

Co-ordinated Learning and Development Network for General Practice Nursing

Newsletter • Autumn 2013

NHS
Education
for
Scotland



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Editor's Review

Welcome to our **autumn** edition of the NES Co-ordinated learning and development network GPN newsletter. As a part time GPN, combining my clinical work, with my NES role, writing projects and family, pets, home and hobbies, I find life busy but fulfilling. As a result I loved reading Jennifer Wilson's article "A week in the life of" and could relate to the interest and excitement of working in several different roles whilst also ensuring you get your kids off to school in the morning!

Having had some time out due to 4 months of leave, after the collapse and replacement of my metal on metal resurfaced hip, I returned to my surgery yesterday. There has been a lot of negative press recently about nursing and the time I spent as a patient helped me to reflect on the essence of nursing and how care, empathy and basic human kindness did a lot to aid my waiting and recovery. It's good to report that I was in a brilliant ward with strong leadership from a ward sister who led by example. When I really needed help in the depths of a long hospital night, as my blood pressure dropped dramatically and I felt as if I was falling out of my body, it took only a few minutes of kind, confident, efficient care to get me set up with a drip and reassured. I hope I can do the same for many others to aid them in the journey to health.

A lot changes in 4 months; my head is full of new immunisations, new long term condition QOF reviews, new flow charts and guidelines and above all many new opportunities. This newsletter provides a guide



to the new immunisation programme. It explains what is happening and when, outlines the evidence and reasons for the change and signposts you to the resources available to help you successfully implement this important new public health initiative. In addition, the articles on home visits, GPN nurse partners, peer to peer appraisal and anticipatory care planning have helped me to reflect on how I can become more involved in the surgery.

Congratulations to Gill Dennes, our NES Education Advisor from Fife who is now the Scottish Practice Nurse Association (SPNA) chair find out more about the SPNA at <http://spna.org.uk>

We are delighted to hear that Monica Fletcher the Chief Executive of Education for Health is to be honoured with an OBE for services to nursing education.

New to this newsletter are “boxed updates” designed to give you quick access and awareness of new information and resources.

This edition has boxed updates on the following:

- Younger onset dementia - page 6
- Practice based small group learning fees for GPNs - page 8
- New sharps regulations - page 13
- Mental health first aid and resources for young people - page 20

We are very keen to hear from you and to gain further reader input into shaping the newsletter in the future. As a result we are asking you to contact us, on the email below, to say a few lines on what you found useful in this or any of the previous newsletters and with ideas for items you would like the newsletter and the network to develop in the future.

We are also in the process of updating our website;

<http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/general-practice/practice-nurse-development/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 Spring 2014 when we plan to include an article on health and social integration, potential change for next year's QOF! and a new meet the expert interview feature.

Jaqui Walker, Editor
(GPN, Stirling and GPN Educational Advisor)



Please contact me about learning issues by email:
medicalpracticenurse@nes.scot.nhs.uk
or tel: **0141 223 1479**

Update on NES General Practice Nursing Learning and Development Network

It seems no time since I was writing the last update for this newsletter in the Spring but we have been very busy.

NES GPN Programme

The pilot programme is coming to an end and our 11 participants are putting the final touches in their Portfolio of evidence ready for the final assessment. The pilot project however is not over as we intend to publish the results of an ongoing thorough evaluation of this new approach to preparing nurses new to general practice nursing in Scotland. After a rigorous selection process 15 nurses from all over Scotland are due to start as a new group in September. As we have had a high number of applications from the north of Scotland we selected experienced nurses to prepare to become NES GPN Education Supervisor in order to deliver local tutorial sessions.

NES GPN Education Advisors

It is now two years since this team of general practice nurses based in most of the territorial health boards have been in place. I am pleased that Joan Sandison has agreed to support and give advice on CPD learning in not just Shetland but also Orkney. Her knowledge of working in remote and rural areas is an asset to the network. If you have specific concerns about your learning needs in these areas please do email medicalpracticenurse@nes.scot.nhs.uk

We are also keen to hear from anyone who would like to take on this role in the Borders and Western Isle, in the meantime Jaqui Walker is covering these areas.



