

NHS Education for Scotland

# Co-ordinated Learning and Development Network for General Practice Nursing

**Newsletter** Summer 2015



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# Editor's Review

The Delivering Professionalism and Excellence in General Practice Nursing conference featured in this newsletter was a wakeup call for me. I felt really challenged to reflect on the future of general practice and what my role would be. I came away with a clear picture of the potential opportunities and an action plan of what I would need to achieve in order to be in a position to be an active part of the change.

Working in Forth Valley I am only too aware of the effects the workforce crisis is having locally and we are all now working closely to innovate solutions to the issues. The conference explored not only the vision for the future but also some of the tools we as nurses can use to lead the way. The GP contract has a current 2 year period of stability but there is a very real invitation to GPNs from Alan McDevitt to share ideas and aspirations for what primary care and the general practice nursing team of the future may look like.

The NES GPN Education Advisors and Supervisors also used this opportunity to say goodbye to Fiona Love who is retiring from her role as general practice nurse and GPN Education Advisor in NHS GG&C. She has written along with some of the other advisors a really interesting article on her achievements during her time as a NES GPN Education Advisor. She will be missed by us all but we wish her a very happy and active retirement.

This newsletter has a focus on the development of GPN and the achievements and role of the NES GPN Education Advisor team. There will be a greater look at clinical issues including changes to the immunisation campaign in our autumn edition. This edition includes information about the forthcoming Men B campaign



Jaqui Walker, Editor, NES GPN Education Advisor.  
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[medicalpracticenurse@nes.scot.nhs.uk](mailto:medicalpracticenurse@nes.scot.nhs.uk)  
or tel: 0141 223 1479.

and information about My life My lungs.  
Our updated website with past copies of this newsletter is at;

<http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/general-practice/general-practice-nursing.aspx>

If you have feedback on this we would love to hear from you.

I hope you enjoy our newsletter and I look forward to writing again in Autumn 2015.

# A View from NHS Education Scotland

After four years as the National Coordinator for General Practice Nursing (GPN) I will soon be retiring and therefore have been given the opportunity to share my post for two years. I am delighted that **Ruth Aird** was selected to join me in July to support your learning and development in your roles.

Reflection is a key part of the NMC revalidation processes. The NES Education Advisors have begun a series looking back analysing what they have achieved. I do believe we have accomplished a lot, including offering the accelerated work based GPN Programme. We hope to increase participant numbers by piloting group tutorials in 2015-16. Most recently we have introduced short courses on initial cytology screening, and leadership and management for GPNs. These courses are designed and delivered, mainly by practice nurses, at minimal cost. We intend to expand what we offer, so if you have suggestions of topics that are needed in your area do let us know.

It was clear from the speakers at our **EICC event** (Edinburgh International Conference Centre) that the future of the Scottish General Practitioner Contract from 2017 is being closely examined. This is important for all of us. From my national position I learn about emerging new models of primary care provision and what I would like to hear is how nurses employed in general practice should be supported in contributing to this.

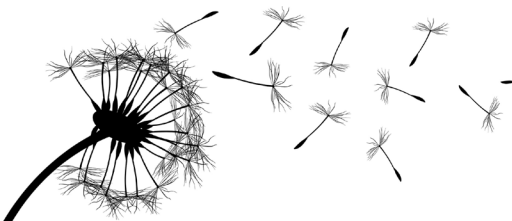
Some examples are;

- employing nurses for advanced practice to supplement GP roles
- training and employing physician associates to work under GP direction
- combining district and general practice nursing skills for lifelong care
- using case management within small multidisciplinary teams.

All of these are exciting possibilities - perhaps some are more challenging than others. All of this makes it important that we complete the **national primary care workforce survey** and do so accurately by carefully reading their instructions. Linda Harper (NHS Grampian GPN) and I are on the national steering group for both the 'in' and 'out' of hours survey which will discuss the results and the implications for learning and development.

I believe your nursing knowledge and skills are a key part in delivering the Scottish Government's 2020 Vision for our NHS. In your role you can use leadership skills to influence change for the benefit of the people you serve. Ruth and I plan to assist you to extend, maintain and update these skills, so let me hear your voice as we move forward to meet the challenges ahead.

**Susan Kennedy**, NES National Co-ordinator for General Practice Nursing



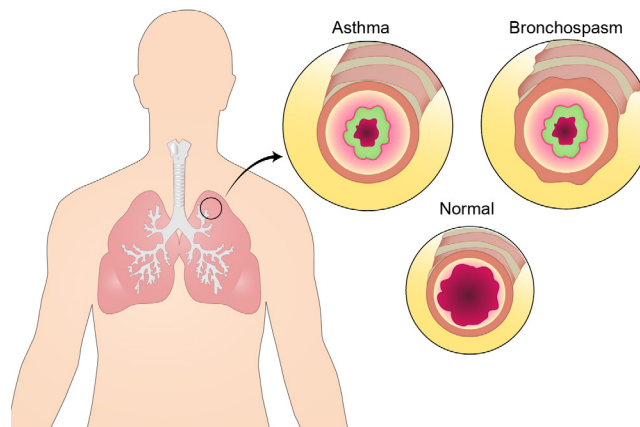
## My Lungs My Life

My Lungs My Life is a self-management website for people living with COPD, Asthma and for Parents/Guardians of children with Asthma. This new website has been developed by Chest Heart & Stroke Scotland working in collaboration with Respiratory Managed Clinical Networks, NHS Scotland respiratory clinicians, British Lung Foundation, Scottish Government, University of Edinburgh, patients and parents. My Lungs My Life is a comprehensive resource that will enable the user to be informed about their condition and use self-management effectively in partnership with healthcare professionals.



