

A Practice Nurse e-Appraisal Project

Strategy; development; implementation & sustainability

Commissioned by NHS England BANES, Gloucestershire, Swindon & Wiltshire

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Executive Summary

This innovative e-appraisal project commissioned by NHS England (BGSW) introduced new ways of thinking for the development of practice nurses across Bath, Gloucestershire, Swindon & Wiltshire.

The success of the project can be seen through the impact it had on some practice nurses working lives and the new skills they have learnt to support themselves and their peers. The project was designed and based on sustainability from the onset to allow its continuation after its completion.

Practice nursing in general practice is complex and demands a host of varied advanced clinical and non-clinical skills within autonomous practice. Along with these advanced skills sets there is a need to engage, support and embrace change for practice nursing within the current dynamic changes within primary care. Until recently practice nursing has not been seen as a key nursing career and therefore little support was offered similar to their professional colleagues in secondary care. This position is slowly changing due to student placements and the emphasis on the benefits of working in primary care in response to the numbers of nurses and GPs retiring.

This project revealed some of the gaps in both support and development for practice nurses working in isolation from nurses in other settings.

Although the project itself focussed on e-appraisals for senior practice nurses, it was clear from the onset that it encompassed wider aspects of practice nursing such as clinical supervision, revalidation, accessing continual professional development, teamwork and embracing new ways of working.

Allowing the Practice Nurses the flexibility, time to reflect, and re- focus on issues important to them, it encouraged them to think objectively and more strategically about priorities for them, their team and general practice in its entirety.

The project highlighted confusion between appraisal and performance reviews and it became clear that appraisals were not seen as important or recognised as necessary for all practice nurses.

The project initially involved a recruitment process, a strategy for training appraisers and a design of reciprocal arrangements across local Practices for when project funding ceased. The main aim was to train sufficient practice nurse appraisers evenly across four geographical counties to enable practice nurses in every Practice to access an appraisal within a reciprocal agreement.

The success of this innovative project was due to the commitment of the Practice Nurses who saw opportunities for a robust appraisal system with the added incentive of meeting most of the criteria for revalidation. The inclusion of formalising clinical supervision and CPD was the bonus of this project as it helped to remove isolation in practice and provided opportunities to share good practice and problem-solving in their busy working lives.

2.0 Introduction

This is the final report of a 2-year e-Appraisal project for practice nurses within BANES, Gloucestershire, Swindon & Wiltshire. Both year one and two were commissioned by NHS England.

Year one of the project initiated, developed and piloted a strategy to work with general practice nurses (PN) to enable them to be appraised and to train as appraisers. The success in developing a strategy and implementing e-appraisals for practice nurses in year one enabled its continuation for a 2nd year. This to ensure that every PN could access a trained appraiser within their locality and to sustain the appraisal strategy following completion of the project. The general practitioner (GP) Severn Appraisal website Tool used by GPs was adapted for nurse appraisal (NSAT) and utilised throughout this project.

2.1 Background

The practice nurse (PN) role has developed significantly over time. There is a continuing shift of day-to-day routine and complex care management of patients from both general practitioners and hospital care to PNs in general practice. To ensure PNs are equipped for their role and adhere to the Nursing & Midwifery Council Code of Practice it is important that they are enabled to access continuing professional development (CPD) through clinical governance procedures (National Audit Commission 2007). The Audit commission published in the Nursing Standard (2007) found that although three quarter of PNs surveyed had annual appraisals and felt that arrangements for their CPD were in place, half did not receive specific clinical governance training (P27). To support PNs in general practice, a rigorous appraisal system is important to ensure that clinical standards continue to improve.

Appraisals have often been seen as a management tool based on the needs of the organisation and not the individual (Styles et al 2004). In reality PN appraisals are sometimes completed by their peers however often practice managers and general practitioners take on this appraiser role for their nursing team.