The Education Advisors are developing their local style of supporting CPD in their Board areas. Each Board is so variable that this is necessary. In addition they support NES safety and quality research projects. If you are interested in what they do email us at medicalpracticenurse@nes.scot.nhs.uk and we can forward your query to the right person.

Leadership in Primary Care

I am invited to sit on various committees to provide educational advice about general practice nursing. In this last year this included leadership in primary care, a project led by RCGP and NES. The driver for this is health and social integration. If you are not sure what this is about I recommend you have a look at the document, A Route Map to the 2020 Vision for Health and Social Care <http://www.scotland.gov.uk/Topics/Health/Policy/Quality-Strategy>.

In the next few months the Joint Improvement Team,

working with others, will offer events to help local players to develop local solutions. Co-production of local solutions is required for genuine reshaping of care and should include clinical, community and voluntary input. So what about GPN? Well the reports indicate that there should be better professional involvement in order to create dynamic solutions as to how the principle of Health and Social Care integration should be delivered. Nurses and others employed in general practice teams have a great deal of insight into the practicalities of health and social care. The committee I am involved with is examining how to provide educational opportunities to develop the right form of leadership. This is challenging but working together

with different primary care professionals in primary care to identify solutions is important. The group is due to report next year.

Finally

It is very encouraging that as part of the GPN network I am invited to present a short review of NES activity in practice nursing at this year's RCGP conference at Harrogate in October. We encourage you, or any of your practice colleagues, to support our session at this conference. If you are there please come and say hello. Please contact me at susan.kennedy@nes.scot.nhs.uk

Susan Kennedy (NES National Co-ordinator for GPN)

New Support Available for People with Younger Onset Dementia

People diagnosed with younger onset dementia will soon be able to access practical support and advice on what helps to live well with a diagnosis, thanks to a brand new information resource developed by NHS Health Scotland, in partnership with Alzheimer Scotland.

Around 3,000 people in Scotland under the age of 65 live with a diagnosis of dementia.

Living with dementia at a younger age poses unique problems to this age group. They are more likely to:

- still be in employment
- have young children or family members dependent on them
- have substantial financial commitments
- be diagnosed with the rarer forms of dementia
- need access to age appropriate services.

The booklet and accompanying DVD uses professionals, as well as the voices and experiences of those living with dementia at a young age and their carers to

provide practical advice on what helps to live well with a diagnosis, and suggests where to go for further information and support.

Examples of topics covered include information about powers of attorney, rights at work, and accessing services.

The resource, designed to be used following a diagnosis, is suitable for individual use but also as a resource for support workers to work through with people who have recently been diagnosed and their families.

It will be available online from October 2013 at: www.alzscot.org. Printed booklets and DVDs are also available through the Alzheimer Scotland helpline on 0808 808 3000 and local health boards via your local NHS Patient Education Resource Library.

'It's not taboo any longer, you can say right out you've got dementia – you can get help.'

Person with dementia

Nurse Partnership in General Practice



I started work at my present practice in Dunfermline in 1995 in a practice nurse role. I had previous experience of 18 months practice nursing. Over the years I developed my role and progressed to a nurse practitioner role, implementing minor illness and triage. Over the years, as many will identify with, I hinted at the idea of nurse partnership, leaving articles in the senior partner's tray and mentioning at any opportunity the advantages of multi disciplinary team work!

In 2004, quite unexpectedly, the opportunity to become a nurse partner was offered to me at the time of the change in the GP contract. The then partnership of 8 GP's had discussed the issue and decided to offer partnership to myself and the practice manager.

The partners felt that they wanted to show appreciation for our contribution to the practice and wanted us both

to stay and develop services further. Not that either of us had ever mentioned leaving!!

We discussed options including full partnership with a share in premises but we mutually felt that a model of associate partnership suited us best. This model has meant that I have remained employed with the same employment rights and protection. I am however treated equally in terms of decision making, contribution at meetings, finance decisions, planning and staff issues. I am legally part of the practice agreement and have a share in profits.