Patients and their carers spend very little time in face to face contact with healthcare professionals. They are at home living with their condition on a day-to-day basis. Self-management refers to the skills, knowledge, contacts and tools a person needs to help them to cope and manage from day to day. My Lungs My Life gives practical tips and advice by using animation, films, audio clips and graphics.

On the My Lungs My Life website you will find easy to use information about living with Chronic Obstructive Pulmonary Disease and Asthma. There is a specific section for the parent or guardian of a child who has been diagnosed with asthma.



Throughout My Lungs My Life there are self-management tips. My Lungs My Life and self-management do not replace contact with healthcare professionals. Instead they can help people to understand COPD or asthma so they know how to look after themselves, have fewer hospital or emergency admissions and will learn to know their own warning signs so they can take early action before an infection, exacerbation or attack makes them unwell. My Lungs My Life can help people to make choices which can make a difference to their health, wellbeing and quality of life.

The website launch will be on 3rd June 2015.

For more information or publicity cards for patients contact:

**Fran Bailey**  
My Lungs My Life project manager  
[Frances.bailey@chss.org.uk](mailto:Frances.bailey@chss.org.uk)



Being knowledgeable about your COPD helps you to be an equal partner in your care. Lots of sections have useful self management tips where you see the self management logo.

# Scottish Government to introduce MenB immunisation programme

The Scottish Government announced on 29 March this year that a vaccine against meningococcal B will become part of the routine childhood immunisation programme. The vaccine, called Bexsero®, will be introduced to the immunisation programme for infants, following negotiations on behalf of the Department of Health and the devolved government with manufacturer GlaxoSmithKline.

MenB is now the most common cause of meningococcal disease in the UK and Ireland. MenB can cause meningitis and/or septicaemia and is fatal in about one in ten cases. Infants and children aged under five years are most affected. MenB is now responsible for most cases of invasive meningococcal disease in Scotland. Out of 73 meningococcal cases in Scotland in 2014, serogroups were determinable for 61, of which 42 (69%) were group B. Immunisation is the best way to help protect against MenB.

The vaccine will be given in three doses at two, four and 12 months, with all babies in Scotland aged two months at the point of introduction being eligible. The Joint Committee on Vaccination and Immunisation (JCVI) has also advised that when the programme starts there should be a one-off, catch-up programme for babies aged three and four months of age. The Scottish Government will introduce the MenB vaccine as quickly as possible.

A MenB Q&A has been sent to Health Protection and Communications teams in each of the NHS Boards. The Q&A has been developed to help answer queries from the public and is available at [healthscotland.com/menbqanda](http://healthscotland.com/menbqanda)

NHS Health Scotland has also added a short Q&A to [www.immunisationscotland.org.uk/menb](http://www.immunisationscotland.org.uk/menb) for the public and will keep this updated as and when we know more about the timing of the programme.

### Educational resources for registered practitioners

Educational resources for registered practitioners are being developed by NHS Education for Scotland in partnership with Health Protection Scotland. These materials will include training slides and a 'questions and answer' resource and will be available on the NHS Education Scotland website. NHS Board Immunisation Coordinators and members of the Scottish Immunisation Programme workforce education group (Susan Kennedy is a member) will be informed when these materials are available. It is anticipated that interim resources will be available in early June.

Further information will be provided in a later issue. In the meantime if you have any queries, please contact your local Immunisation Co-ordinator.



# Delivering Professionalism and Excellence in General Practice Nursing- Conference Report

NES held its GPN event in Edinburgh in April as part of the 5th National Scottish Medical Education Conference. We had an exciting programme and some inspiring and motivating speakers.

**Susan Kennedy (NES National Co-ordinator for GPN)** opened the meeting with a stimulating talk about professionalism and General Practice Nursing. She explored what makes us professionals and how professionalism thrives in a positive culture which motivates staff to work with pride and professionalism to make the right decisions and to keep striving to always do more.



**David Thomson (Deputy Director, Primary Care Division at the Scottish Government)** gave the Plenary speech on Primary Care in 2015. He praised General Practice Nurses for their skills and professionalism and the work they do which he described as critical to the delivery of primary care and the future of health and social care in Scotland.

