

South  
Yorkshire



**PRIMARY CARE**

**WORKFORCE & TRAINING HUB**

# Improving recruitment and retention of nurses new to general practice

**South Yorkshire's Vocational Training Scheme (VTS)**



**2019 to 2023**

# Key points

- South Yorkshire's Vocational Training Scheme (VTS) for nurses new to general practice has been running since 2019/20. It aims to recruit qualified nurses to work in general practice and increase their skills and confidence to provide high quality care for local communities.
- The VTS is a 1 year programme, with the option to enrol in an additional year. Year 1 involves taught sessions to enhance clinical and non-clinical skills, two 6 month placements in general practice and group clinical supervision sessions. The time commitment for nurses averages about 1 full day per week.
- Evidence from the past 4 years suggests that the VTS is helping to achieve South Yorkshire Integrated Care System's aim of recruiting and retaining General Practice Nurses. This may in turn contribute to meeting the population demand for primary care. 15% of all General Practice Nurses currently working in South Yorkshire have been trained by the VTS. 10% of all General Practice Nurses in South Yorkshire were directly recruited by the VTS.
- **99 nurses** have completed Year 1 in the last 4 years. Two thirds were completely new to the general practice workforce and were specifically recruited by the VTS. This means that there are 61 more nurses now working in general practice than would be the case without the programme. The Integrated Care System and predecessors paid these nurses' salaries for up to 1 year. The other third (38 nurses) had begun a job with a general practice within 6 months. The practice paid their salaries. 50 more nurses are taking part in the programme in 2024.
- **87%** of nurses who started Year 1 of the VTS completed it (99 out of 114). Those who withdrew part way through left to work in practices in a neighbouring area or in other (acute sector) roles.
- 100% of nurses that completed Year 1 of the VTS gained or kept employment in a South Yorkshire general practice. **100% of those who responded when followed up were still working in practices** 1-3 years after completing the VTS. This is a better annual retention rate than for NHS staff as a whole (87.5%) and for nurses from all sectors (88.5%).
- Based on 2023 figures, it cost commissioners an average of £38,000 to gain 1 new fully trained and employed General Practice Nurse., where commissioners contributed to salaries. It cost commissioners an average of £9,000 to achieve 1 fully trained nurse who was already employed by a practice when they began the programme. These averages include money spent on salaries and backfill for the small number who did not complete the programme.
- From 2021/22, nurses completing Year 1 who got or kept a job at a South Yorkshire practice were eligible to take part in a second VTS year. Year 2 involves developing additional non-clinical skills and doing a quality improvement project. 13 nurses have completed Year 2 so far.
- Nurses and the practices hosting them said that the main benefits of the VTS were:
  - **increasing the number of nurses** recruited to general practice and ensuring a pipeline of skilled nurses ready for general practices to hire
  - **increasing nurses' skills and confidence** to provide high quality primary care
  - increasing the number of **nurse appointments** and nurse-led clinics available at practices
  - helping to tackle **population health issues** through quality improvement initiatives (Year 2)

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## **Acknowledgements**

This review of the General Practice Nurse Vocational Training Scheme was written by an independent team from The Evidence Centre on behalf of South Yorkshire Primary Care Workforce and Training Hub. The material was co-produced to draw on the expertise and perspectives of both parties. The independent team did not have editorial independence or conduct a wholly independent evaluation.

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# What is the VTS?

This report summarises key outcomes from South Yorkshire's Vocational Training Scheme (VTS) for nurses new to general practice between 2019 and 2023. The programme has adapted and developed over that time. The review summarises the impact of the VTS on recruitment and retention of General Practice Nurses, not feedback about specific training sessions or support.

## Aims

South Yorkshire's VTS for nurses new to general practice aims to:

- increase the **number of nurses** choosing to work in general practice in South Yorkshire (recruitment)
- increase the **skills and confidence** of nurses new to general practice so they can provide high quality care for local communities and help practices meet the demand for primary care (quality of care)
- encourage nurses to **stay working** in South Yorkshire general practice by embedding them into their roles and providing a support network (retention)

To achieve these aims, the VTS recruits, trains and provides a support network for nurses who are newly qualified and for experienced nurses that have worked in sectors outside primary care.

The VTS was developed collaboratively by local practices, Integrated Care System 'Place' areas and the South Yorkshire Primary Care Workforce and Training Hub, taking into account local population needs.

It trains nurses in the clinical and non-clinical skills needed to work in primary care. The content is not delivered by any other provider in South Yorkshire and is not available through undergraduate nurse training.

The VTS launched in 2019/20 as a 1 year programme, with the option of a second year starting from 2021/22. Five cohorts have completed Year 1, with a sixth and seventh cohort underway in 2024. Two cohorts have completed Year 2, with a third underway and a fourth due to launch in June 2024.

## Why is the Vocational Training Scheme needed?

South Yorkshire set up the VTS for nurses new to general practice because:

- **nurses need specific skills** to work in primary care that they do not learn during standard nurse undergraduate training
- there are not **enough General Practice Nurses** to meet the needs of South Yorkshire's population. The [NHS Long Term Workforce Plan](#) highlighted that 50% more General Practice Nurses were needed. Fewer new nurses choose to work in primary care than needed, and experienced nurses leave each year. In South Yorkshire, the three main reasons why general practice nurses leave are reaching retirement age, wanting to improve work-life balance and relocating. About [640 nurses](#) work in South Yorkshire general practices. Almost 20% of these are already aged 60 or older. Almost 40% more will reach 60 within the next 10-15 years so there is an urgent need to recruit and train nurses for general practice
- general practices are independent businesses. They do not all have the funds or time to invest in supervising new nurses or identifying training from other providers. This means that in the past nurses were **not being trained to the same consistently high standard** across South Yorkshire. This has implications for the quality of patient care, as well as the extent to which nurses feel valued and minded to stay

South Yorkshire Workforce and Training Hub developed the VTS to help tackle these issues by upskilling qualified nurses to work specifically in general practice.