This arrangement has worked well for all of us. I strongly believe that a nursing contribution is essential in the running of a general practice and at this level it really makes a difference. Admin and nursing staff feel I am a link to the GPs and feel they can pass on information via

myself and although the GPs are all approachable they perceive them to be too busy to bother with day to day issues. There have at times been conflicts of interest for me but it is possible to find a balance and remain fair and consistent.

My role as a nurse partner has been a very positive experience and has enabled me to build a nursing team with good skill mix and excellent communication within the team and forge excellent relationships with the GPs. I never felt under valued but this does add another dimension.

It is of course expected that at times of crisis, staff shortages etc that I step up and take on extra duties on top of the extra partnership role I have but this is all part of the fun!

There have been few nurse partners in Scotland in recent years but I have recently heard of more being considered and feel this is a positive step. Perhaps a role similar to ours is more acceptable and easier to work with than full partnership where the nurse is self employed.

I would be happy to discuss associate partnership in more detail if anyone was keen to find out more.

Suzanne Geraghty
Nurse Practitioner/Associate Nurse Partner
email: suzanne.geraghty@nhs.net

Practice Based Small Group Learning - Great News For General Practice Nurses

From now, any General Practice Nurse applying for PBSGL will be asked for a reduced rate of £60 / year. When any current General Practice Nurse member of PBSGL is due to renew their membership their payment will be deferred for 12 months.

Practice based small group learning (PBSGL) is an evidence based approach to continuing professional development. The aim is to bring together groups of health care professionals for approximately 2 hours to discuss and learn from modules designed specifically for primary care teams. The groups of 5-9 people use case studies (their own or those contained within the module) to talk about an aspect of healthcare and then refer to the information section in the module and the experience within the group to learn and discuss change of practice.

All the module topics can be viewed on the website at <http://www.gpcpd.nes.scot.nhs.uk/pbsgl/module-topic.aspx>

If you are interested in joining a group or coming along for a free taster session please either contact:

- Your local NES GPN Education Advisor for more information about GPN groups, or
- The administrator Heather-Marie at <http://www.gpcpd.nes.scot.nhs.uk/pbsglbecome-a-member.aspx> to be linked with a local GP or mixed group.

When applying for membership or renewal please state that you are a General Practice Nurse in order to benefit from the reduced rate.

Peer to Peer Appraisal in General Practice



My role of Practice Nurse/Practice Manager at a city centre practice in Edinburgh is a busy and fulfilling one. About six years ago I was asked by one of my Practice Manager colleagues if I would volunteer to take part in peer appraisal. I had never given appraisal too much thought other than being a tad ambivalent about its impact on my performance - in either role. I agreed to give it a go and the experience was an enriching and liberating one that evangelised me! To have protected time with someone who really understands the machinations of my job, to have her challenge me, encourage me, support me, understand me - was nothing short of amazing!

Peer appraisal training for Practice Managers (PMs) was an initiative developed following the introduction of appraisal for General Practitioners (GPs) that was introduced in Scotland in 2003. For GPs, revalidation was imminent and peer appraisal was seen as being at the heart of this, as a means of ensuring that continuing professional development is given priority. In addition it is seen as a means of identifying doctors in difficulty. (Sparrow et al 2008)

NHS Education Scotland (NES) piloted a training course for PMs who wanted to become appraisers for their peers.

The paperwork was based on that used by GPs but was adapted to be more suited to PMs.

After my very positive experience I wondered if the same training process that was used for PMs could be used for General Practice Nurses (GPNs). I did a straw poll of my GPN colleagues and discovered that a majority of them were less than happy with the appraisal that they were experiencing in practice. Often it was more of a review of terms and conditions of employment, or a chance for gripes to be aired by both parties.

There was an appetite for peer appraisal that embraced the principles of non-threatening and supportive, meaningful dialogue that would contribute to the GPN's continuing professional development. The autonomous and, sometimes isolated nature of practice nursing and its similarity to the role of our GP colleagues make peer appraisal all the more attractive.

The Nursing and Midwifery Council (NMC) has been working on a revalidation process to replace Post Registration Education and Practise standards (PREP). In April 2013 the government announced that this process would be delayed because of the disarray that the NMC is currently experiencing. However the government sees a strengthened appraisal system for nurses would be a suitable precursor to revalidation and also announced that, in England, there are plans to introduce colleague and patient feedback as part of that process. In Scotland there have been two pilot projects on GPN appraisal. Murie et al (2009) undertook a pilot whereby GPNs were appraised by GP appraisers, using specially adapted paperwork currently used by GPs. They concluded that the experience was a positive one and that the use of external nurse appraisers should be examined.