## The Challenges

David described the increasing demands for care and rising expectations of the service. A 'demographic time bomb' exists due to the growing aging population across Scotland. There will be 779,000 people over 75 in Scotland by 2037 - a rise of 83 percent. Health inequalities are pervasive and projects are being developed in Scotland to tackle them e.g. Deep End group of General Practitioners who serve the 100 most deprived populations in Scotland. The workforce situation with GPs planning to retire and not enough new doctors coming in to fill GP training schemes is a major challenge. There are issues with locum doctors numbers to take up shifts and cover out-of-hours. He described how all public services in the UK are facing a financial challenge. In Scotland the health budget has risen to around £12.2bn. This is the highest it has ever been and is about a billion pounds higher than it was in 2010. Health spending cannot continue to rise at the same rate.



# Delivering Professionalism and Excellence in General Practice Nursing- Conference Report

## The Vision

David described how the Scottish Government's 2020 vision sets the context for the changes we are seeing and prompts us to look differently at how services are provided to meet these challenges. The 2020 vision for health and social care states that everyone should be able to live longer healthier lives at home or in a homely setting. This puts primary care at the very heart of health and social care and focuses on person centred care, with high quality, safe and effective services working together to meet patient needs.

## The Actions

Health and Social Care integration is "a mega reform" and a huge opportunity to really change things. David described how there are challenges in bringing new organizations to life and how important it is to ensure Scotland's primary care system can support this change. As a result the GP contract is being reformed, there is a review of out-of-hours primary care, prescribing is being developed for a wide range of health professionals and pharmacy professionals are being supported to extend their role through "Prescription for Excellence."

The future will require a primary and community care culture with professionals of all types collaborating effectively with each other. The government has agreed an unprecedented period of stability for the Scottish GP contract. The Scottish Government's priorities for this new GP contract are to ensure safe and effective patient care, to reduce bureaucracy, and to support active engagement with health and social care partnerships.

David concluded with a call for action amongst general practice nurses:

***"It is you who are the people who work hard every day to do the best for your patients. It is you who knows the needs of your community and how best to serve them. It is you who has the real power to make a difference."***

- Get engaged at a local level. Build bridges to other health teams and to community assets.
- Get the skills and training that enable you to work 'at the top of your licence'.
- Champion quality, professionalism and improvement in all that you do.
- Keep the patient at the centre of your practice

**David Cunningham (Assistant Director of GP Education (CPD), NES)** explored Primary Health Care Team Learning with the audience. David started by defining what a team is and how a functional team is usually less than 15 people because to be a team you need to have individual relationships with everyone within the team. Out with this you are probably working in groups of teams within a larger organization.

How would you know if you were working in a team?

- Effective communication
- Mutual support and approachability
- Respect between colleagues
- Feeling safe, valued, comfortable, and able to say
- Meetings enabling discussion and learning

# Delivering Professionalism and Excellence in General Practice Nursing- Conference Report

For effective team learning the recommendations are to plan and prepare well and ensure the learning is active and fun so people want to come. Ensure those with the least power and voice in the team are involved and able to express what they want to learn.

**Monica Fletcher (Chief Executive, Education for Health)** gave an over view of the trends in general practice nursing and education. She described primary care as the bedrock of the NHS and explained that long term conditions (LTC) represent around 70% of the health care budget. There is increasing pressure on health finances and staffing levels. More GPs are currently needed but there is difficulty filling places on GP training schemes. There is not enough capacity to meet the current and expected patient needs. Changing the ratio of GPs to GPNs and increasing GPN numbers is one potential solution.

Whilst there was a 37% increase in GPNs in England between 1999 and 2006 the boom has ended. Between 2012-2014 the increase was 1.7%. The future of the current workforce of GPNs is also a potential a problem, there are highly trained experienced GPNs but 25-30% are over 55 years. These increases in demand and workforce supply issues create a time bomb. It is important to make it easier for people to come into general practice nursing and to think more flexibly about their learning needs e.g. return to nursing courses based in primary care.

The future for general practice nursing will requires pragmatism, commitment, expedience and courage. There is a need for national investment and strategy as well as local implementation. Joined up thinking is required; GPs, GPNs and AHP are inextricable linked. Education will be a key part of the process.



# Delivering Professionalism and Excellence in General Practice Nursing- Conference Report

**Kathy Kenmuir (Practice Nurse Support and Development Team Manager NHS GGC)** talked about delivering excellence in General Practice Nursing: the challenges and opportunities. Firstly Kathy defined excellence in health care and particularly why it is important and how we deliver it. Basically it is all about patients and the bigger picture about managing competing demands without losing sight of the needs of individuals and the need to make each encounter matter.

Kathy showed a video “Empathy: the Human Connection to Patient Care” from The Cleveland Clinic which asked the audience “if you could stand in someone else’s shoes ..hear what they hear. See what they see. Feel what they feel. Would you treat them differently?” The video shows how we are all effected by health and emotional issues and how we all have joys and sadness and that human empathy is the key to connecting us all so we can support and care for each other.