## Target group

Nurses can apply to take part in Year 1 of the VTS if:

1. they are interested in working in general practice but **do not currently have a role at a practice**. They may be newly qualifying nurses or have a nursing role in secondary care or other sectors. The VTS covered up to 1 year of salary of these nurses (using funds provided by South Yorkshire Integrated Care Board, Place areas and NHS England). These nurses are employed and hosted by GP Federations as part of the Scheme for up to 1 year until they can gain employment by a practice. The VTS helps these nurses to find employment at a practice. The practice then takes over funding their salary. There is high demand for places and there is a rigorous selection and interview process.

or

2. nurses have been employed by a general practice **within the past 6 months**. The employing general practice covers the salary of these nurses. The VTS provides these nurses with the training and support they need to thrive and stay in their role. This component is South Yorkshire's equivalent to the 'new to practice fellowships' that NHS England previously mandated to be available to every nurse new to general practice. The VTS was available to any newly employed General Practice Nurse in South Yorkshire without a 'selection process'

## Relationship with national fellowship offer

The content and approach of the VTS is the same regardless of whether nurses are recruited and funded by the System or whether they are recruited and employed by general practices. However it is important to note the two different types of participants because the VTS was not simply equivalent to NHS England's previous nationally mandated 'fellowship' offer.

The national General Practice Fellowship programme was announced in the 2019 [NHS Long Term Plan](#). NHS England provided funding for all GPs and nurses new to general practice to be released for a part-time 'fellowship' for up to two years. The content of the fellowship differs in various parts of the country, but was designed to include opportunities for participants to increase their knowledge, take part in portfolio working in different environments and be embedded in Primary Care Networks. NHS England provided funding that equated to releasing the equivalent of 1 session of time (4 hours) per week pro rata. This national funding ceased from April 2024.

South Yorkshire's VTS for nurses new to general practice was in place before the nationally mandated fellowship offer. It allowed nurses to be recruited before they were employed by a practice. They were employed by GP Federations in 'Place' areas for up to 1 year, rather than relying on individual practices that might not have enough capacity to employ, train and supervise nurses at practice level. The funding allocated for the national fellowship allowed South Yorkshire to open our existing VTS training to every newly employed nurse already recruited by practices. The training, support and time commitment of the VTS was more extensive than that expected as part of the national fellowship offer, at an average of 1 full day per week.

## What content is taught in Year 1?

Year 1 of the VTS comprises:

- day-long taught sessions every 1-2 weeks focused on clinical and non-clinical topics
- two 6 month long placements in general practices (for those not already employed)
- group clinical supervision sessions which offer nurses a chance to reflect on their work

The taught sessions and clinical supervision are delivered by South Yorkshire Primary Care Workforce and Training Hub's nurse educator team plus external organisations. Practices apply to host placement rotations (for nurses not already employed), including in-house supervision.

Box 1 lists the content covered in taught sessions. The majority of the sessions are delivered in-person. In addition, group clinical supervision is delivered regularly throughout the year. Each participating nurse is allocated a Nurse Educator outside the practice to support them.

## What does Year 2 involve?

Since 2021, nurses who complete Year 1 and are employed in a substantive general practice role have been able to apply for Year 2 of the Scheme. In Year 2, nurses develop and deliver a quality improvement project within their practice or Primary Care Network. They take part in taught sessions to further develop their non-clinical skills on topics such as population health management, quality improvement, teamwork, leadership and presentation skills. The average time commitment is 1 day per week.

Box 1: Year 1 sessions include introductions to the following topics:

- Induction to primary care
- EMIS / SystmOne training
- Phlebotomy
- Basic life support / anaphylaxis
- Vaccination and immunisations
- Cytology (cervical smears)
- Hypertension
- Chronic kidney disease
- Landscape of primary care
- Roles and processes in primary care
- Health promotion
- Core model of clinical supervision
- Action learning sets
- Consultation skills and motivational interviewing
- Wound care
- Contraception
- Sexual health
- Learning disabilities
- Mental health
- Health inequalities / population health management
- Atrial fibrillation and anticoagulation therapy
- Chronic heart disease and heart failure
- Menopause
- Ear care
- Travel health
- Asthma
- Diabetes
- COPD
- Pulmonary rehab
- Long COVID
- Interview and negotiation skills and writing applications
- Audit and incident reporting
- Medico-legal and ethical issues in healthcare
- Leadership and teamwork

# Review methods

## Review aims

We **reviewed the extent to which the VTS is achieving its aims** and compiled key learning from the past four years.

The review was conducted by South Yorkshire Primary Care Workforce and Training Hub working alongside an independent team to provide an objective perspective. The independent team wrote this report on behalf of the Training Hub as a co-production.

## Review methods

To review progress we:

- compiled records kept by South Yorkshire Workforce and Training Hub
- reviewed surveys completed by nurses at the end of each training session
- conducted interviews and discussion groups with nurses at the end of the VTS
- followed up all past participants by email to ask their current employment status
- collected feedback from practices hosting placements in writing and by telephone
- collected feedback from practices employing nurses in writing and by telephone
- listened to feedback from the education team providing taught sessions

An independent team approached nurse participants and practices to undertake informal interviews and discussion groups, in addition to information already available from the Training Hub team.

This report is based on focus groups with about 40 nurses, interviews with 24 nurses, interviews with 10 practice representatives, surveys from about 90 nurses and Hub records.

This mixture of qualitative and quantitative methods helped to understand the impact of the VTS on recruitment and short term retention, as well as feedback about the value for nurses and practices.

From the cohort beginning in October 2023 onwards, nurses completed a survey at the start of Year 1 and again at the end of Year 1. This will allow us to track changes in nurses' knowledge, confidence and retention intentions more robustly over time.



# Impact on recruitment

## Nurses recruited

Since 2019, the VTS has recruited 61 nurses that may not otherwise be working in general practice. These nurses continued to work in general practices in South Yorkshire after completing the Scheme.

