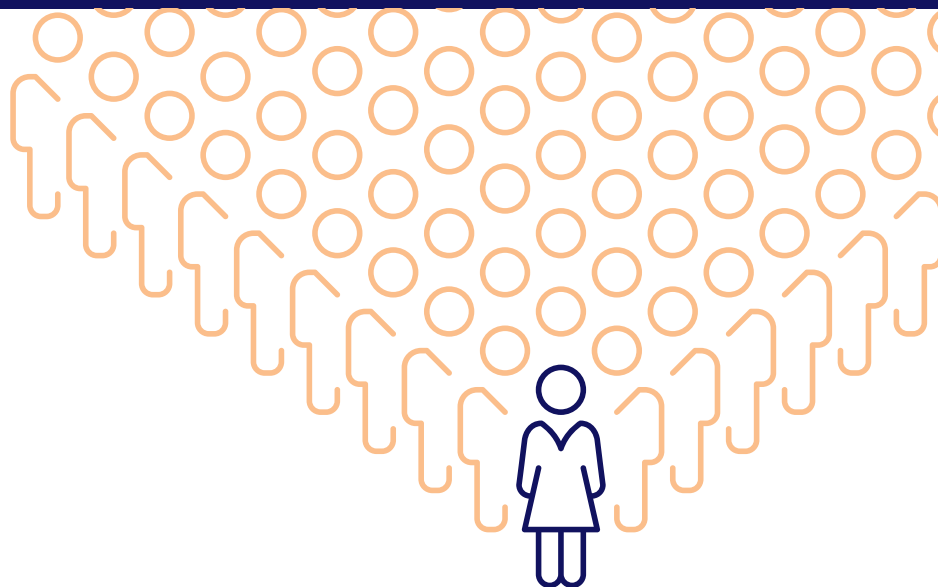


The power of practice nurses:

Insight into the influence, **prescribing role** and
leadership of nurses working in general practice

Nursing
IN PRACTICE

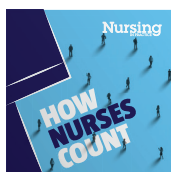
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About this report

We surveyed our *Nursing in Practice* audience over a two-week period in July 2025, asking them a host of questions about their role and responsibilities. We received 634 responses from nurses working in general practice. We combined these results with our own discussions with nurses to gather information about what general practice nurses (GPNs) do and think about their role in the current climate.



The survey was carried out as part of *Nursing in Practice*'s How Nurses Count campaign, which aims to highlight the true value of GPNs by demonstrating their leadership, innovation and influence. We will be sharing our audience's stories and insight with the government to prove how much they count within the wider NHS. More details on this campaign can be found at nursinginpractice.com

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First published 2025 by Cogora, 1 Giltspur Street, London EC1A 9DD.



Foreword



General practice nurses are key drivers of innovation within the healthcare system

Patricia Marquis is the Royal College of Nursing Executive Director for England

General practice is the bedrock of the NHS and its nursing workforce, made up of highly skilled professionals who keep communities safe and healthy, and are vital to the success of all health and care services.

The recent long-term plan for the NHS signalled a move to more care in communities and a shift to prevention to help improve public health and reduce pressures on our regularly overwhelmed hospitals. Nurses working in general practice have to be part of that ambition if it is to succeed.