Literature on appraisals stress the importance of a structured two way process reflecting on both individual performance and a personal development plan (Crumby & Kyle 2006). Furthermore, Keogh (2013) identifies appraisals as the key to meeting the NMC criteria for nurse revalidation from 2016.

Introducing a more innovative, independent approach, where appraisals are undertaken by an appraiser outside the Practice could be seen as more rigorous way forward, however logistical practice arrangements has previously hampered progress on this. Following feedback from PNs participating, the Severn Appraisal Toolkit for GP e- appraisals was further adapted

in year two for a potential rollout of e-appraisals across four regions in the South West of England. It became known as Nurse Severn Appraisal Toolkit (NSAT).

2.2 Aim

The overarching aim of the project was to recruit senior PNs across the four geographical areas to become peer e-appraisers for others both within and outside their own Practices.

Year one involved development of a sustainable strategy, e-appraisal training and supporting new appraisers to appraise other senior PNs in nearby practices. Year two enabled further refinement of the tool, taking forward learning and achievements from the pilot project in year one to develop an appropriate sustainable e-appraisal strategy for all practice nurses to access across the region. A snowball sampling (Whittaker & Williamson 2011) technique was used to recruit other PNs to the project.

2.3 Objectives

- To train sufficient practice nurse appraisers to enable all PNs within the four geographical areas to access an appraiser locally, for a peer objective e- appraisal
- To encourage practice nurses across the four regions to undertake objective and peer appraisals
- To test out quality of e-appraisals using a feedback survey tool
- To identify the impact and influences of objective peer appraisal for practice nurses
- To ensure sustainability strategy beyond the project.

3.0 Process

Year 1 (Pilot Project)

The first year of the project concentrated on developing a sustainable objective peer e-appraisal strategy. The strategy was tested out as a pilot project in year one to identify what worked, identify challenges and amendments needed.

Objectives

- To recruit senior practice nurses to the e-appraisal project
- To appraise participating PNs, utilising an GP Severn Appraisal Toolkit adapted for nurse appraisals (NSAT)
- To provide e-Appraisal Training Workshops for PNs participating in the project
- To support PN appraisers to recruit and appraise PNs outside their own Practice
- To repeat the process
- To obtain feedback
- To test strategy as a sustainable way forward using NSAT survey

3.1 Learning from the Pilot Project to inform Year 2

It was important to learn from the first year of the project in terms of approaches, challenges and benefits of e-appraisals. Initial feedback from the NSAT survey sent to PNs highlighted some initial feedback (Box 1).

- Peer appraisals were popular
- Objective appraisals elicited more meaningful discussions
- Reciprocal appraisals across local Practices were now under discussion
- The NSAT website was 'clunky' and a barrier to the appraisal
- PNs found some aspects of IT difficult and it slowed them down
- PNs found the website too time consuming.
- Time was always an issue.
- Only one PN preferred her GP to appraise her.

Box 1. Initial feedback

As a result of the feedback, the NSAT website was further adapted and tested. It was decided to continue using the NSAT website for year 2 although this Toolkit was not seen as the way forward in the long term. It was important to retain consistency-using NSAT for year two however through consultation with PNs an alternative appraisal toolkit was needed for sustainability beyond the project.

Year 2

It was important to address issues raised by PNs in the NSAT Survey. A systematic flowchart was designed to take the PNs through the e-appraisal system and extra website support was provided where needed. PNs had already recruited known colleagues and therefore needed an information sheet as an introduction to other peers. At time of this project, many PNs were very anxious about their forth-coming revalidation. Some of the criteria for revalidation were similar to the e-appraisal and the project was seen as a good opportunity to de-mystify the process. Therefore, revalidation was included in the appraisal training workshop encouraging further recruitment. Box 2. Summarises identified needs. There was sufficient funding for this project to initially fund PNs to attend appraisal training and undertake appraisals and this encouraged Practices to participate. However, it was important to reinforce the sustainability plan of reciprocal appraisals across nearby Practices following the completion of the project. This was seen favourably by Practices as a cost neutral process.