She called for GPNs to take advantage of new opportunities to support excellence and develop leadership in GPN to maximize our voice. She also promoted working in partnership with other health professional colleagues. She challenged the audience to not allow barriers such as the independent contractor status in general practice, competing demands and a potentially contract driven process get in the way of excellent care.

**Gillian Costello (Associate Nurse Director, NHS Tayside)** discussed the proposed model for NMC revalidation and the Scottish Pilot being hosted by NHS Tayside. Gillian explored the transition from PREP (Post Registration Education and Practice) standards to revalidation. She told the audience it was important to not be afraid to ask for help and to ensure they fully understand the requirements for Revalidation highlighting the NMC are working towards launch of Revalidation in October 2015 with the first nurses and midwives progressing revalidation in April 2016.

The purpose of the Pilot is to allow for the proposed model, guidance and tools developed for the Pilot to be tested with registrants. The outcomes of the Pilots will help ensure the practicality of the guidance, process and templates. She encouraged GPNs to register with NMC online, understand their renewal date for revalidation and talk to other registrants about the proposed model and timescales for revalidation.



# Delivering Professionalism and Excellence in General Practice Nursing- Conference Report

## Presentation of NES GPN programme certificates

We celebrated the 14 nurses who have successfully completed the NES GPN Programme (2013-14). Professor Moya Kelly, Director of Postgraduate General Practice Education at NES, presented their certificates.

## The Advanced Practice in General Practice Nursing: Developing Safe and Reflective Professionals workshop

took the form of short ten minute presentations followed by discussion with the audience. **Maggie Grundy (Associate Director NMAHP, NES)** presented on the background and development of advanced practice. Maggie highlighted the advanced practice toolkit [www.advancedpractice.scot.nhs.uk](http://www.advancedpractice.scot.nhs.uk) and the NES post registration career development framework [www.careerframework.nes.scot.nhs.uk](http://www.careerframework.nes.scot.nhs.uk).

She explained there are now a range of titles, grades, and pay bands for what is essentially the same role. People can take different routes into advanced practice. Maggie said that Masters level decision making, competencies, higher level professional thinking and experiential learning were important for developing advanced practice. There are likely to be new opportunities in the future for ANPs to provide services for patients.

## Linda Harper (Associate Director of Practice Nursing/Lead Nurse G-MED NHS Grampian)

presented her work putting together a team of Advanced Nurse Practitioners (ANP) to deliver the G-MED out of hours service in Grampian. She said to work at this level requires Master's degree level thinking and recommended using an in house programme in order to develop staff to be competent to work at the top of their license. The delivery of the programme is expensive; the average supernumerary training period is six months and to recoup the cost of this, the

master programme and other required HEI modules takes 46 weeks but the supernumerary period can be as short as 3 months and up to 9 months. However without their team of ANPs Grampian would struggle to cover their out of hours service. Grampian have introduced a similar training programme for day time care. She stated that for the ANP role to work to its full potential and for governance for staff and organizations, training programmes for ANPs need to be robust and standardised and should include workplace based teaching.

**Sheelagh Martindale (Head of Professional Development, Nursing and Midwifery, Robert Gordon University)** talked about the MSc in Advanced Nursing Practice offered at Robert Gordon University. The MSc includes a dissertation on quality improvement in practice. It also recognises prior learning at degree level and experienced learning such as the COPD diploma. The prescribing course can also be used as credits towards the MSc. By putting together this portfolio of previous work and a written piece at credit level 11 the process of gaining an MSc is accelerated and the burden of study and often funding for the time to study is not as great.



# Delivering Professionalism and Excellence in General Practice Nursing- Conference Report

**Ed Wallace (Honorary Senior Lecturer Medical School St Andrews University)** suggested when developing learning pathways it helps to start at the end and look at what you need to achieve before working back to the beginning. Support to develop competencies is important. A competency is not a piece of paper it is “the ability to do something successfully or efficiently.”

The current workforce situation and changing patient expectation and requirements have created the need for expanded roles for all staff involved in general practice. General practice is still an exciting place to work and it's where patients want care to be delivered.

**Joan Sandison (Advanced Practitioner NHS Shetland, NES GPN Supervisor and Advisor)** explained that although GP recruitment and retention is a national problem it is worse in remote and rural areas. This is particularly the case in a practice like Joan's where the list size is similar to an urban practice.

In order to manage this in her practice Joan and her colleagues reviewed the patient feedback regarding the existing ANP service at the practice and the nursing literature for solutions. Team meetings were held to discuss the pros and cons of developing an ANP team and a SWOT analysis was performed for the proposed project. This was followed by meetings with Shetland Health Board's clinical line management. Job descriptions were developed and the posts were advertised.

Joan's practice in Shetland now has a front line team of 5 ANPs to see all patients who would like to be seen within 24-48 hours. They have two supervising GPs to support their clinical decision making and a duty GP who sees emergencies and does home visits. The remaining GPs see patients with complex health needs who have made a pre bookable appointment or who need a review of existing treatment. An audit of the service is underway and evaluation of the project includes multisource feedback and patient questionnaires. The aim of the audit is to identify learning needs and to establish any factors that limit the ANP service e.g. referral rights to secondary care. It is also hoped that any lack public understanding of the new service will be highlighted.