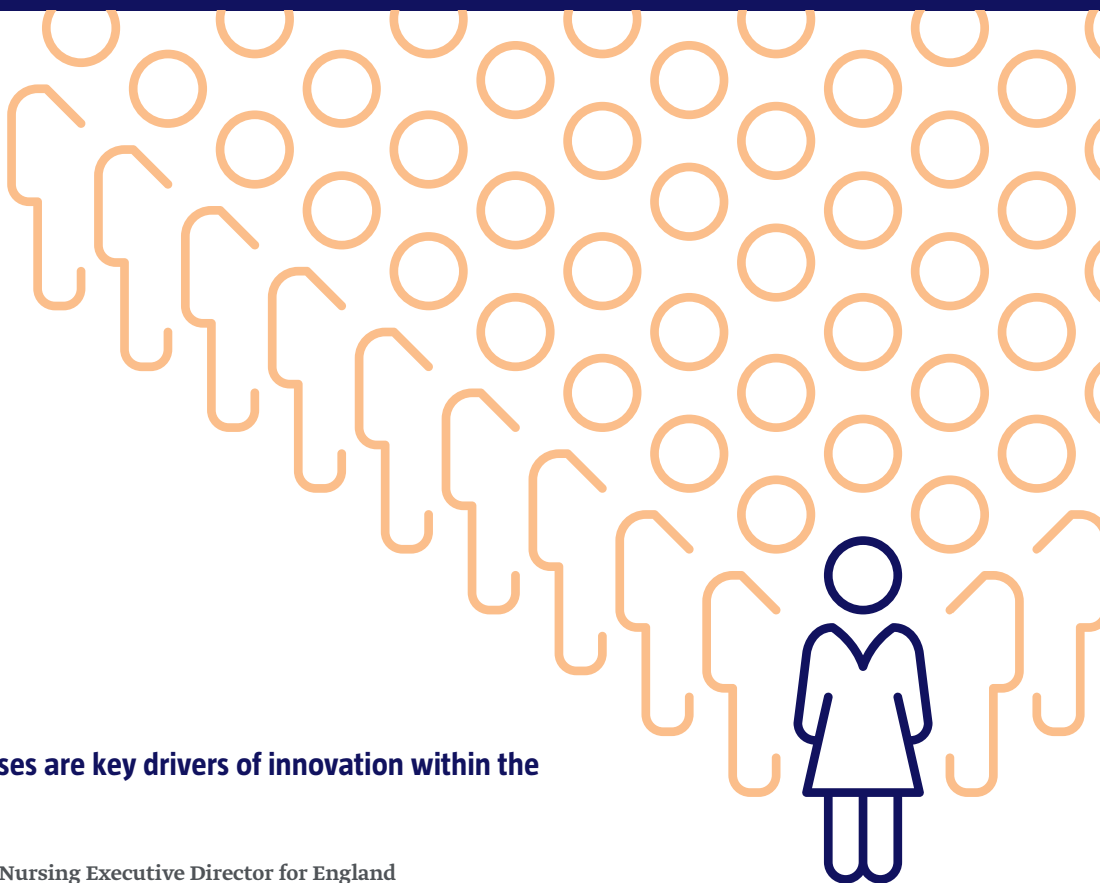
Today, nurses in general practice are independent clinicians who lead in assessment, diagnosis, prescribing, planning, and delivering care. Their expertise covers a wide range of programmes, including childhood immunisations, cervical screening, complex long-term condition management, and women's health initiatives.

In addition to their clinical roles, general practice nurses serve as educators, mentors, team leaders, and key drivers of innovation within the healthcare system. The rising demand for appointments and increasing patient expectations are reflected in recent data from NHS England, which shows that nearly one in five appointments in general practice were conducted by nurses. This clearly demonstrates how nurses really do have an important role to play.

Although general practice nurses are vital to health and care, they are often overlooked within the NHS. They frequently have to fight for a pay rise and struggle to access the vital education and development they need to continuously improve their practice and the treatment patients receive. It's no surprise that recruiting and retaining nurses in these roles is increasingly difficult.

The RCN is committed to continuing the fight to ensure that all nursing staff in primary care are recognised and valued and no longer have to fight each year to get the pay they deserve. Speak to any patient and they will tell you how vital nurses working in general practice are - and we must celebrate their contribution to public health.

General practice nursing is an incredible profession. All those working in it should be proud of what they do every day and we should continue to shout about how valuable this is to the whole of health and care. It must not go unnoticed, and I would urge anyone with a positive story to tell it. Together we can show how nurses count.