- Flowchart for e-appraisal process
- Recruitment information sheet
- Aspects of revalidation included in appraisal training
- Development of an personalised appraisal tool that did not involve a website

Box 2. Identified needs

3.2 Appraiser Training Workshops

Ten e-appraisal training workshops were held at a variety of localities during the two year project. The workshops included known and new skills; roles of appraiser and appraisee; Identifying development needs and making links with other processes e.g. performance reviews, clinical supervision and revalidation. Box 3. Summarises the main aspects of the e-appraisal workshops.

- Differences between appraisals and performance reviews
- Functions of appraisals
- Roles of appraiser and appraisee
- Constructive feedback and developing culture of honesty
- Setting objectives
- Identifying professional development needs
- Making the links with clinical supervision, revalidation and appraisal
- Recording appraisals

Box 3. Appraisal training workshops

3.3 Numbers of Trained Appraisers

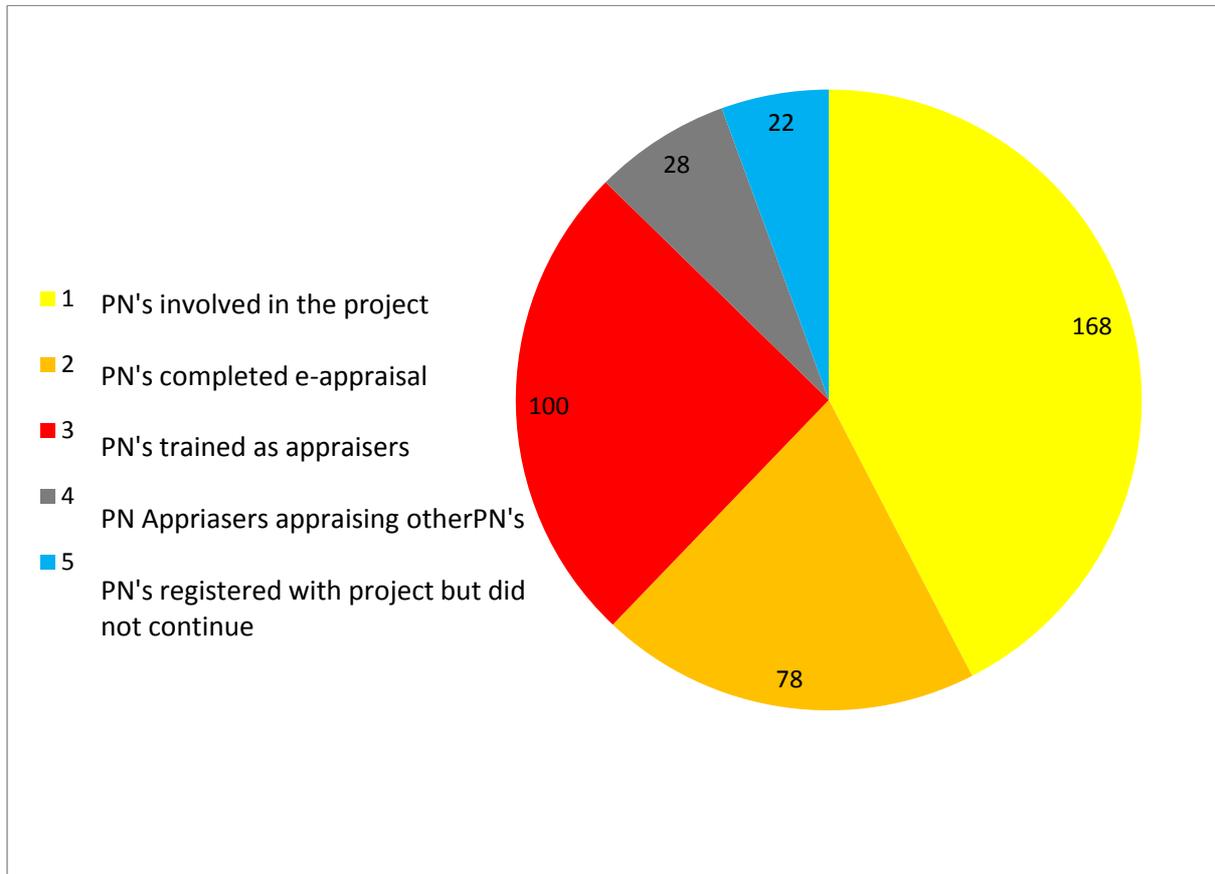
One hundred and sixty eight PNs engaged in the project initially although this was not to say that they all completed the e-appraisal strategy. There were many reasons why some PNs did not fully engage and this is summarised in Box 4. Box 5. Provides a pie chart of those who actually engaged at various stages of the e-appraisal project.