# Delivering Professionalism and Excellence in General Practice Nursing- Conference Report

Overall anecdotal evidence and face to face feedback indicates patient approval of the project. The GPs appear to be enjoying their new role. The waiting room is no longer brimming with patients and the ANPs report a “massive learning curve.”

The audience enjoyed these quick presentations and it promoted a good deal of discussion. Key themes were;

- Getting patients actively involved in setting up solutions to service issues.
- The potential adaptability of the ANP framework in Shetland and G-MED for application elsewhere.
- Opportunities for combined learning for GP trainees and ANPs.
- The importance of making the ANP role consistent in terms of standards, competency assessment and training.

The panel was asked its vision for ANPs and identified that career pathways and generic skills as well as specialist skills were important. That a standard training programme which included in house mentoring and was properly funded was required and that there was a need for unification and understanding of the role so that educators can provide a programme. It was suggested a national approach across Scotland would help.

To conclude the day **Alan McDevitt (Chair Scottish General Practitioners Committee, BMA)** presented a plenary for the 2020 Workforce vision for primary care. The current period of stability in the Scottish GMS contract between 2015 and 2017 has been negotiated in order to allow for careful planning of how general practice will develop considering the changing population and challenges. Alan extended an invitation to GPNs to get involved in the plans of for the future of general practice.



# Delivering Professionalism and Excellence in General Practice Nursing- Conference Report

The foreseeable future brings a period of time where there will be fewer doctors in general practice. This coupled with increasing demand means that general practice cannot stay the same. Currently if a practice loses its ANP they can be stuck with no one to replace the post. There needs to be enough ANPs in the system for this to be sustainable. Generic skills and standards will be important.

Ideas for the future include;

- GPs as the senior medical decision maker, the expert generalist, with other professionals in the wider primary health care team working to the top of license.
- IT can be used to the maximum with for example the District Nurse skyping the GP for expert generalist medical input.
- A future where GPs support but would expect to employ fewer staff. Patients would be discharged from hospital into the care of integrated joint board. The GP would provide expert general medical advice. GPs do not currently manage district nursing, housing etc. and there is a consideration to move towards rejecting responsibility where they do not have authority.

The audience found this a stimulating talk but reflected that all staff will need training and support to achieve these proposals.

Alan needs to be in a position with general practice staff to sign off the new contract by summer 2016. He invites people to send in ideas to BMA via email at:

[info.gpscotland@bma.org.uk](mailto:info.gpscotland@bma.org.uk).

Jaqui Walker GPN and GPN Education Advisor



# GPN Education advisor updates



We asked each of the GPN Education Advisors to give an update from their area looking back over what has been achieved in the past 3-4 years. Here are some of their reports, others will be included in future newsletter and will be available on our website soon

## **Lothian - Ruth Aird**

The past three and a half years probably represents the most exciting time to be in General Practice Nursing for me. There have been many changes in communication amongst the national practice nursing fraternity, bringing together rural and urban nursing teams. In Lothian this has been particularly evident as a very large cohort of nurses (approximately 322) have been able to network at educational events and Practice Based Small Group Learning (PBSGL). Nationally, nurses new into the practice nursing discipline have been able to access the new funded vocational training scheme and we have seen evidence of clinically based training that is producing standardised working in general practice. The following areas have been promoted in Lothian with the sponsorship and support of NES.

## **Appraisals**

As a new GPN appraiser I was part of a focus group that informed the small research study from the pilot appraisals across Scotland. Subsequently some appraisals have been carried out in Lothian where appropriate and been of both personal and clinical benefit to the appraisee's. Using the same proforma in my own general practice has enabled the practice nursing team to critically look at their performance and fill gaps in learning as well as move to a different level in their practice. A short article on appraisal was written for the GPN Newsletter and subsequently a longer article is being prepared for a nursing journal. Revalidation requirements have raised the profile of appraisal and the need for trained appraisers.



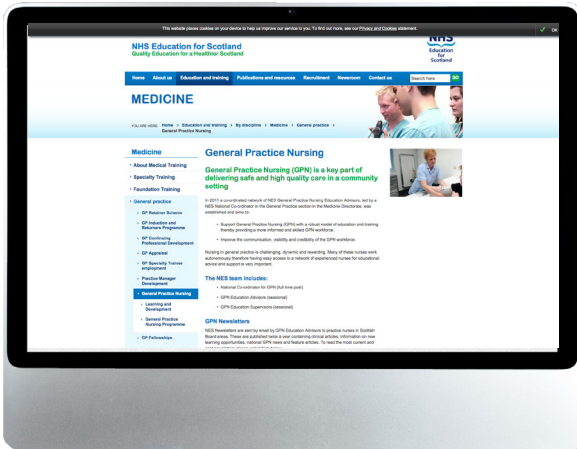
## Educational Events

These events are run on a bi-annual basis, all of the eight localities are invited to attend, with a choice of four workshops to aid competency updating.