Practice nurses are decision-makers and influencers in clinical care

Recent changes to the NHS landscape have seen more healthcare professionals moving into general practice, particularly clinical pharmacists. The fear is that these new roles are taking work away from general practice nurses (GPNs); reducing their status and influence within the primary care ecosystem and therefore reducing their value to the pharmaceutical industry who are looking for clinical advocates.

Nurses are continuously challenging this perception. In fact, changes within primary care have seen their remit evolve as they take more clinical workload off their GP colleagues, positioning them as influential and clinically vital figures within the NHS, rather than being in a 'support' role. More than a third of the GPN population in the UK are independent prescribers and with the recently

published NHS 10-year-plan pledging that nurses will be given 'a range of opportunities to lead' under the government's plans for a Neighbourhood Health Service, it's evident that their roles are likely to grow and develop even more.

Our own exclusive survey of our *Nursing in Practice* audience as well as feedback from our trusted readers reaffirms this; GPNs are now clinical leaders, prescribing authorities, and pivotal decision-makers in long-term patient care. The survey of more than 600 GPNs highlights the importance of their roles to ensure the smooth running of the practice. Their trusted relationships with patients, coupled with a central role in prescribing and purchasing medicines and medical devices, mean GPNs are not just implementers—they are **influencers and decision-makers in clinical care**.

Nurses are accessible, intuitive, holistic practitioners. They make a difference to individuals, to prevention, to chronic disease – and to the whole community. Much of what we do can't be measured in numbers, but it's vital for the NHS.

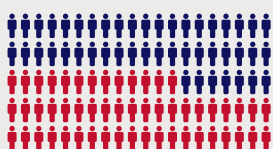
Kirsty Millard, nurse partner and nurse prescriber

Our survey of 634 GPNs reveals that they are:

Clinically skilled

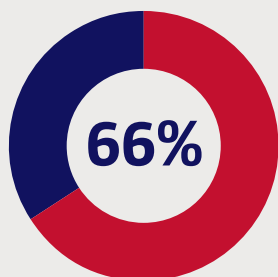
The vast majority (53%) hold a postgraduate qualification or a bachelor's degree, with a further 15% having a master's degree.

53%



Experienced

66% of GPNs have been in their post for more than a decade—many for over 20 years. This continuity results in **deep patient knowledge** and **strengthened institutional trust** within practices.



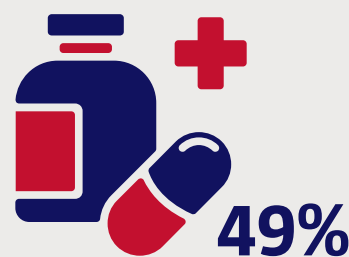
Patient-facing

GPNs are often the first point of contact for patients and provide continuous care across chronic disease management, women's health, vaccinations, contraception, wound care and many more specialist areas.