With that in mind, and under the leadership of Susan Kennedy, NES developed a training program. In December 2011 I was one of a handful of nurses to undertake that training to become an appraiser. We were tasked with finding volunteers to take part. I was gladdened by the enthusiastic response from my peer group and it was only lack of time that stopped me from carrying out more than our allotted three appraisals.

If I had to choose one thing that inspired me throughout the process of appraising these nurses, it would that they relentlessly seek to challenge themselves professionally. I was humbled by the experience and cannot recommend the process of peer appraisal highly enough.

To find out more about peer to peer appraisal please contact: medicalpracticenurse@nes.scot.nhs.uk or tel: 0141 223 1479

Anne Ritchie BSc; RGN; SPQ General Practice Nursing

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Extension to the Scottish Immunisation Programme in 2013-14

During 2013-14, there will be significant changes to the routine Scottish immunisation programme. These include:

- From 1 June 2013, changes to the current schedule for administering the Men C conjugate vaccine, including the removal of the 4-month dose. From September 2013, the Men C vaccine will be introduced into the adolescent dose administered at the S3 appointment in secondary schools
- From 1 July 2013, the introduction into the childhood immunisation schedule of a vaccine to protect infants against rotavirus
- From 1 September 2013, the introduction of a shingles vaccine for people aged 70 years (routine cohort) and 79 years (catch-up cohort) to protect against herpes zoster
- From Autumn 2013, phased implementation of the seasonal flu programme to extend to healthy children aged 2 to 17 years will begin. Vaccination will be offered to some pre-school children, accompanied by a limited pilot programme involving primary school children.

These changes to the Scottish immunisation programme have been recommended by the Joint Committee on Vaccination and Immunisation (JCVI) to improve the overall level of protection against vaccine-preventable diseases. These include:

- 1 MenC immunisation programme will be more effective and offer greater protection by extending routine protection to adolescents. Recently



published studies show that immunisation against meningococcal serogroup C in early and in later childhood significantly reduces the spread of meningococcal bacteria, and thereby providing indirect protection against meningitis and septicaemia through herd immunity.

- 2 The aim of the national shingles vaccination programme is to lower the incidence and severity of shingles in older people. The shingles vaccine has been shown to reduce the incidence of both Herpes Zoster and Post-Herpetic Neuralgia (PHN) in older adults in a large randomised controlled trial. In this study, vaccination reduced the incidence of Herpes Zoster by 51% and reduced the incidence of PHN by 66%.



Educational resources for registered healthcare practitioners

NHS Education for Scotland in partnership with Health Protection Scotland has produced a number of resources to support registered healthcare practitioners. These include training slides and notes and also 'Q and A' resources. These can be found on the NHS Education Scotland website at <http://www.nes.scot.nhs.uk/education-and-training/by-theme/initiative/public-health/health-protection/immunisation.aspx>

Topics currently available include resources for rotavirus, the Men C changes, pertussis, shingles, HPV and the extension of flu vaccination programme to children (2 to 17 years of age) including a short video clip showing administration of the Fluenz intranasal vaccine.

In addition 'Promoting Effective Immunisation Practice' is an online immunisation education resource that has been developed by NHS Education Scotland and Health Protection Scotland (in particular with NHS Highland).

The resource is intended for all health professionals involved in immunisation, including public health nurses, GPs and practice nurses and is based on agreed national standards for immunisation practice.

To access Promoting Effective Immunisation Practice go to <http://www.hps.scot.nhs.uk/training/education.aspx> In order to proceed with the programme participants will need to contact their local registering officer.

NHS Health Scotland have developed new materials and updated existing resources to reflect the changes to the routine Scottish immunisation programme. These include:

3 With the introduction of the rotavirus immunisation programme we expect to see a reduction in primary care appointments and hospital admissions associated with rotavirus-related infection. Evidence from other countries has already shown a significant reduction.