- Unable to be released from workplace
- Workload too high
- Life limiting illnesses
- Personal issues
- Stress
- Concerned about time commitment
- Moving to another geographical area

Box 4. Reasons for not completing appraisal process

Most PNs were only employed for patient facing time and therefore it was difficult for them to commit to the project. The numbers of PNs registering demonstrated commitment and enthusiasm for the project but the reality of using time outside work made it impossible for some to continue.

There are now a hundred PNs appraisers across the four geographical areas and most are working with nearby Practices to continue with their team appraisals. It is now feasible for most, if not all PNs to access a trained appraiser, within a reasonable distance.



Box 5. PN participants
Designed by Alison Rayson, GP Education Administrator

3.4 Geographical Spread

Year one initially involved those PNs who volunteered to engage with the project. Year two included those recruited by year one appraisers and PNs working in nearby surgeries using a snowballing strategy. Recruitment was also encouraged by asking Severn HESW to email an information sheet to all Practices within the areas

- BANES 15
- Gloucestershire 37
- Swindon 19
- Wiltshire 29

Box 6 Trained Appraisers

Geographical spread was assessed at the end of year one and resulted in a concentration on certain areas to ensure equal spread of trained appraisers in relation to the number of Practices.

3.5 Overall Feedback from Project

Feedback was gathered from PNs at various times during the two-year project. PNs were consulted about the project process at all appraiser training workshops, conference events and through the completion of the NSAT website form. A summary of feedback is provided in Box 7 below

- 'Clunky' website not easy to access
- Often 'locked out of website'
- PNs would prefer an appraisal pack to save as a file appropriate to them as most revealed that they did not see themselves as 'fully IT literate'
- 'Time' to follow project process
- 'Appraiser time'
- Appraisals 'dependant on appraiser skills'
- Not always able to have sufficient ring-fenced time
- 'Well supported by project lead and administrator'
- 'Project lead responded quickly to needs'
- 'Good appraisal in a relaxed & enabled me to reflect & discuss issues'
- Objective peer appraisals enable PNs to support each other 'share information discuss issues important to them'

Box 7 Summary of feedback from PNs

4.0 Discussion

4.1 Outcomes

Outcomes are presented here with some changes in practice implemented as a direct result of the e-appraisal project. Through the appraisal process, it became clear that PNs saw this project as an opportunity to step back and reflect on where they were in terms of their career, where they wanted to be in 5 years' time and how they could enhance working lives for both themselves and their nursing teams within the limitations of the general practice strategy. These changes are discussed here through six emergent themes (Box 8)

1. Objective peer appraisals
2. Clinical supervision
3. Networking
4. Changes in practice
5. Revalidation
6. Sustainability