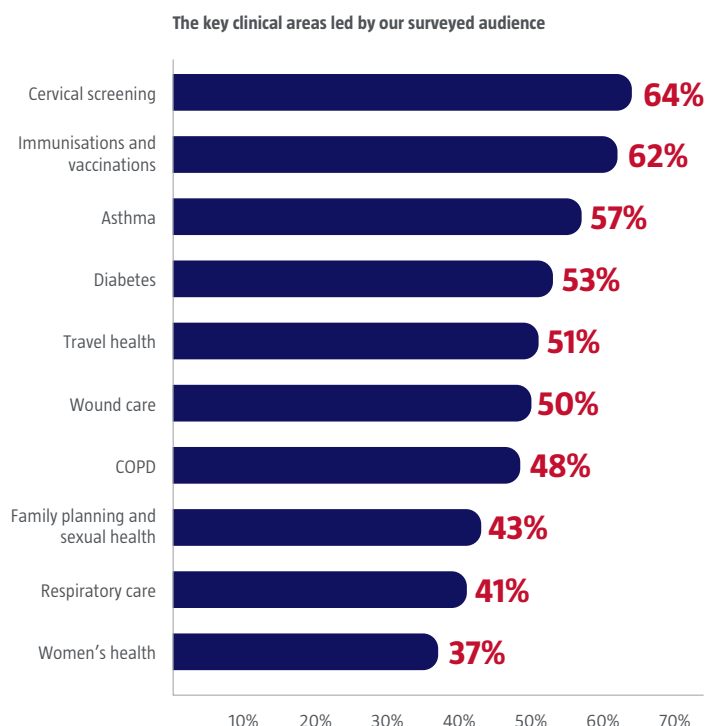
Prescribers and influencers

Nearly half (49%) can prescribe medicines, an additional 13% are undertaking prescribing courses and 28% are administering medicines under a Patient Group Directive. Even among non-prescribers, most are actively involved in **medication reviews, recommending changes, and influencing GP prescribing decisions**.



This depth of experience and breadth of knowledge makes GPNs central to both clinical and operational success in general practice. Their influence on prescribing choices, device selection, and purchasing decisions makes them a high-value audience for industry.

Practice nurses are the clinical lead in many treatment areas, meaning they are the main point of contact for patients in these areas. The most common clinical areas where they lead and specialise are cervical screening and immunisations but they have wide experience in many clinical areas:



Weight management, CKD, smoking cessation and heart failure were also in our audience's portfolio.

“We keep things moving. We notice things, we refer people to the right place. We're big decision-makers.”

Nadine Davies, general practice nurse



“We see our patients from birth to towards the end of life, and we look after the family as well. Practice nurses will care for babies, and then they'll see them through their childhood. But they also know the parents; they may well also know the grandparents. So, they look after the whole family and deliver a wide variety of care – a huge variety of care.”

Clare Mechen, nurse manager and advanced nurse practitioner

PHOTOGRAPH: GRAPHICSCOCO/GETTY IMAGES

Practice nurses are prescribers and purchasers of medicines

The perception that only GPs hold prescribing and purchasing power is outdated, as our survey shows.

Nearly half of our surveyed audience of general practice nurses (GPNs) are initiating and adjusting treatment regimens, including changing medications or dosages when needed within a range of clinical areas including diabetes, COPD and asthma, contraception, women's health and wound care.

Around 70% are conducting regular reviews and providing ongoing medical, lifestyle and emotional support within these clinical areas.

Around 49% are prescribing the necessary medications.

For example metformin, SGLT2 inhibitors, DPP-4 inhibitors, Sulfonylureas, GLP-1 receptor agonists and insulin for diabetes.

For wound care, GPNs are most commonly prescribing antibiotics, as well as pain relief, adhesive wound dressings, elasticated bandages, emollients and antiseptics.

Delivery of vaccinations and immunisation has long been a core role of GPNs. But they aren't just administering the injections, they are leading the entire service. Out of all their tasks and responsibilities, **GPNs say they're the most confident about delivering vaccination.** A total of 89% of our surveyed audience give vaccinations to patients and in particular 84% are administering flu and pneumococcal vaccinations to diabetes and COPD patients.

However, practice nurses also assess patients pre-vaccination and nearly every nurse we surveyed said they can recognise and respond to adverse reactions or anaphylaxis and give patients emergency medications and protocols when needed.