- Between 2019 and 2022 114 nurses began Year 1 of the VTS. Figure 1 shows the breakdown by Place area. In 2023/24, a further 50 nurses are taking part. They are not part of our figures because their training is ongoing.
- 71 nurses (62%) were recruited and had up to 1 year of salary funded by the System (the Integrated Care Board, Places or precursor Clinical Commissioning Groups, with support from NHS England). 61 of these nurses completed Year 1 and were employed by a practice in South Yorkshire (85%). Most of these nurses gained employment from a practice during the year, so the System did not pay their full first year of salary.
- 43 nurses (38%) had been newly employed by a practice within 6 months of beginning the VTS. 38 of them completed Year 1 (88%). These nurses were already recruited to work in general practice, so we do not count these as specifically recruited by the VTS.
- 22 nurses have enrolled in Year 2 of the VTS since it was made available in 2021. 13 have completed so far and 4 are due to complete in 2024.

Figure 1: Total number of nurses starting Year 1 of VTS from 2019 to 2022

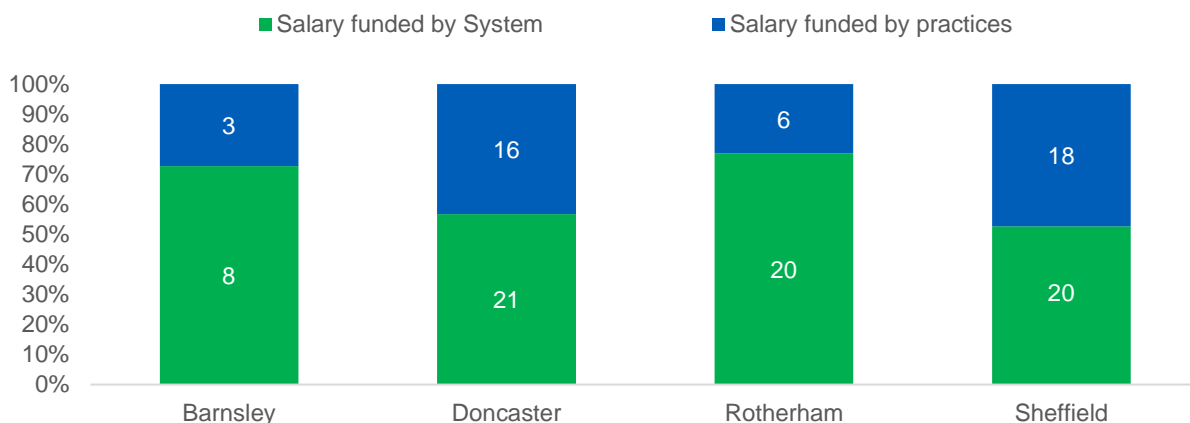
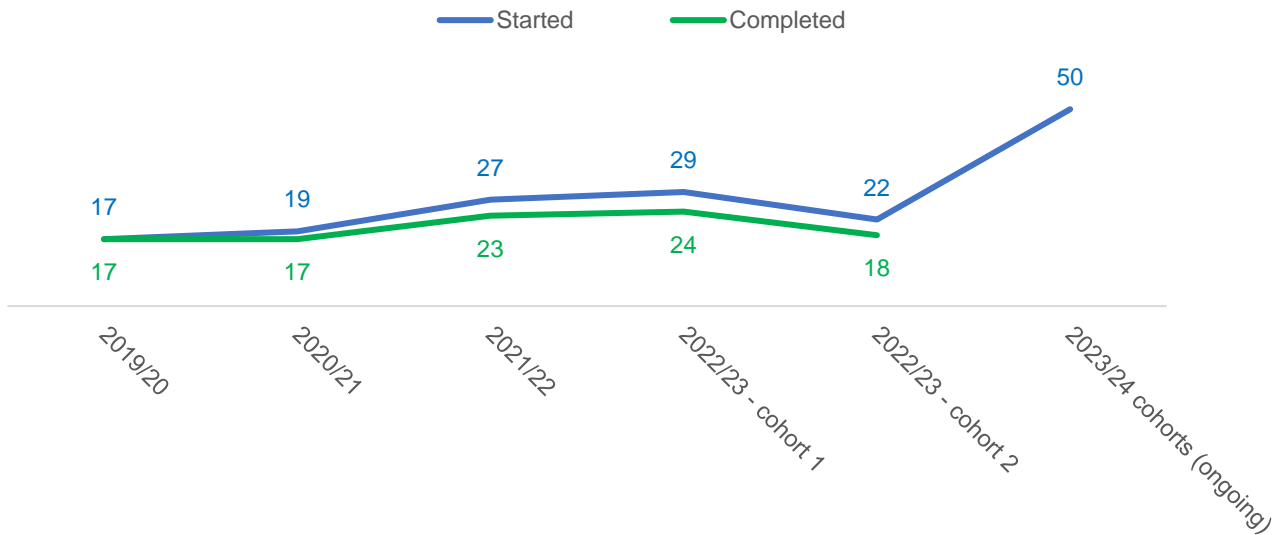
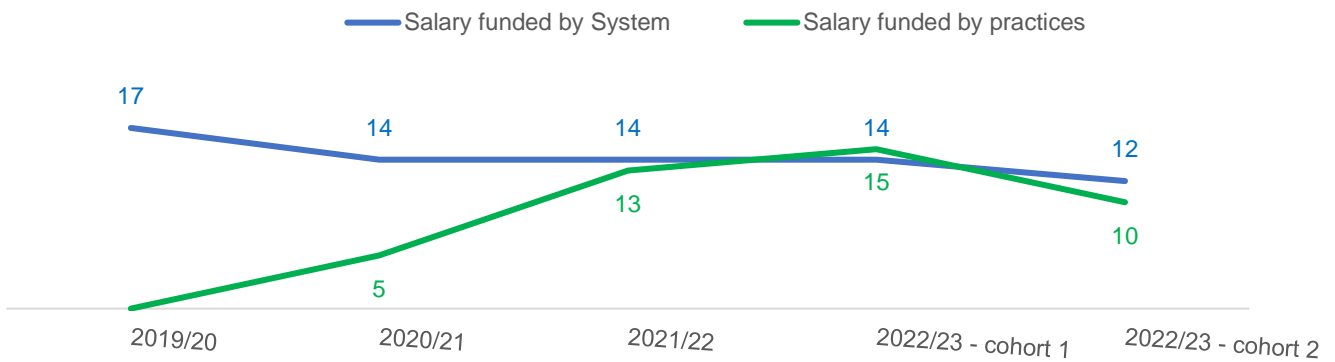