## GPN website

A small group was formed very early on to look at developing the GPN website for Lothian within the existing intranet. With a lot of additional help from various groups this was set up and is now managed by a GPN editor.



## PBSGL

There are now 7 registered Practice Based Small Group Learning (PBSGL) groups in Lothian with approximately 40 nurses attending on a regular basis. There are seven trained facilitators and more being trained. Another 50 or so nurses have registered interest, which means that around one third of GPNs in Lothian have either attended or registered an interest in PBSGL.

## Personal development

On a personal level, I have been pushed out of my comfort zone on several occasions; learnt to stand in front of audiences and speak up for my profession; written reports and commented on learning resources that have been at the fore front of clinical education. This has increased my confidence but perhaps something more than that: it has allowed me to be more proactive for the patients that I see on a daily basis. I have also learnt to think beyond the consulting room and to critically reflect on the nursing team in terms of succession and sustainability. This post above all has enabled me to see the importance of a learning culture across the whole discipline of practice nursing, but one where we must support each other to continue that learning curve.



### Greater Glasgow and Clyde - Fiona Love

Achieving the position for NHS Education for Scotland Education Advisor for General Practice Nurses (GPN) in Greater Glasgow and Clyde (GGC) was a career highlight for me since I first became a practice nurse in 1988.

The role is varied and relevant – GGC is fortunate to have a well-developed PN Advisors' team and I was made very welcome within this group, attending the 11 local area practice nurses meetings throughout the years to find out learning needs and pass on information on current education, development and NES initiatives relevant to practice nurses. Being part of the PN Advisors' Team Workforce Development Group, with input into the many ways of learning for GGC PNs to deliver patient centred care in chronic disease management was valuable for future initiatives. Throughout the last 4 years, I organised and delivered large and small learning events ranging from a Patient Safety Programme trigger tools training pilot for GGC PN Forum members to a travel study day for 110 practice nurses. Currently, I have been actively promoting Practice Based Small Group Learning and have set up 3 Groups in GGC which are now self-managing. For the Peer Appraisal Pilot, I trained to be an appraiser, linked with 5 practice nurses in GGC practices and performed their appraisals. This has led to my performing many more practice nurse appraisals and has been one of the most worthwhile and satisfying parts of my role.

The development of new GPN Education Programme by Susan Kennedy included me in the interview panel for some of the applicants in the last few years and I feel privileged to be part of this excellent initiative.

Nationally, I represented GPNs at the Scottish Executive Short Working Group on Polypharmacy which we can now see in national and local polypharmacy Enhanced Services in General Practice.

Being part of a team of GPN Education Advisors for all the other Health Board areas in Scotland has been a pleasure and a privilege. Finding how GPN issues work in different areas and passing on how we do things in GGC has been immensely helpful for us all. A sense of enthusiasm, support and humour has been part of this group and I have gained much on a personal and professional level in my role over the last 4 years.

I am due to retire, both from practice nursing and my NES job this summer, so wish all of you practice nurses out there a happy future nursing in general practice.



### Grampian - Kirsteen Coady

Year one of becoming a fledgling NES Education Advisor was that of networking between my NES educational advisor colleagues and key stakeholders within Grampian and beyond. It was great to have the support of my fellow advisors, as we were all a bit daunted at this new role with the remit to “unite a fragmented workforce”. I joined the committee of Grampian Practice Nurse Group (GPNG), and am now currently the Vice Chairperson. Three educational events are organised on a rolling annual basis, historically in Aberdeen but now there is one session in Aberdeenshire. This year is exciting year for GPNG as there is no fee to join and nurses can gain from £150 towards education in year two. As Grampian is such a large geographical area I have over the years ran satellite GPNG educational meetings for those further afield in North Aberdeenshire and Moray. However, it is acknowledged committee members of GPNG are low especially as some members are due to retire from the committee so we are always on the lookout as GPNG could be under threat if there are not enough committee members to sustain it.

Gradually GPNs and Practice Managers began to see me as a source of information in regard to educational issues and it was satisfying to point nurses in the right direction. With the advent of the pilot GPN programme in 2012, it was exciting to be at the forefront and see the vision of GPN education and the future direction of practice nursing.

After completion of Practice Based Small Group Learning (PBSGL) facilitators course I set up a small group in North Aberdeenshire. We have covered many topics over the years and the nurses who are members enjoy working in small groups, the networking experience is also very worthwhile. We may be able to start a group in Moray if there is enough sustained interest.

I have strong links with the BHF and organised an educational session in Moray (Healthy Hearts) on a Protected Learning Time (PLT) day. GPNG also ran this in Aberdeen. All who attended received a healthy heart pack for their practices – the feedback was very good and the resources were excellent. There have been two BHF heart failure sessions in North Aberdeenshire recently and the cohort of Practice Nurses, Community Nurses, Heart Failure nurse and Pharmacist added to the networking and inter-disciplinary working. The next BHF session will be later in 2015.