4 The extension of the flu immunisation programme over the next few years to all children aged 2 to 17 years will directly protect children from flu and will offer further protection through reduced transmission to the elderly and those most vulnerable.

To support the implementation NHS Education for Scotland and NHS Health Scotland have produced a number of resources for registered healthcare practitioners and the public.

- **MenC:** updated versions of 'A Guide to Childhood Immunisations up to 5 Years' and 'A Guide to Teenage Immunisations between 12 and 18 years of age' leaflets
- **Rotavirus:** development of a new leaflet and updated 'A Guide to Childhood Immunisations up to 5 Years' leaflet
- **Shingles:** development of a new leaflet and poster
- **Flu extension to all children aged 2 to 17:** development of two new leaflets and posters. One leaflet and poster for parents of pre-school children; and another for parents of selected primary school aged children (as part of the phased implementation programme). A briefing on the primary school phased implementation will also be prepared for use by education practitioners.

Further information can be accessed at:
www.immunisationscotland.org.uk

Materials have been developed in consultation with expert groups and NHS stakeholders. Leaflets will be made available to eligible groups to support informed consent along with their invitation letters and a small supply of materials will also be provided to GP practices. Media Q & As have also been developed for each immunisation programme for use by NHS Board Communications teams in handling media enquiries and have been circulated prior to the start of each immunisation programme.

This is a joint article by Ruth Robertson, Health Protection Education Programme Manager, Health Protection Scotland/NHS Education for Scotland, Ruth.Robertson2@nhs.net and Paula Macdermid, Marketing Manager, NHS Health Scotland paulamacdermid@nhs.net 07500 854 556 (Working hours: Tuesdays - Thursdays) Web: www.healthscotland.com

New Sharps Regulations – are you compliant with the new legal requirements?

As a result of a European directive New Sharps Regulations came into force on 11th May 2013. Employers and contractors have legal requirements to comply with them.

The new regulations cover the requirement to;

- Avoid the unnecessary use of sharps (e.g. a needle is not required to extract a urine sample from a catheter, also needle free equipment is available for certain procedures)
- Use safer sharps where reasonably practical e.g. syringes and needles which shield or cover the needle after use. There is guidance on the use and selection of safer sharps
- Manage the secure disposal of sharps
- Provide information and training to staff
- Manage and investigate injuries

EBIS produce an employee safety booklet "**What you should know about Needlestick and Other Sharps Injuries**". This designed to help staff understand the risks and take steps to avoid injuries. This booklet is available from the EBIS website at www.ebis-hse.com

The HSE have a free information sheet which provides practical guidance on all aspects of the new sharps regulations. To download the information sheet and for more information on the Regulations please see the HSE website www.hse.gov.uk/healthservices/needlesticks/eu-directive.htm

The Scottish Diabetes Research Network: A Call to Action for General Practice



Defining The Diabetes Challenge

Diabetes is one of the major health challenges we face in Scotland today and across the world.

371 million people worldwide have diabetes and this is expected to rise to 552 million by 2030^{1,2}.

In Scotland, there were 247,278 people diagnosed with diabetes at the start of 2011 and this figure continues to increase by around 10,000 each year³. This represents 4.7% of the population (compared to 4.6% in England⁴) and is more than the total population of some of the health boards in Scotland.

As this number continues to grow, so too does the pressure being placed on the resources of the NHS⁵. As it stands, we spend around £301 million each year in Scotland providing inpatient diabetes care¹ and this is set to rise.

If diabetes continues to grow as predicted, some analysts predict that the burden on the NHS may become unsustainable⁵.

Diabetes Research in Scotland: Taking on the Challenge

Scotland has been progressive in driving forward diabetes research and improving diabetes care.

Scotland was also the first to have a national electronic register for patients with diabetes (SCI-Diabetes,



previously SCI-DC). Since its development in 2002, SCI-Diabetes has been successfully supporting the needs of the diabetes community by providing clinical information and data for diabetic screening services.

Scotland has also excelled in diabetes research. In 2006, the Scottish Government commissioned the Scottish Diabetes Research Network (SDRN), which has played a key role in improving the quality and increasing the quantity of diabetes research across Scotland.