Figure 2: Number of nurses enrolled in the VTS each year



The number of nurses already employed by practices who take part in each cohort has remained steady at about 10-15 (see Figure 3). In the past there was no limit on the number of nurses employed by practices that could take part. In reality there is a maximum that the training team can support in terms of teaching venues and supervision capacity, but no limits were placed on the numbers in past years. The demand from practices has not outstripped capacity.

Figure 3: Number of nurses enrolled in the VTS each year



## Recruitment potential

As of December 2023 there were a total of about 640 nurses working in South Yorkshire general practices. This means that **the VTS has directly recruited 10% of all nurses currently employed** in local practices (61 out of 640).

The number of nurses we can recruit each year is limited by the amount of funding available to pay nurses' salaries. For example, for the October 2022 to September 2023 cohort the System allocated funding for up to 1 year of salaries for 12 nurses. 82 nurses applied. Therefore the VTS was only able to accept 15% of the nurses that wanted to work in general practice in that cohort.

Every one of the System-funded nurses that took part in the VTS was hired by South Yorkshire practices during year. It is likely that we could recruit a larger number of nurses if funding was available to pay their salaries until a practice hired them. The VTS is pump priming the workforce whilst nurses acquire skills specific to primary care. Practices are then confident to hire and continue paying their salaries once the nurses have had experience working in primary care during their VTS placements.

Some participating nurses reported that they had applied for general practice jobs but not been hired previously due to a lack of primary care experience. After completing placements during the VTS they had the experience needed for practices to feel confident hiring them.

*“I was applying for practice nurse jobs and not getting anywhere because I didn't have the experience. Joining this programme has given me the right experience that I needed to get a job in primary care.”* (Nurse whose salary was funded by the System)

*“Even though I had been qualified for 12 years, I didn't have any of the right experience for a [General Practice Nurse] role. Doing this course gave us the right skills we needed.”* (Nurse whose salary was funded by the System)

*“It has been invaluable. I had 16 years of experience in nursing but obviously not in primary care. Being able to come into the VTS course has given me everything I have needed and more.”* (Nurse whose salary was funded by the System)

The demand for trained General Practice Nurses still outstrips the supply in South Yorkshire. For example, 7 practices contacted the Training Hub directly to see if they could hire nurses from the most recently completing cohort. This suggests that practices see the value of the VTS in providing a source of high quality nurses ready to be employed. No nurse has experienced difficulty securing employment after completing the VTS.

# Impact on retention

## Retention during the VTS

Almost all of the nurses that started the VTS completed it. Nurses newly employed by practices sometimes mentioned that the VTS encouraged them to stay in the role during their first year when they might not have otherwise done so.

*“There are times when I’ve wanted to quit the job... it was mainly the course that stopped me.”*  
(Nurse whose salary was funded by a practice)

*“I’d like to stay in primary care but progress in my role. The VTS has opened my eyes to the fact that there is so much more in practice nursing now. I want to specialise where my interest is.”*  
(Nurse whose salary was funded by a practice)

Between 2019 and 2023, 15 out of 114 nurses started but did not complete Year 1 (13%). 10 of these were funded by the System and 5 were employed by a practice. This means that 14% of System-funded nurses left before completing Year 1.

The reasons that the 10 System-funded nurses left before completing were:

- securing a General Practice Nurse job out of area, closer to where they lived (3)
- returning to health visiting or secondary care due to pay and conditions (6)
- moving into a nurse education role (1 person)

Our programme ‘leaver rate’ of 14% for System-funded nurses is broadly in line with the proportion of nurses who leave their roles each year in the NHS overall. Nationally, in the year ending September 2022 11.5% of NHS nurses and health visitors from all [sectors](#) left their roles. The leaver rate for all staff at [NHS trusts](#) in England was 12.5%. The attrition rate for [student nurses](#) can be as high as 33%. Therefore a 14% leaver rate for the VTS is not unexpected.

For the cohorts ending in 2023, 5 out of 26 nurses left before completing (19%). 3 out of the 5 left within the first 6 months. The other 2 left near the end.

The Training Hub used the reasons that nurses left before completing the VTS to identify warning signs in applications and interviews for future cohorts. For example, the VTS is now careful about funding the salaries of nurses that live near the borders of South Yorkshire because we have lost some nurses to neighbouring areas. This does not mean that we select people based on where they live, but rather that we discuss people’s intentions carefully and aim to help them find employment in South Yorkshire as they complete the VTS.

Concerns about pay and conditions in primary care influence retention, so the Training Hub provides more information about this before nurses join the VTS. The programme also includes additional training about negotiation skills to help nurses talk with their practices about their pay and conditions.

## Retention after the VTS

Every nurse that completed Year 1 of the VTS was hired by a South Yorkshire practice or continued their role in South Yorkshire practices. In early 2024 we contacted all 99 nurses that completed the VTS over the past few years to ask what they were doing now. 35 responded. We also knew the circumstances of a further 25. **100% of the 60 nurses we had data for were still working as General Practice Nurses in South Yorkshire.**

We cannot conclude that everyone who completes the VTS stays working in South Yorkshire General Practices since we do not have follow up information for one third of completers. However it is positive that 100% of those who responded said they remained in South Yorkshire general practices 1-3 years after completing the VTS. This is a better [annual retention rate](#) than for NHS staff as a whole (87.5%) and for nurses from all sectors (88.5%).

