Oxygen check</b>	Yes, after being trained.	Yes, after being trained.	Yes, after being trained.
<b>Resus trolley check</b>  All GP practices must be equipped to deal with a medical emergency. This includes resuscitation and equipment needed for this.	Yes, after being trained.	Yes, after being trained.	Yes, after being trained.
<b>Home visits/lone working</b>	Need to be accompanied by a Registered Professional.	NAs can undertake lone home visits for all tasks within their scope of practice but should have appropriate arm's length supervision available at all times from a more senior registered health care professional*.	GPNs can undertake lone home visits for all tasks within their scope of practice but it is good practice to have arm's length clinical support available if required e.g., from a GP or ACP*.

\*Note: Please ensure that appropriate indemnity insurance and class 1 business motor insurance are in place.



# Supervision / Assessment of clinical staff

Training and supervision of staff is essential to provide safe and effective care. The table below shows who can train and supervise who. Any registered professional can be a supervisor however where supervision is provided by someone not from the same profession as the member of staff being supervised, an understanding of the different professional standards set by regulators and scope of practice of the roles is needed. Please note, support can be provided across the whole of the practice team e.g., a new to practice HCA could observe a experienced HCA, or, Student Nurse could observe a HCA clinic.

For Trainee Nursing Associate and pre-reg nursing students on placement with the practice a practice supervisor, who is a registered practice nurse, is required although Trainee Nursing Associates can also be supervised by an experienced Nursing Associate.

Who can supervise who?	HCA	NA	GPN
Trainee HCAs can be supervised by:	No	Yes	Yes
Trainee Nursing Associates can be supervised by	No	Yes	Yes
Student nurses can be supervised by:	No	Yes	Yes
AP/Senior HCA' s can be supervised by:	No	Yes	Yes
GPA/Trainee GPA can be supervised by:	No	Yes	Yes
Newly qualified/new to practice Nursing Associates can be supervised by:	No	Yes	Yes
Newly qualified/new to practice GPNs can be supervised by:	No	No	Yes

GPNs or NAs who supervise pre-reg Nursing Students, Student Nursing Associates or Nurses on the Fundamentals Programme should be SSSA (Standards for Student Supervision and Assessment) trained. Please contact the GPN Team at [LLrtraininghub@nhs.net](mailto:LLrtraininghub@nhs.net) for further information about this training.

## Student Placements



Help us train our workforce of the future by taking nursing and other clinical students on placement. Not only does the practice get paid tariff for most students on placements they also bring new knowledge, learning and enthusiasm and give your practice the chance to showcase primary care as a career option. Many students who have worked in primary care have been offered jobs at the practices where they have completed their placements on qualification.

For more information about becoming a placement host please contact [LLrtraininghub@nhs.net](mailto:LLrtraininghub@nhs.net). Please note that GP trainees and medical students are covered on a different placement scheme and your practice will need to sign up to a separate agreement for nursing/allied health professional (AHP) students. There is also top up funding available for each student nurse placement from the LLR Training Hub.

## What is a Patient Group Directive (PGD)?

Written document for the sale, supply and/or administration of medicines to groups of patients who may not be individually identified before presentation for treatment e.g. childhood immunisations, travel vaccinations, pneumonia, shingles etc.

## Who can work to a PGD?

Registered nurses, chiropodists, pharmacists etc. A Registered Nursing Associate cannot work under a PGD.

## What is a Patient Specific Direction (PSD)?

Whilst not defined in legislation a Patient Specific Direction (PSD) is the traditional written instruction, signed by a prescriber for medicines to be supplied and/or administered to a named individual after the prescriber has assessed that individual on a one-to-one basis.