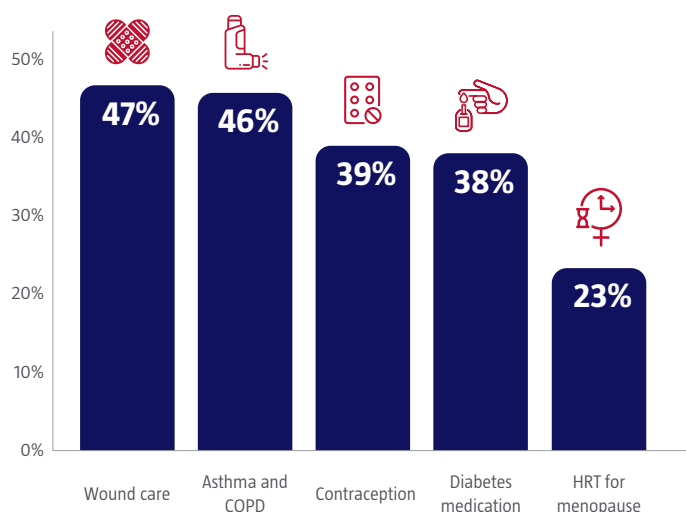
I prescribe in asthma and COPD so I do not need to send the patient to a GP.

Anonymous survey respondent

All doctors rely on our clinical insight and relationships we hold with patients and their families. Nurses are not subordinates – we are expected and trusted to make decisions.

Marilyn Eveleigh, registered nurse, midwife and health visitor

A large proportion of GPNs are prescribing in different clinical areas



89%

of our surveyed audience deliver vaccinations to patients.

84%

administer flu and pneumococcal vaccinations to diabetes and COPD patients.



Not only do GPNs prescribe but they are increasingly central to clinical and economic decisions around medicines. They have a **direct influence on medication choices**. The majority of them initiate and adjust treatment regimens, including changing medications or dosages in every clinical area that they manage.

71%

regularly **discuss medication choices** with practice staff

48%

lead **cost-saving prescribing initiatives**

47%

are involved in interpreting and acting on **NICE or national guidance**

41%

look at ways to **reduce medicine waste**

35%

monitor the **clinical effectiveness of medications**

66%

maintain up-to-date knowledge of immunisation schedules, new vaccines, and current guidelines

Their influence and decision-making do not end there. GPNs are also **gatekeepers of procurement** with 56% overseeing stock control and clinical supply orders and equipment maintenance relating to nursing care.



66%

oversee the ordering and purchasing of vaccinations, and equipment maintenance



42%

are involved in decisions about which supplies, devices and appliances are stocked specifically for asthma and COPD patients, while 52% do the same for wound care



41%

41% directly influence the ordering and purchasing of medicines and monitoring equipment for asthma and COPD and 35% do the same within diabetes

By engaging directly with GPNs, industry is connecting with the key influencers who often make or guide the final clinical decision.



PHOTOGRAPH: SOLSTOCK / GETTY IMAGES

Practice nurses are leaders in practice performance and clinical supervision

“Nurses really are the jewel of any practice. Without them, the practice doesn’t really run. There are so many things that practice nurses do behind the scenes, that make the practice run well, and that other members of the team sometimes don’t know about or realise.

Jennie Morrison, GPN and prescriber

Beyond their clinical role, general practice nurses (GPNs) are often operational leaders. They play a much bigger role within the running of the GP practice than they’re often given credit for. Their purchasing power is clear, but their work also underpins practice performance, compliance, and financial success.

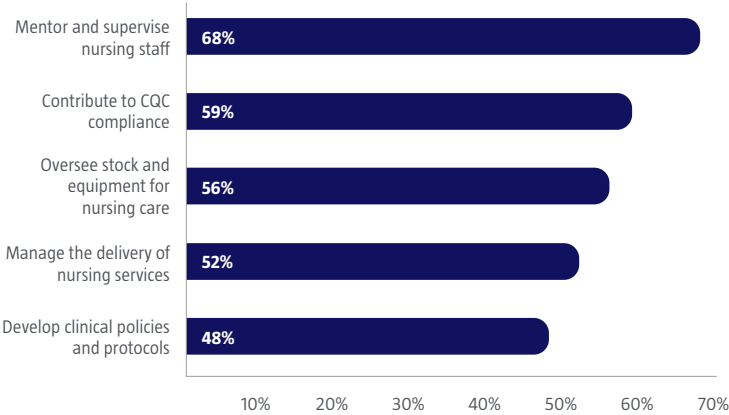
There are 65 nurse partners working across GP practices in England, meaning they are responsible for running their own practice. In addition, around 12% of our surveyed audience take the title of lead nurse or team leader but even without this title they are taking on a huge amount of responsibility by coordinating the delivery of care, training staff, ensuring compliance, and managing nursing

teams. Many GPNs lead initiatives around **clinical policy, quality improvement, and clinical audits.**