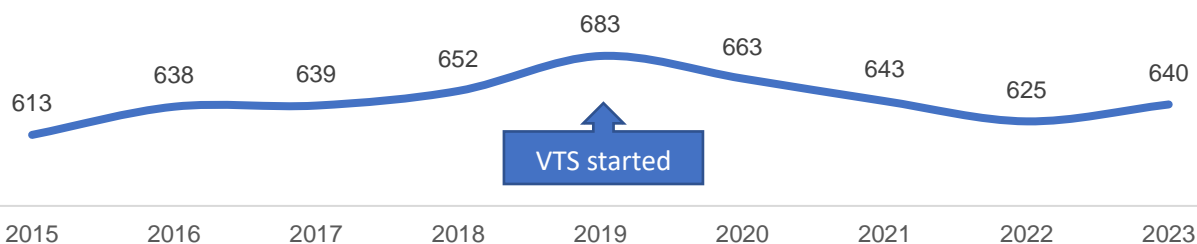
*“I am still working at the same practice, 2 years after completing the VTS. I can honestly say that the grounding it gave has helped keep me sane and able to cope. It showed me how progression is possible. I’m still here because of what I learnt and the links I made through the VTS.”* (Nurse followed up 2 years after completing Year 1)

*“I’m still working in the practice where I did my (VTS) placement. We’ve grown together over the past few years, including the aftermath of the pandemic. I don’t think I would have got a job at a practice let alone stuck with it without the course.”* (Nurse participant followed up 2 years after completing Year 1)

The VTS has contributed to keeping the number of nurses working in South Yorkshire general practices relatively steady over time, despite significant numbers of nurses retiring or leaving. About 15% of all the General Practice Nurses currently working in South Yorkshire have completed the VTS. This is a significant proportion of the workforce over the space of a few years (99 out of 640). This has important implications for building consistent quality of care across the area. Furthermore the newly trained nurses have a younger age profile, which provides some longevity for the workforce.

Nurses who took part in Year 2 of the VTS said that this solidified their commitment to staying and expanding their nursing roles, and made them feel like leaders in their field.

Figure 4: Number of nurses working in South Yorkshire general practices (headcount)



Note: data are from NHS England’s [General Practice Workforce](#) dataset. Counts were taken in either December or September of each year. Fully qualified nurses are included, not trainees.

# Impacts for nurses

## Increasing knowledge and confidence

Taking part in the VTS increased nurses' knowledge and confidence working in general practice.

We asked nurses to rate the content after each taught session on a scale from 1 to 5, where 5 was the highest. Nurses thought the content was relevant to their work and delivered well. The average ratings were:

- 4.4 out of 5 for the sessions overall
- 4.5 out of 5 for the relevance of the sessions to day to day work
- 4 out of 5 for delivery of the session

In interviews, focus groups and surveys during and after the VTS, nurses reported that:

- their **knowledge and confidence increased in all the subject areas** taught. The greatest increases in knowledge and confidence were on the topics of contraception and managing chronic diseases in primary care
- **group clinical supervision sessions** helped nurses to reflect on their practice and increased their confidence and resilience at work
- nurses enjoyed the frequency of the taught sessions and felt **well supported** by the nurse educator team
- the programme was **well organised** and run. Nurses liked how MS Teams / SharePoint was used to share training materials
- they were 'highly likely' to recommend the teaching sessions to colleagues (80% said this overall)

The reported outcomes were equally good no matter whether nurses were employed by a practice or the System.

*"I have the confidence to have confidence! To be a lone worker behind my own closed door."  
(Nurse who completed Year 1)*

*"I never dreamed I could go into practice nursing but I think if I didn't stay on for Year 2 I would be just muddling through ... If the VTS wasn't available, I would have drowned. This feels like a real investment in us. My practice can see benefits for the practice and patients. It feels like we're the leaders for the future now, there to champion for future generations. (Nurse who completed Year 2)*

## Motivation

Many nurses taking part in the VTS, both in Years 1 and 2, said it gave them a greater appreciation of the variety of opportunities to specialise and develop as a nurse in primary care. They often commented about feeling a new love for nursing as a result of taking part, or feeling reinforced or valued. Some talked about wanting to specialise in particular areas or take on leadership or education roles. These are all elements that may aid retention.

*“My friend had been convincing me to move into practice nursing for ages, I wasn’t expecting to enjoy it as much as I did. It has opened my eyes into what the role involves. I didn’t realise how in secondary care I had fallen out of love with nursing and I feel like by doing the VTS course I have fallen back in love with it again.”* (Nurse who completed Year 1)

*“I couldn’t have asked for a better preceptorship programme. It has been so positive and supportive.”* (Nurse who completed Year 1)

## Sense of community

Nurses said that the VTS helped them develop personally and professionally. Another key impact was building a **supportive network** or community of practice.

Working in general practice can be isolating. Taking part in regular discussions with other nurses helped to build a support network to sustain nurses during their initial years and to feel less alone. This may in turn affect retention.

Nurses especially valued the group clinical supervision sessions led by the Training Hub’s Nurse Educator team.

*“All of the Nurse Educators influence you... they are good at finding out what you are good at and what you are interested in and then guiding you into how you can develop. The clinical supervision where we talked about things like that was the best part of the programme I thought.”* (Nurse who completed Year 1)

*“The topics we brought to the table (in clinical supervision) were great and I feel we have all learned valuable lessons from them. These were experiences that 100% can benefit our practice.”* (Nurse who completed Year 1)

*“I thought the clinical supervision was going to be more of a tick box exercise but it wasn’t at all, I really enjoyed it. The fact it was external helped you to open up more about it. So the things that you would never say in practice, you felt like it was more of an open place to discuss things and you felt more comfortable.”* (Nurse who completed Year 1)

# Other impacts

## Impacts for practices and patients

Practice representatives fed back that the VTS met their needs, providing nurses with the skills and confidence required to work as an autonomous practitioner and as part of the multidisciplinary team.