Box 8. Themes

4.2 Themes

4.2.1 Theme 1: Objective Peer Appraisals

A rigorous appraisal system is important for PNs, as their role is complex, diverse and often autonomous. The workforce is often isolated from other nurses within the NHS and opportunities to share information is limited. Objective peer appraisals here are described as appraisals by a PN from another nearby Practice. There was evidence that this project reduced isolation; provided peer support; networking opportunities and sharing to further develop their roles and knowledge. Feedback from some PNs demonstrated that often their previous appraisals were hurried; confused with performance reviews; management led and not valued. In reality, PN appraisals were sometimes completed by their peers however often practice managers and general practitioners took on this appraiser role for their nursing team. Other PNs expressed that they have either never had an appraisal or not within the last 5 years. Moving from this position to one of peer and objective was massive for some PNs who had been used to appraisals as a management tool.

Initially the project lead undertook the appraisals however following attendance at the appraisal training workshop (facilitated by the project lead) the first 12 PNs were ready to appraise PNs in nearby Practices. The project allowed PNs to select a trained appraiser from a nearby Practice to appraise them on their terms at a convenient time and place for them. Discussions were confidential and conducted at an individual nurse level separate from their Practice. This gave them opportunities for an open discussion within a safe environment where challenges and solutions could be identified and discussed. Following discussion, Professional Development Plans (PDPs) were agreed and sent to their line manager (practice manager/GP). It was important to ensure their PDPs were realistic achievable and relevant to their Practice vision.

Theme 1	Responses
Objective Peer Appraisals	Reduced isolation
	Peer support
	Open discussion within a safe environment
	Networking/ sharing information
	Select peer appraiser
	Objective appraisals with other Practices
	Providing achievable, realistic & relevant PDPs to PN line managers
	Challenges & solutions identified & discussed

Box 9. Objective peer appraisals

4.2.2 Theme 2: Clinical Supervision

Clinical supervision is often misunderstood and some PNs saw this as yet another workplace managerial tool. It seems that this term could benefit nurses by changing to 'clinical support'. Some PNs were already meeting informally with colleagues and friends from other Practices to discuss professional issues. Initially, they did not recognise these discussions as clinical supervision but value their importance for their professional and personal development. This appraisal project encouraged, ongoing reflection on their practice, knowledge and skills required for practice nursing and discussions on how care could be improved for both patients and staff. PNs were encouraged to record these discussions as an ongoing process. Since participating in the appraisal project a substantial number of PNs now practice clinical supervision to improve their practice and for development purposes. Examples of this were seen around nurse prescribing issues, team working, reflection on practice and communication.

A few PNs participating in this project were sole practitioners and isolated in their workplace. Through the appraisal process, some PNs set themselves the task of setting up regular clinical supervision with a nearby practice as part of their professional development plans to reduce their professional isolation and to share good practice.

Theme 2	Responses
Clinical Supervision	Clarification of the process & value of clinical supervision
	Recognising regular clinical supervision as part of professional and personal development
	Individual or group clinical supervision across Practices
	Recording the process for developing & improving their practice

Box 10. Clinical supervision

4.2.3 Theme 3: Networking

As discussed earlier, isolation from other peers was commonplace. The importance of Networking and sharing information became important to PNs even though this was interpreted in a variety of ways. Some PNs attended PN Forums and educational development days provided by CCGs and NHS England. However, other PNs found it impossible to take time out of their surgery and their only network opportunities stemmed from internal team meetings. The project enabled PNs to think about any networking opportunities near their workplace and enthused them to seek new networks in discussion with the team and their line managers. Utilising links with clinical supervision provided them with a process to form new/ existing peer networking opportunities.

Theme 3	Responses
Networking	Reduce professional isolation in workplace
	Clinical supervision across Practices
	Discussions with line managers
	Time out to attend PN Forums

Box 11. Networking

4.2.4 Theme 4: Changes in Practice

There was evidence of not only changes in actual patient care but also in PN's approach to their roles and that of their teams as a direct result of the Project. Taking time to reflect on their role through appraisal discussions enabled them to re-think team working; improving communication within the wider team and workloads. Small changes made huge differences for both the individual and the team. Taking time to finding solutions to problems through a more objective approach was welcomed.