GP partners have told us that their GPNs are the single most likely role to take on responsibility for Health Checks, which is a lucrative enhanced service.

In addition, GPNs are instrumental in helping practices meet **Quality and Outcomes Framework (QOF)** – clinical objectives that directly affect practice funding and performance metrics. Of all their responsibilities within the practice, our surveyed audience say that **accurately recording clinical data and QOF-relevant coding is where they feel very confident.**

GPNs’ key leadership roles



GPNs’ QOF responsibilities are and include:

- ✓ Accurately recording clinical data and QOF-relevant coding
- ✓ Checking targets are met and recorded correctly
- ✓ Ensuring up-to-date documentation of care processes
- ✓ Helping chase up appointments for reviews or tests
- ✓ Supporting clinical audits that assess QOF performance
- ✓ Attending QOF planning meetings
- ✓ Running searches to identify patients that fall under QOF activity

GPNs’ responsibilities within the practice are wide-ranging. The most common are mentoring nursing staff, providing training or clinical supervision, with 68% of our surveyed audience saying they do this. Other tasks include:



Practice nurses have a trusted and unique relationship with patients

General practice nurses' (GPNs') longevity within the practice means they develop deep, trusting relationships with patients - essential when introducing or modifying medications. GPNs understand a patient's history, preferences, and challenges better than almost anyone else in the practice.

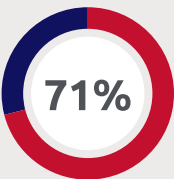
Often, they are also the ones providing the emotional support behind chronic disease treatment, particularly when it comes to long-term management of diabetes, respiratory illness, and women's health.

GPNs are well-established as trusted, accessible advocates, which means they have real influence over medication uptake, adherence and brand loyalty. For example, some GPNs have told us that their continuous work around diabetes and weight management has led to several conversations with patients about weight loss jabs. As one GPN reports in our survey: *"I am the only person in the surgery who sees diabetic patients who often want tirzepatide instead of metformin".*

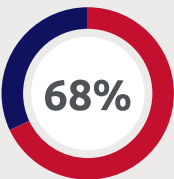
“Patients share fears and concerns with nurses in a bid to seek perspective, guidance and support. They confide in nurses monitoring their care; it is not unusual for them to admit that they're not taking their prescribed medication - but they won't tell their doctor.

Marilyn Eveleigh, registered nurse, midwife and health visitor

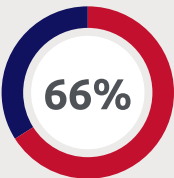
This close nurse-patient relationship means **GPNs can educate their patients on the proper use of medical devices and closely monitor for side effects on an ongoing basis.**



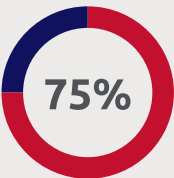
demonstrate correct inhaler techniques and check these regularly



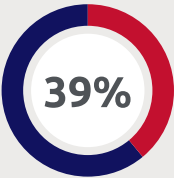
discuss adherence with their COPD and diabetes patients, work out a care plan with them and make any adjustments as needed



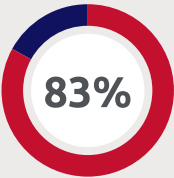
give counselling and educate on contraception



carry out contraceptive pill checks



discuss menopause management



encourage vaccine take-up opportunistically; and tackle myths and misunderstandings about vaccines

The unique nurse and patient relationship also means GPNs' responsibilities within the different clinical specialities are wide-ranging. While a patient may be restricted to a 10-minute consultation with a GP, they have longer with their nurses on an on-going basis,

giving the GPN time to explore issues and requirements. As a result, a GPN is often the healthcare professional that will offer continued care for a very broad range of problems and challenges within each specialism.