To sum up - being a NES Education Advisor has been a challenging but extremely worthwhile. A key area of the role has been networking and I see the advisor role developing and advocating towards inter-disciplinary working to maximise learning and educational experiences for GPNs.



# Primary Care Workforce Survey 2015 A Survey of Scottish general practices and GP Out of Hours Services

## What are we doing?

The National Primary Care Workforce Survey in Scotland aims to collect data on health professional staff (doctors and nurses), health care support staff and all other staff employed in GP practices as at 31 August 2015. The Survey was last run in 2013 and the data collected has helped support national, regional and local workforce planning during the last few years. This year's exercise hopes to build on the success of the 2013 exercise.

## Why?

Most Practices will be aware of the difficulty in attracting Locums, GPs and Nurses in some areas. By gathering reliable, robust and comprehensive information, the better placed Scottish Ministers and NHSScotland Boards will be when making decisions in respect of the number of student nurse and doctor places needed each year to support the high workload; and in sustaining the future primary care workforce and its ability to support community based care.

## When?

The survey will take place between August 31 to October 30 inclusive

## What are the reasons for completing the survey

- By completing the survey you are helping to provide reliable information to support workforce planning at national, health board, CHP and GP practice level . This will help us assess the impact the current practice workforce will have on other NHS Board services for both In Hour and Out of Hours care.
- As we move towards more community based care, it is essential that the right number of people are qualified and trained to the right level to ensure the needs of the local population can be met.
- The more reliable, robust and comprehensive the information gathered, the better placed Scottish Ministers and NHSScotland Boards will be when making decisions in respect of the number of student nurse and doctor places needed each year; in the sustainability of the future primary care workforce and its ability to support community based care.



# Primary Care Workforce Survey 2015 A Survey of Scottish general practices and GP Out of Hours Services

## How does this benefit me?

If each GP practice completes and returns the 2015 Survey by 30 October 2015, an accurate picture of Scotland's workforce can be built: detailing its current structure as well as identifying vacancies and gaps which currently exist.

## Where can I find more information?

Queries on completing the survey should be directed to Hazel Mackay on **0131 275 6205**, while if you have a general question you can contact Susan Kennedy on **0141 223 1479** or electronically at [Susan.Kennedy@nes.scot.nhs.uk](mailto:Susan.Kennedy@nes.scot.nhs.uk). Alternatively you can call Heather Love, Senior Policy Officer Workforce Planning, Scottish Government Workforce on **0131 244 3401** or email her directly at [heather.love@scotland.gsi.gov.uk](mailto:heather.love@scotland.gsi.gov.uk)

The SPNA is the only independent voice of Scottish Practice Nurses. By 'independent' I mean that it is only answerable to their membership and its sole purpose is to support practice nurses across Scotland. The SPNA has been in existence since 1989. I have been a member since the early nineties, and on the committee for more than 15 years, in that time I have seen a lot of changes for practice nursing especially with the advent of new GMS and subsequent changes in practice nurse workload. However, the ethos has remained consistent. Support for practice nurses.



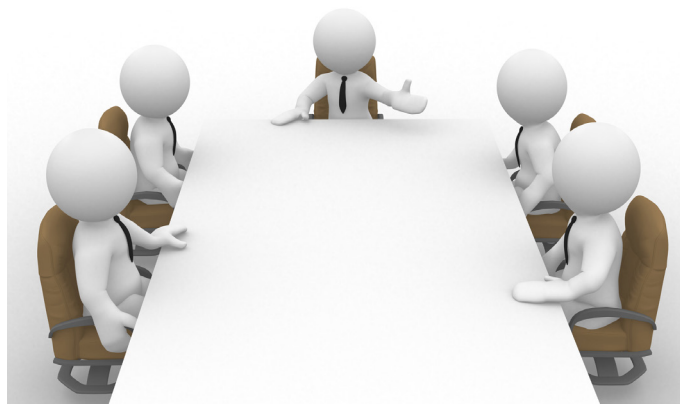
# The Scottish Practice Nurse Association (SPNA)

## Gill Dennes Chair

The SPNA is the only independent voice of Scottish Practice Nurses. By 'independent' I mean that it is only answerable to their membership and its sole purpose is to support practice nurses across Scotland. The SPNA has been in existence since 1989. I have been a member since the early nineties, and on the committee for more than 15 years, in that time I have seen a lot of changes for practice nursing especially with the advent of new GMS and subsequent changes in practice nurse workload. However, the ethos has remained consistent. Support for practice nurses.

The SPNA committee is made up of a representative from each geographical health board in Scotland. Although we have some vacancies, there is a good spread of representation and committee meetings held 4 times a year are a good opportunity to meet and discuss issues. Committee members have represented SPNA on various government led groups such as bowel screening, immunisation and the flu campaign. We currently have a member involved in the strategic planning group for revalidation. Members also sit on the editorial boards for practice nursing journals, thus encouraging a Scottish perspective to articles and reports. We have close links with NES, Lead Nurse Group and RCGP, and work with RCN/QNIS. Committee members are all experienced practice nurses working for SPNA on a voluntary basis, and willing to give up time and energy to fulfil the aims of the SPNA.