Direct changes involved improved consultation with management within Practice through attending Practice meetings. Identifying how small changes in day-to-day workload would reduce stress levels without affecting patient care. Delegation and negotiation were words commonly raised during appraisals. This was specifically for senior staff who sometimes felt only 'they' could do the task. The project increased confidence and skills to enable PNs to perform more effective and successful appraisals for themselves and their colleagues. They felt enthused to support others in their professional development.

Taking more of a team approach to roles enabled senior PNs to delegating roles to other members of the team for their professional development. Negotiation skills raised both issues and resolutions to conflict within the team. Identifying those within the team who wanted to take more responsibility so that further training could support their development and as a result ease the workload of others. Utilising their leadership and management skills with the team helped day-to-day working and planning for professional development for the team.

Several practice teams decided to encourage their teams to write reflective accounts as a regular event and where appropriate to discuss these at team meetings.

In terms of an appraisal strategy, many PNs have initiated/ changed their appraisal processes to objective peer appraisals. As always, one size did not fit all and consequently two different approaches were utilised by the PNs. The first approach involved only reciprocal appraisals for the lead PNs. The second approach used a reciprocal appraisal system for all of their nurses in their team.

Theme 4	Responses
Changes in practice	2 different approaches for reciprocal appraisals
	Set up 360 degree feedback new appraisal system in Practice
	Acting on peer appraisal e.g. feedback PDPs to line manager
	Positive communication with other members of the teams
	Resolving conflict within team, motivating team to develop together
	Changing patient appointment system for more effective working
	Delegation of work to member of team to ease workload & offer development opportunity
	Feeling prepared for revalidation

Box 12. Some examples of changes in practice

4.2.5 Theme 5: Revalidation

Appraisals cannot be seen as separate from revalidation; clinical supervision; professional development and education. The appraisal project was devised to incorporate much of the criteria for revalidation. This was a deliberate action as it was obvious a substantial number of PNs were very anxious and considering retiring earlier than planned due to their impending revalidation. Revalidation seemed to raise considerable anxieties and a step too far for many PNs. De-mystifying the revalidation process and supporting PNs through peer appraisals seemed an appropriate way forward to encourage PNs to stay in practice.

Introducing revalidation early in the project enabled those participating to disseminate and support others in their Practice ready to revalidate. The revalidation process was also covered in the content of the appraisal training workshops.

Aspects of revalidation included in the appraisal project were reflective accounts of the appraisal workshops as a participatory CPD event (attendance Certificate provided), patient feedback survey and multi-source feedback within their Practices. Feedback from PNs demonstrated that more clarity of revalidation and linking appraisals to clinical supervision and networking had been very constructive and helped them through the preparation process.

Theme 5	Responses
Revalidation	Reduced anxiety and increased support for PNs through the appraisal process
	Supporting each other in practice
	De-mystifying process for other PNs
	Enabled PNs to be validation ready

Box 13. Revalidation

4.2.6 Theme 6: Sustainability

A sustainability strategy was crucial from the onset of this project to ensure the continuation of the outcomes after its completion. Sustainability not only for continued objective peer appraisals but also networking; clinical supervision and professional development. The project sought to change mind-sets about appraisals by non-peers within their Practice and enabling

them to experience support from outside their Practice workplace. For those never having experienced an appraisal it provided an insight into the benefits of the objective process.

Working with practice nurses throughout the project, it was possible to explore different ways of completing appraisals, as one size did not fit all. Allowing individual PNs to discuss what was right for them and their teams was important in terms of ownership and thinking to the future. Allowing senior PNs the time to think about their working processes enabled small changes to improve care both for the team and for their patients. Continued clinical supervision should now support PNs to problem-solve and find solutions to some of their difficulties. Some PNs really felt that being part of the project helped them to address issues that seemed without solution.