For example, GPNs are tasked with a range of responsibilities for their **diabetes** patients, as set out below:



Performing regular checks of blood glucose levels, HbA1c, blood pressure, weight, BMI, foot health, and monitoring signs of complications



Initiating and adjusting treatment regimens, including changing medications or dosages when needed



Prescribing diabetes medication



Overseeing or supporting the ordering and purchasing of diabetes medicines and equipment maintenance



Administering insulin or other injectable treatments



Conducting regular reviews and providing ongoing medical, lifestyle and emotional support



Participating in discussions or decisions about which supplies, devices and appliances are stocked or purchased by the practice for diabetes patients



Acting as a liaison between the patient and other healthcare professionals (e.g. GP, specialist hospital nurse, dietitian, podiatrist, endocrinologist)



Conducting point-of-care testing (e.g. HbA1c, lipid profiles)



Performing foot checks and referring to podiatry as needed

Similarly within the clinical areas of **asthma and COPD**, GPNs are responsible for a multitude of tasks such as:



Conducting regular reviews and providing ongoing medical, lifestyle and emotional support



Prescribing medications



Initiating and adjusting treatment regimens, including changing medications or dosages when needed



Administering rescue treatments (e.g. nebulised bronchodilators, oxygen, corticosteroids) during exacerbations



Participating in discussions or decisions about which supplies, devices and appliances are stocked or purchased by the practice for asthma and COPD patients



Overseeing or supporting the ordering and purchasing of medicines and monitoring equipment for asthma and COPD and equipment maintenance



Offering and administering flu and pneumococcal vaccinations



Demonstrating correct inhaler techniques and checking these regularly



Performing spirometry and other function tests to monitor disease progression



Liaising with GPs, respiratory specialists, and community services



Discussing adherence with the patient, working out a care plan with them and making any adjustments as needed



Providing or referring to smoking cessation services

Practice nurses look after women's health

Within the areas of women's health, cervical screening is at the top of GPNs' task list with the majority of 78% providing this service on a regular basis. Next on their list is contraceptive pill checks with three quarters of our surveyed audience providing this to women. Some of the other most common services they provide are listed in the table below.

Women's health services provided by practice nurses:



STI screening and treatment



Menopause management



Menstrual health management



HRT advice and selection but not prescribing



HRT prescribing or advice



Domestic/sexual violence screening



Fertility/preconception care



Perinatal care



When the nurses suggest changing treatments or buying a device, the GPs act.

Dr Keith Hopcroft is a GP in Basildon, Essex, an associate trainer and medical writer and columnist.

Practice nurses are often referred to as essential cogs in the great general practice machine, but that significantly underestimates their value. They are more like the driving force behind some of the key elements of practice: without them, fundamental activities like immunisations, cervical screening, health checks, chronic disease management, wound and ulcer care, family planning, QOF activity and much, much more would simply grind to a halt.

And that's just the basics. Many nurses now have extended roles and prescribing capabilities, which in my practice means that patients with asthma, COPD and type 2 diabetes are routinely managed and monitored, and their treatment initiated and escalated, by the nursing team. And this is met with positivity by both patients (who appreciate the time and continuity the nurse can provide) and GPs (who value their expertise and the workload burden they take on).

And those of us lucky enough to have advanced nurse practitioners managing undifferentiated illness safely and confidently find this frees us up to provide more premium, much needed, routine appointments for our patients.