Some committee members are still involved in running local SPNA affiliated groups, although due to dwindling attendance especially at evening sessions many of these groups have been stopped. This perhaps reflects a change in culture for practice nursing, with nurses less inclined to use up non work time to attend such groups. Perhaps now we have more effective networking through NES, social media, and email contact with colleagues? I don't think it is purely down to apathy, as I meet many enthusiastic and engaged practice nurses at different events. However, the SPNA has responded to this subtle cultural change and sought other ways of engaging with practice nurses. Hence our new website launched 2014, which we plan will be a hub for information on practice nurse education and professional development.



The annual conference however remains the focus of much of our efforts. It is always well evaluated, and we've tried very hard to respond to feedback from our members regarding venue, subjects and speakers. We're managed to attract some high profile speakers, including Nicola Sturgeon when she was Scottish Health Secretary. Our plea is always the same. Enable practice nurses to have a voice at strategic level. And yet we are still in the position of having many health boards with no practice nurse lead, and so we battle on.....

A few years ago we abandoned membership fees to encourage a greater number of members so that we can more truly represent practice nurses. We feared that without a membership fee our organisation would not survive but it continues to grow in strength, despite the conference being our main means of income. Our membership grew to 692 in the last year, an increase of nearly 15%. My ambition would be to see all practice nurses in Scotland as active members of SPNA so that we can more readily support and speak on behalf of our

colleagues. It is only by forming a cohesive group that we can lay claim to our central role in modern Scottish primary health care and forge a path for our specialism that will lay the foundations for a future where we are recognised for what we actually do and contribute to healthcare in our communities.

Support the SPNA so we can support you!

**Gill Dennes, Nurse Practitioner, Oakley Health Centre, Clinical Lead, Fife Respiratory MCN, Fife GPN Education Advisor**

# Working for Practice Nurses in Scotland



## Guide Dog Scotland



If you have a blind or partially sighted patient, Guide Dogs Scotland could change their life. We now have a range of services to offer. To use our services, patients do not need to have lost all their sight, do not need to be registered blind or partially sighted and should know that it costs just 50 pence to own a guide dog. There is no upper or lower age limit to use a guide dog.

In addition to the guide dog service, we also offer My Guide, where volunteers who are trained sighted guides can be matched up with applicants. This service is available to anyone with a visual impairment over the age of 18 who wants support to get out and about.

Additionally, Blind Children UK is now part of the Guide Dogs family. We have children's habilitation workers who deliver a range of services such as mobility and skills training and referral for custom made books.

Within the practice, small adaptations will allow your patients with a visual impairment to feel more at ease throughout their visit, for example: rather than calling a patient to the waiting room, offer some sighted guiding assistance by letting the patient hold your arm above the elbow. Making sure any information leaflets, and appointment letters, are in a suitable format for the patient could prevent patients missing appointments.

Visit our website for more information on how to guide someone by watching our videos or downloading leaflets: [www.guidedogs.org.uk/aboutus/how-to-help-a-blind-or-partially-sighted-person/](http://www.guidedogs.org.uk/aboutus/how-to-help-a-blind-or-partially-sighted-person/)

If you wish to make a referral, would like more information, or would like leaflets or posters for your practice, please contact [Glasgow@guidedogs.org.uk](mailto:Glasgow@guidedogs.org.uk) or phone **0845 37 27 436** for those in the West of Scotland, or for those in the East of Scotland contact [Edinburgh@guidedogs.org.uk](mailto:Edinburgh@guidedogs.org.uk) or phone **0845 37 27 406**.



## New Self-directed Support Resources

Self-directed support enables individuals to take control of their own care budget. It requires individuals to consider what is important to them and what would make a difference in their lives. It is about recognising that everyone needs to work together as equal partners to achieve these goals.

The NES Self-directed Support (SDS) portal funded by the Scottish Government, has been designed for health and social care staff in Scotland to access to get quality assured information on self-directed support. From within the site you can quickly and easily access guidelines, reports, case studies and e-learning resources related to the implementation of SDS.

Topics covered range from risk enablement to innovation in service redesign for example.

There is also a section on sharing information to encourage the exchange of ideas to support personal outcomes. We would be pleased to receive good practice case studies which we can share through the portal. Contact Janet McDonald at Janet.Mcdonald@nes.scot.nhs.uk. Face to face training or WebEx training (all you need is a phone and internet access to take part from your own desk) is available. Contact knowledge@nes.scot.nhs.uk for more information.

The SDS portal can be accessed via:  
[www.ssks.org.uk/selfdirectedsupport](http://www.ssks.org.uk/selfdirectedsupport)  
[www.knowledge.scot.nhs.uk/selfdirectedsupport](http://www.knowledge.scot.nhs.uk/selfdirectedsupport)



This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or **email [altformats@nes.scot.nhs.uk](mailto:altformats@nes.scot.nhs.uk)** to discuss how we can best meet your requirements.



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