*“Having (VTS nurse) here has been an absolute pleasure. She is a fantastic colleague who works extremely hard, takes initiative, solves problems, and gets along well with others.”*  
(Practice representative)

*“As a practice we benefitted from having our nurse do all the necessary training like the smear course. We didn’t have to find and pay for courses. We also got a small financial contribution to release the nurse so we benefitted financially by having less outgoings to pay for training and release time, plus a better skilled nurse who could use her skills straight away at the practice.”* (Practice representative)

*“It’s skilling up nurses in one year. We need more nurses in primary care and so many are retiring that this is a great programme to put nurses into the System in a very short space of time. It gives you the basics and the experience that the practice want and need, so it’s definitely a good investment.”* (Nurse who completed Year 1)

- Practices **hosting placements** for nurses funded by the System said that they benefited from extra capacity at the practice and valued the nurses’ new skills and perspectives. They reported that this allowed them to support more patients with nurse appointments than would otherwise be the case. They also said that they were benefitting from nurses using the latest approaches and guidance which helped to upskill other existing staff.
- About quarter of practices that host a nurse on placement during the VTS go on to offer the nurse a substantive role in their practice, so they directly benefit from a **new trained staff** member that they are familiar with.
- Practices who sent nurses that they had recently employed said that the VTS **upskilled** staff in a way that practices did not have the time or resource to do alone. They said there was no challenge releasing nurses to take part in taught sessions. They reported that nurses could use what they learnt immediately at the practice for the benefit of patients. They said the nurses also helped to raise awareness about new approaches among the wider practice workforce.

*“My practice kept asking if I had any new ideas from the course. They said they wanted to change and keep up to date with best practice so they were using me as a resource. Things we talked about in clinical supervision ended up getting implemented because the managers were really interested in what we had learned.”* (Nurse whose salary was funded by a practice)



Being able to take part in the VTS did not necessarily act as a drawcard for nurses when they selected whether to work in South Yorkshire general practices. Nor did access to the VTS reportedly encourage practices to recruit greater numbers of nurses – but it did give practices a pool of nurses with experience working in primary care to fill their existing workforce gaps.

- Nurses reported that they were able to apply the knowledge, skills and confidence they gained from the VTS immediately in their day-to-day work in general practice, whether they were directly employed or taking part in a placement. This means that the VTS likely had an impact on the availability and quality of care. Examples of the services nurses provided as a result of their training include:
  - baby vaccination clinics
  - hypertension reviews
  - phlebotomy clinics
  - contraception appointments
  - chronic disease management during appointments

*“I was already working at my GP surgery but I couldn’t do the practical elements like smear testing, baby immunisations, travel vaccinations and contraception. I benefited from getting all of the training I needed and the practice and patients benefit because I can now provide all those things.”* (Nurse whose salary was funded by a practice)

*“The VTS programme taught me what I need to do for the basic review. I could just crack on with my chronic diseases and feel comfortable doing them. I knew that if there was something that I needed to seek further advice on, I knew how to do that and I felt comfortable telling the patient that I wasn’t sure and I would find out and get back to them.”* (Nurse whose salary was funded by the System)

*“I’ve been doing hypertension reviews but did not understand what happened next. The VTS session helped me feel confident in suggesting a plan to the GP. I’ve acted on this at my practice. I’ve been able to identify and help manage people with hypertension, and we’ve seen some improvements in people’s blood pressure.”* (Nurse whose salary was funded by a practice)

The review did not ask for patient feedback or ask practices to quantify the number of additional nurse appointments or clinics they have been able to offer so the reported benefits are based on nurse and practice feedback.

- In Year 2 of the VTS, nurses learn further non-clinical skills and undertake a quality improvement project. The 13 nurses that completed this and their practices thought that their projects had improved care for practice populations. Examples of self-reported benefits from projects so far include:
  - offering a patient-operated blood pressure machine in reception to identify people with high blood pressure and reduce appointments used for blood pressure monitoring
  - increasing the number of people receiving flu vaccinations and childhood immunisations
  - increasing the number of people receiving an asthma action plan
  - increasing attendance at educational sessions for people with pre-diabetes
  - improving data inputting and coding for chronic disease management
  - increasing staff communication and sense of belonging by pairing up colleagues from different professions for discussions
  - increasing patients' and practice staffs' understanding of different roles at practices by creating videos

## Reputation

The approach we used in South Yorkshire to fund nurses' salaries for one year has gained national attention. Our VTS won the Nursing Times preceptorship of the year award. We were also awarded the National Preceptorship Interim Quality Mark.

We are regularly approached by other areas wanting to follow in our footsteps.

*“South Yorkshire’s innovative approach of funding salaries for some newly qualified or new to practice nurses means that practices across the System benefit, not just those in a strong position. Many practices want to employ a new to practice nurse but don’t have the capacity to train or supervise them. Paying a nurse for one year while they get work experience and build their skills means South Yorkshire will have enough nurses to meet the workforce need. It’s also good for our System’s reputation. The Training Hub is repeatedly asked to share our approach and help other areas follow our proactive workforce planning approach.”* (Training Hub team member)

## Costs to the system

We used the money spent on the two VTS cohorts that completed in 2023 to calculate the average cost of the VTS per trained and retained nurse (see Table 1). In 2022/23, 51 nurses began Year 1 of the VTS and 42 completed it. 6 nurses started and completed Year 2.

**It cost commissioners an average of £38,000 to achieve 1 recruited, trained and employed nurse**, where the System funded the salary until a practice employed the nurse. This is calculated based on about £798,000 in total Year 1 salary and training costs averaged out across 21 completing nurses. It accounts for costs spent on the small 5 nurses who did not complete.