In 2012, the SDRN provided direct support to 48 diabetes studies and contributed to over 75% of all diabetes research being conducted in Scotland⁶.

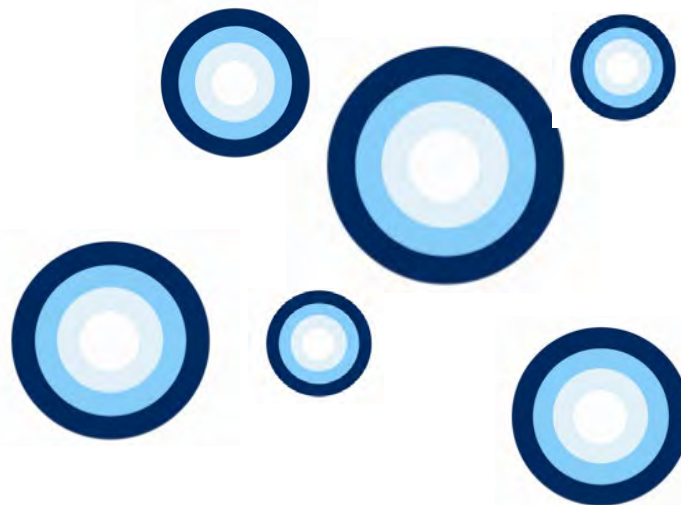
Over the last five years, the largest category of research has focused on diabetes control with a number of new drugs passing through the regulatory process. This has been closely followed by studies looking at the relationship between diabetes and cardiovascular disease⁷.

Scotland has also been leading the way with a number of major academic trials. The Type 1 Bioresource, running in 12 SDRN sites across Scotland, is combining blood and urine samples from patients with type 1 diabetes along with information on each patient's diabetes history. The resulting 'bioresource' will enable future research into the causes and consequences of type 1 diabetes.

In relation to type 2 diabetes, the SUMMIT study aims to identify and characterise markers for diabetic vascular complications. Such markers could act as indicators of a complication that can be measured before a complication has fully developed. The identification of such markers can be used to predict risk, monitor the effect of interventions and make development of novel drugs for prevention of these complications more feasible.

The SDRNs infrastructure is key to its success in offering support to research. At the core of this support are the network's Diabetes Specialist Research Nurses who, as an integral part of each research team, work directly to recruit and manage patient participation at various sites across Scotland.

The SDRN now has 16 registered sites in secondary care and 6 registered sites in primary care as part of the



Primary Care Initiative to increase capacity for diabetes research in General Practice.

Connecting Patients in Primary Care with Research: A Call to Action

Only with the help of patients will we be able to improve the methods of diagnosis, care, treatment and prevention of diabetes across Scotland.

More diabetes research is essential. Yet without the involvement of people who have diabetes much of this research simply won't happen. The SDRNs 'Permission to Contact' Research Register was set up to address this challenge and enhance patient participation in research.

The concept behind the Register is simple; it gives all patients with diabetes, living in Scotland, an opportunity to be contacted about good quality research that is likely to suit them. If a patient joins the Register, the SDRN can check whether they might be suitable for any research studies. If a study would benefit from someone with their health profile taking part, a member of the research team



Although the Research Register has been established for some time, giving patients the opportunity to join has been a major challenge. This is where Primary Care can play a key role and this is our call to action for you and your practice.

We encourage you to speak to your practice partner(s) about the Research Register and ask if they would be interested in giving their patients the opportunity to join. If they agree, the SDRN simply arrange to send a cover letter and information leaflet to each patient. Alternatively, the SDRN can provide a pack of registration leaflets for distribution at annual check-up appointments.

For more information on how your practice can be involved please contact John Kerr (SDRN Research Register Manager) at j.kerr@sdrn.org.uk, 01382 383 595 or 07972 861 997.

John Kerr is Research Register Manager at the Scottish Diabetes Research Network
<http://www.sdrn.org.uk/>

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Anticipatory Care Planning: gives people greater choice and control over their future care and support

“As QoF places increasing emphasis on ACP general practice nurses are interested in this topic in order to be aware of what is happening in their practices. As it is complex, requiring advanced communication skills, GPN involvement in this area is likely to be limited to those who have taken further training.”