Basing objective peer appraisals on a reciprocal level between different local Practices is an easy approach to ensure appraisals take place with no money attached. It is reliant on ring-fenced time but this is no different to other appraisal systems and needs to be valued as a requirement. As the appraisal discussions were around professional/personal issues there have been no concerns raised about business competition/confidentiality.

5.0 Challenges & Benefits

As with any initiative, there were challenges and benefits to this appraisal project.

5.1 Challenges

Some PNs revealed difficulty in using IT and were not familiar with websites and software outside their workplace intranet. Through support from the project administrator and project lead, the issues were overcome but were stressful for the PNs not using websites on a regular basis and were often reliant on their IT literate children at home. Access to the NSAT website caused untold stress to a few PNs who needed a lot of support from the IT administrator.

Time was another perceived challenge that required discussion and debate around priorities and the importance of PN appraisal and professional development for themselves and their teams.

Several PNs moved to work in another Practice during the project and this could be a challenge in terms of future access to appraisers.

Initially PNs sometimes found it difficult to approach other Practices they did not know to discuss reciprocity of appraisals. This was easily overcome by the development of an introduction sheet.

5.2 Benefits

The benefits of course outweighed the challenges. Some PNs were amazed at what they had achieved in small changes in practice; addressing conflict in the team; devising strategies to

achieve their goals. Working with another nearby Practice where shared learning and experiences could support them all in their work was seen to be very beneficial.

Practice managers and GPs who normally undertake nurse appraisals have seen this peer approach as a sustainable and beneficial way forward.

The benefits of student nurse placements were also discussed as part of PNs appraisals for both two way learning and succession planning.

6.0 Recommendations & Way Forward

There has been much learning for both the project lead and the participants in this project. It has embedded a new way of thinking for busy, sometimes isolated independent practitioners with limited time to develop new ideas. This learning was expressed through feedback from PNs and the project lead's learning from the PNs during the project. Box 13 summaries some recommendations

The sustainability strategy needs to be disseminated to all staff within the Practice so that it is adopted as the norm. The CCG lead needs to hold an updated list of appraisers in their locality for PNs to access. Appraisal training needs to be available to new senior PNs as they move into primary care. Using the same appraisal documentation across the CCG footprints to ensure equity for all.

- The continuation of peer objective appraisal with their line managers as appropriate
- Documentation to record appraisals and submission of PDPs to line managers annually
- Discuss ring-fenced time with line managers for annual peer appraisals for equity
- PNs should be enabled to attend their local networks/ forums
- PNs encouraged to participate in either individual or group clinical supervision
- List of trained appraisers to local CCG for PNs to access
- Train new appraisers as PNs move into primary care
- All practices to use same appraisal documentation for transferability.

Box 13 Summary of recommendations

Appraisal Portfolio

As a result of feedback from PNs, the final task for the project was to develop an appropriate flexible Appraisal Portfolio system in word format.

Box 14 Appraisal Portfolio

- Front sheet with professional
- Appraisal Portfolio available in word file (PNs to save as they wish)
- Easy guidance to use appraisal system
- Include meaningful reflection criteria
- Flexible appropriate self-assessment sheets (addressing NMC code & 6Cs)
- Related to revalidation criteria
- Patient feedback form/ peer review form

PNs felt that there were numerous online appraisal systems available, however expressed a need for a simple easy to complete and maintain approach.

This pack set out to enable PNs to save in a format selected by them, on their home computers or in hard copy. The development of a meaningful appraisal pack as requested by PNs needs to also reflect 6Cs, NMC Code and incorporate aspects of revalidation, reflection and information gathering. Box 14 summaries the contents of a pack.

The Appraisal pack will be disseminated to 10 PNs who participated in the project to test its appropriateness for PNs prior to final amendments and circulation to all PNs within the four geographical areas.

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