**It cost commissioners an average of £9,000 to achieve 1 trained nurse who was already employed by a practice.** This is not just training costs. It is calculated based on about £184,000 in total Year 1 training and backfill costs averaged out across 21 completing nurses. It includes the money spent on backfill for 4 nurses who left without completing. It does not include salaries because this is an expense paid by practices.

Table 1: Approximate annual cost of nurse VTS using rounded figures for 2023

Amount spent on training and support and organising placements for Year 1 (£3,954 per nurse x 51 starters = 201,654 – 16,000 not claimed for leavers)	£186,000
Amount spent on training and supporting quality improvement projects for Year 2 (3,954 per nurse x 6 starters = 23,724)	£24,000
NHS England funding given to practices to release already employed nurses to take part (about £4,000 per practice for 25 nurses employed by practices in Year 1 and 6 nurses in Year 2. About £7000 was not claimed after 4 nurses left)	£115,000
Salaries and on-costs of 26 Year 1 nurses employed by System Place areas up until they secured a permanent post at a practice (including the part of salary used by 5 who did not complete)	£703,000
Salaries and on-costs of 25 Year 1 nurses employed by practices	Practice expense
Total annual cost of Year 1 VTS (training plus salary and backfill costs for 51 starters, excluding salaries paid by practices)	980,000
Total annual cost of Year 2 VTS (training plus practice grants for 6 nurses)	£48,000
Number of nurses completing Year 1 VTS in 2023 (2 cohorts)	42
<b>Average cost to the system to achieve 1 nurse completing Year 1 employed by practices</b> (total cost of about £184,000 divided by 21 completing nurses). This takes all spending into account, including any portions of backfill paid up until nurses left	<b>£9,000</b>
<b>Average cost to the system to achieve 1 nurse completing Year 1 employed by the System</b> (total cost of about £798,000 divided by 21 completing nurses). This takes all spending into account, including portions of salary paid up until nurses leave before completing the programme	<b>£38,000</b>
Average cost per nurse completing Year 2 (6 nurses)	£8,000

### Notes:

- South Yorkshire Integrated Care System (ICS) and NHS England funded the Training Hub to provide training. The training component cost about £4,000 for each nurse per year. Only a portion of the training fee was paid if a nurse left before completing.
- The ICS funded the first rung of a Band 5 salary plus on-costs for 26 'System funded' nurses who were recruited by the VTS, not already employed by a practice. This was equivalent to £35,000 for up to 1 year. Most nurses gained permanent employment at a practice during the year so *did not require a full year of salary* from the System.
- NHS England provided funding for practices to release the 25 nurses already employed by a practice to attend training. Only a portion was paid if the nurse left before completing.

# Learning

## What worked well

Nurses, practice representatives and members of the nurse education team reflected on things that worked particularly well and ways that the VTS could continue to develop.

Things that worked well included:

- **Range of content in teaching sessions** facilitated by nurse educators and other trainers.
  - The nurses evaluated every taught session. The average rating of training delivery and relevance to practice for all the sessions combined was 4.5 on a 5 point scale.
  - Participants valued the mix of online and face to face training. To reduce travel time, they thought that training could be offered online if it did not have a practical element or was not a sensitive topic.
  - Some particularly valued 2-day training sessions which allowed them to reflect overnight on what they learnt and embed their learning.
  - They also valued training which included being able to practise technical skills.
- Regular group **clinical supervision** sessions and allocating each nurse a nurse educator as a support person.
- Use of **Teams** / Sharepoint to share information about the sessions, handouts etc.

*“I liked the fact that the information on Teams (e.g. dates for sessions) was there in advance. If the dates changed it was done very quickly and we were kept informed. When you have childcare and clinics to work around it was really convenient.”* (Nurse who completed Year 1)

*“I like how all of the resources / presentations were all kept together in topics (on Teams) so that stays on in case you want to look at it again.”* (Nurse who completed Year 1)

## Areas to develop

- Over the past 4 years the Training Hub has **revised and developed the content** and ways of delivering sessions based on feedback from nurses and practices. For example, nurses suggested that the VTS could enhance training about negotiation skills (particularly how to negotiate pay and conditions when already employed), health inequalities and population health management, learning disabilities, cytology and using practice records systems.

*“[The training on SystmOne and EMIS was] too long and too in depth. Would be better with a basic user introduction then after a month, an update with ‘tips and tricks’. That way, people using the system will have had time to get used to it and can bring questions as well as build on what they have learned so far... Also, as it seems to be a recording, allow people to access it later in the course, especially for those who are moving from one location to another.”* (Nurse who completed Year 1)

The VTS is including more time on negotiation skills since pay and conditions are the main reasons that nurses who did not complete Year 1 gave for not continuing a role in primary care. We may be able to encourage more nurses to stay if we can help improve their confidence in having conversations with practices about pay and conditions and where to go for support with this.

Nurses suggested that we should run the training sessions on the same day each week to help them plan their work rotas and other commitments. They also suggested that we should host in person sessions at venues in each of the Place areas. They proposed that some content should be covered earlier in the course as practices wanted them to be able to undertake reviews, blood tests and immunisations quickly.

- We continue to work with practices to provide **good learning environments** during placements. Both nurses and practices wanted to see more ‘checking’ to ensure that nurses have opportunities to use their new practical skills quickly. Some nurses thought the practices hosting placements could have provided more learning opportunities or support, particularly in terms of ringfencing protected time for learning. The Training Hub team reported that it helped nurses iron out challenges and see placements as a ‘real life’ experience.

*“There could be more in the contract between the practice and the Hub with regards to private learning time. It would have been better to be released for study time to consolidate what was learnt on training and to have had more time with my named mentor... There sometimes wasn’t an opportunity to put training into practice after the session so it would help to have an expectation of doing clinics built in the after certain sessions. It would also be good to have an hour a week with the mentor rather than just opportunistically.”* (Nurse who completed Year 1)

Most nurses have good experiences. In the most recent cohort 50% secured substantive jobs at a practice that hosted their placement, showing that both parties had good experiences. No nurse left due to their placement experience.