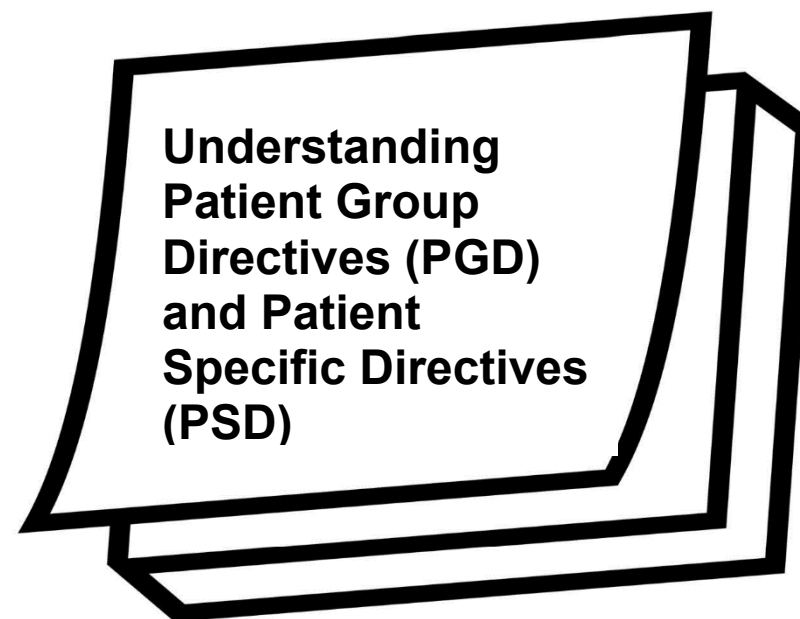
## Understanding Patient Group Directives (PGD) and Patient Specific Directives (PSD)

In practice a PSD is commonly referred to as a prescription by those who write them or use them as the legal basis to administer a medication because this indicates that it is written by a prescriber.

## Who can work under a PSD?

Registered Nurses and Registered Nursing Associates - for vaccinations and injections when there is no PGD in place, eg. B12, Depo Provera, Prostag, Zoladex. HCA's - for adult seasonal vaccination and B12 (when trained and deemed competent).

<https://www.sps.nhs.uk/articles/what-is-a-patient-group-direction-pgd/>  
<https://www.sps.nhs.uk/articles/questions-about-patient-specific-directions-psd/>  
<https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-19-patient-group-directions-pgdspatient-specific-directions>



**NOTE: If administering medication or other treatments via PSD please ensure that an initial assessment of the patient has been undertaken by the prescriber and that a current PSD is in place on the clinical system.**

## Direct Enhanced Service (DES)

DEs (Directed Enhanced Services) are nationally agreed and have to be offered to all GP practices in England. Practices can decide whether they sign up to a DES or not, but they must be offered the opportunity to do so. The legislation underpinning these DESs is set out in the DES and the statement of financial entitlements directions.

<https://www.gov.uk/government/collections/nhs-primary-medical-service-directions>

Any updates to DESs are announced with the outcomes of the national GP contract negotiations.

<https://www.bma.org.uk/pay-and-contracts/contracts#gp-contract>

## Enhanced services GP practices can seek funding for:-

Enhanced services are defined as primary medical services other than essential services, additional services or out-of-hours services.

<https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/enhanced-services-gp-practices-can-see-funding-for>

## Understanding the GP contract

### Local Enhanced Service (LES)

Local commissioners can develop LESs to offer local practices to supplement services already offered in the core practice contract.

As LESs are not agreed nationally, they vary across the country in scope and funding. Practices can decide whether they sign up to a LES. The following list shows examples of enhanced services that have been commissioned somewhere in the UK.

This list is not exhaustive, but rather provides practices with an indication of the kinds of services that they may be able to seek funding for:

- Anticoagulation – DOAC monitoring
- Anticoagulation – Warfarin monitoring
- Cardiac- Non-urgent ECG
- Minor surgery – lumps and bumps
- Respiratory – Spirometry

## General Practice Indemnity

From 1 April 2019, NHS resolution commenced operating a new state indemnity scheme for general practice in England called the Clinical Negligence Scheme for General Practice (CNSGP). The scheme covers clinical negligence liabilities arising in general practice in relation to incidents that occurred on or after 1 April 2019. CNSGP provides a fully comprehensive indemnity for all claims within its scope.

Further information can be found as per the link below:

<https://resolution.nhs.uk/services/claims-management/clinical-schemes/general-practice-indemnity/clinical-negligence-scheme-for-general-practice/>

# Observing procedures/ chaperoning

Staff may be asked to chaperone other health care professionals during consultations, and this should be routinely offered to all patients.

Before acting as a chaperone, it is recommended that staff undertake chaperone training, which may be available through your practice learning system. When acting as a chaperone, please ensure that this is documented in the relevant patient records by the chaperone and the attending healthcare professional.

When observing consultations for training and education purposes, please ensure that consent is obtained from the patient, and that this is recorded in the notes. Please ensure any observers e.g. students have appropriate indemnity insurance before they undertake any hands on clinical tasks.