All this valued skill and input brings with it influence. The nursing voice is highly significant within the practice. When one of our nurses suggests a change to wound dressing regimes, the purchase of a FeNO machine to improve asthma diagnosis, or a revamp of our cardiac failure protocol to incorporate the latest evidence, we listen. And act.



Patients may say they don't want to go on a statin, which is common. So, we spend time explaining that if we don't do something about their cholesterol as a diabetic, we're making them at risk of heart attack or stroke.

Rebecca Corneck, GPN and multi professional education lead

For family planning and sexual health related services, GPNs are not only prescribing contraception and carrying out pill checks, 78% say they administer injections and a third provide emergency contraception. The other services are listed in the table below.

Sexual health services provided by practice nurses:



Contraceptive counselling and education



Problem-solving with the patient in relation to contraception use



STI screening in contraception consultations



Fitting/removing implants or IUDs

There is the belief that wound care is being carried out more in a community setting when patients are discharged from hospital, rather than in general practice but our own survey proves otherwise. Half of our practice nurse audience specialise in wound care and they are regularly managing a range of wound types, with acute wounds, including lacerations, and surgical wounds the most commonly treated, as well as pressure ulcers, diabetic foot ulcers, leg ulcers and infected wounds.

“The demand for wound care isn’t going away – if anything, wound care is only going to grow as the population ages and more people live with diabetes and vascular disease. The only sustainable way to cope is to build teams that can work across boundaries, with the nurse at the centre.

Clare Mechen, nurse manager and advanced nurse practitioner



We are multi-skilled, and we have a relationship with the patients that they don’t get elsewhere. You build a relationship with them, they get to know you and have trust in you.



Three quarters of the nurses surveyed carry out wound assessments on a regular basis, 81% identify signs of infection.

The other most common responsibilities for GPNs within wound care include:

- Prescribing medicines and treatments
- Initiating and adjusting treatment regimens
- Taking and interpreting ABPI/Doppler readings
- Cleansing and dressing
- Measuring for and fitting of compression stockings
- Suture removal
- Advising patients on self-care
- Treating post-op referred patients
- Referral to specialists when necessary.

About Nursing in Practice

Nursing in Practice sits at the heart of a highly engaged community of general practice and community nurses.

Delivering daily clinical and political updates, analysis, in-depth features and opinion pieces, as well as hosting events that take place online and in-person, it is a trusted source for its audience of nurses working outside of hospitals who want to ensure they're on top of the latest news and clinical guidance. Its professional articles provide tips on how to further their careers, and its ongoing campaigns ensure the brand is championing and supporting its readers.

Nursing in Practice Reference – a free, in-consultation tool – provides a resource that directly supports decision-making, risk management, and patient care, whilst *Nursing in Practice 365* ensures nurses keep up with their CPD requirements.

Find more at:

nursinginpractice.com

nursinginpracticereference.com

nursinginpractice365.uk

cogora.com

About Cogora

Cogora is one of the UK's leading data-led healthcare professional engagement and marketing services groups. At the heart of the business is a rich first party dataset of over 500,000 healthcare professionals spanning primary and secondary care in the UK and internationally.

Through our market-leading brands and educational platforms, covering a range of therapy areas, we have cultivated and grown engaged communities of healthcare professionals, learning what they do, think and really need.

We pride ourselves on seamlessly integrating multiple data sets – first- and third-party data sources – to meticulously target and segment audiences according to our clients' unique requirements. This allows us to serve more relevant content, delivering impactful education and high-quality care to patients, resulting in further growth in engagement – all in a continuous loop.

This audience centric, data-led approach enhances our analytical capabilities, and insight into our community. With a broad service provision including medical writing, design, development, data, marketing, and account management, we have all expertise in house. We use this advantage to ensure our client projects are timely, successful, and cost effective.

- ✓ We influence healthcare change
- ✓ We analyse healthcare data
- ✓ We understand healthcare audiences
- ✓ We reach healthcare communities