The Training Hub vets practices that want to host placements; meets with them to explain the requirements; and ensures that they allocate a named preceptor, cytology mentor and room; and sign a contract. The Training Hub team visits the practice near the start and at the end of each placement. In response to feedback, the Hub is now also planning to check in part way through placements with both practices and nurses to make sure all is going as planned.

- In the past the Training Hub collected feedback from participating nurses about the content and facilitation of sessions, but focused less on the **impact** of the VTS overall on nurses' knowledge, confidence and work in practice, and the impact on longer term retention. The VTS team has taken steps to strengthen this. We are now surveying nurses about their knowledge and confidence at the beginning and end of the year, and routinely following up participants 2 years after they complete the programme.
- The main challenge for the VTS is a lack of secure funding to continue proactively recruiting a pipeline of nurses rather than relying on individual employers. The end of NHS England's mandatory national General Practice fellowship funding means that we need to show the VTS is worth funding locally. There is a significant demand from nurses to take part to get the experience they need to work in general practice. There is also demand from practices who want to employ nurses trained by the VTS. We do not have any challenges recruiting nurses, delivering training or supporting nurses to find substantive roles. It is very cost effective to run the training for those who are already employed by practices. But the System needs to decide whether it is value for money to pump prime the first year of a nurses' salary. When funding is provided by Place areas, some areas commission a large number of nurses to take part and some a small number, which is inequitable.

Without some **consistency of funding**, it is challenging to advertise the VTS widely or put time into developing and accrediting the content. Training limited numbers of nurses means practices will not have the workforce they need, which may in turn increase waiting times for patients and reduce the quality of care available. Training only those recently employed by practices would exacerbate inequities between better resourced practices and others.

The 1 year VTS programme works well, gives nurses time to put what they learn into practice and helps to embed them in wider networks. However given cost pressures, it may be worth considering whether the majority of practical clinical skills training could take place within a 6 month period, with a nurse's salary funded for 1 placement rather than 2. This might give nurses the experience they need to secure employment within a practice, with the expectation that they could then continue with some follow up or extended training once their salary was covered by a practice. This might be preferable if cost pressures mean that funding 1 year of salary for 2 placements could only be offered to half the number of nurses.

## Summary

South Yorkshire's Vocational Training Scheme for nurses new to general practice is meeting its aims to recruit and retain nurses and increase local people's access to high quality care:

- Since 2019, the VTS has **recruited and retained** 61 nurses that might not otherwise have been employed in general practice. It has ensured that a further 38 nurses who were newly employed by practices gained the skills and confidence they needed to work in primary care. Nurses stay working in South Yorkshire general practices for years after completing the VTS which suggests that the programme is having **sustained impacts**.
- The VTS is helping to **increase nurses' knowledge and confidence** so they can provide high quality primary care and meet population health needs. Nurses funded by the System and those employed by practices both appear to have improved their knowledge and confidence. Nurses and their practices reported being able to apply new skills directly to patient care, including doing immunisations, contraception appointments and taking cervical smears (cytology). The VTS course content and approach is well regarded. We have no issues recruiting adequate numbers of participants or retaining them during the VTS and beyond.
- Using 2023 figures, it cost the System an average of about £38,000 to gain 1 specially recruited, trained and employed nurse when the nurse was not already employed by a practice in Year 1. It cost about £9,000 to gain 1 trained nurse already employed by a practice. This takes all spending into account, including portions of salary, training costs and backfill paid if nurses left before completing the programme.
- The VTS appears cost effective for already employed nurses. However limiting to only this group would mean that we are not gaining the benefits of recruiting large numbers of new to practice nurses. Even though the VTS was open to all newly employed nurses, only one third of participants over the past 4 years was already employed by a practice. This is less than half of newly employed nurses that were eligible to take part.
- Instead of limiting to already employed nurses, South Yorkshire has been innovative in proactively paying nurses' salary for up to one year whilst they get established. This requires an investment, but it appears to be paying off given that 85% of System-funded participants complete the VTS and go on to be employed in South Yorkshire practices for years. The System only pays a nurse's salary up until the programme is able to help them secure a permanent post with a general practice. There is high demand from nurses to take part, and high demand from practices wanting to host placements and practices who want to employ nurses taking part in the programme.

## Box 1: Summary of reported benefits from the VTS

### For the System

- 61 nurses recruited to general practice that may not otherwise have worked in general practice
- recruited nurses have a younger age profile to help balance the large proportion of General Practice Nurses in South Yorkshire nearing retirement age
- higher retention rate of nurses taking part in the VTS compared to national average turnover (both during the VTS and 1-3 years afterwards)
- greater consistency and quality of care, with 15% of all General Practice Nurses currently employed in South Yorkshire having been trained through the VTS
- changing access to care for long-term conditions and addressing health inequalities through specific Year 2 quality improvement initiatives
- cost effective for nurses already employed by practices
- likely cost effective for new to practice nurses specifically recruited by the VTS, as long as the nurses are retained by South Yorkshire for many years

### For practices and patients

- more patients receiving care from nurses at no cost to the practice, through free extra nurse capacity for practices hosting placements
- increased patient access to care because practices had more flexibility in scheduling nurse appointments once nurses were trained to provide services outside supervised clinic times e.g. childhood immunisations
- free training provided to employed nurses, so practices did not need to find and pay for training themselves
- new information and resources shared by participating nurses and Nurse Educators to help practices stay current with best practice, with the potential to improve the safety and quality of care
- broadening the practice's perspective about the potential benefits of employing nurses new to primary care

### For nurses

- increased personal and professional development, confidence and a network of support
- increased practical skills such as smear tests, immunisations, travel vaccinations and contraception
- gaining the experience needed to secure a paid role, overcoming previous barriers due to lack of experience
- opportunities and network to develop into nurse leaders, educators or other influential roles