Susan Kennedy MSc, RGN, DN
NES National Co-ordinator for General Practice Nursing

The essence of Anticipatory Care Planning is to help people with long term conditions to have the confidence, control and choice that comes with knowing what might happen, spotting small indications of change and being ready to do the right things with the right supports from the right people. It should be tailored to the stage of the patient's condition and as such exemplify person centred and holistic care, and respect for the individual's goals, wishes and choices (NHSScotland 2013). It's also about collectively managing risk by working with individuals to help them adopt a “thinking ahead” approach to have greater control in the event of a flare up of their condition or carer crises.

There are many benefits to Anticipatory Care Planning and when combined with a review of medicines for people prescribed multiple drugs, it may help reduce the risk of medication harm.

Within the context of palliative care where the person's condition is expected to deteriorate, the term anticipatory care fits under the umbrella of advance care planning. The aim of advance care planning is to develop better communication and recording of decisions, thereby leading to provision of care based on the needs and preferences of patients and carers (SGHD 2008). The



anticipatory element addresses the clinical aspect of the person's care where the patient or carer are aware of any change in clinical symptoms and know what action to take should the person's condition deteriorate. This includes recording the patient's preferred place of care and their preferred wishes for end of life care. This aspect of anticipatory care planning is based on the discussion between an individual and their care provider. This discussion is completely voluntary and takes place in the context of an anticipated deterioration in the patient's condition. However, ACP is not legally binding and the caveat exists that the patient has the right to change their mind at any time.

Fundamentally, Anticipatory Care Planning can be regarded as a continuum from self management through to end of life care where the patients have choice, control and confidence in the management of their condition at each stage. However to meet the requirements of the Quality and Productivity aspect of the Quality and Outcomes Framework, practices are asked to focus on a specific cohort of patients.

Anticipatory Care Planning and Polypharmacy Review

Anticipatory Care Planning and Polypharmacy review was introduced to the Quality Outcomes Framework in April 2013 and contains 9 elements, QP001, QP002, QP003, QP004, QP005, QP006, QP007, QP008 and QP009.

The practice is expected to use a risk profiling tool such as SPARRA (Scottish Patients at Risk of Readmission and Admission) to identify 5% of patients from the practice at risk of hospital admission or unscheduled care, who may benefit from ACP. Patients will have a SPARRA risk score of between 40 to 60%. If there are insufficient numbers within this cohort, practices are asked to widen the range to include those with a risk score of 20%. Local intelligence can also identify patients requiring anticipatory care planning as practices will be aware of patients who frequently attend for crises management. Patients should be discussed within the practice to identify which patients would most benefit from ACP. Following this discussion with practice colleagues, a number of patients should be invited to the practice to participate. Carers should also be encouraged to attend with the patient.

The patient's condition will be discussed, with current and future support needs being identified and recorded. A polypharmacy review (as per CEL36 2012) should be undertaken by the GP or by the local Community Pharmacist if this arrangement is in place, however to meet the requirements, the ACP discussion must be entered into eKIS (electronic Key Information Summary). Consent to share must be obtained before sharing the content of the ACP via eKIS and the patients should be offered a copy which they may retain at home. Once consent has been obtained, the patients ACP should be discussed with relevant disciplines and services, with the patient being signposted / referred to appropriate services or for suitable intervention.



The practice should continue to monitor the patient with a formal ACP review date being agreed with the patient and based on their individual requirements.

For further support, a practical 'routemap' guide, a set of powerpoint slides and some initial digital stories are now available at:

<http://www.qihub.scot.nhs.uk/quality-and-efficiency/outpatient-primary-and-community-care/primary-and-community-care.aspx>

Janette Barrie, Nurse Consultant for Long Term Conditions, NHS Lanarkshire
email: janette.barrie@lanarkshire.scot.nhs.uk

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A Week In The Life Of...

Over the last thirteen years of working in General Practice I have seen my role change dramatically. I love the challenges that Primary Care poses but I have to say at this stage in my career I think I have struck a great balance seeing myself wearing a number of different hats! Most of all I feel extremely privileged.

I work three days (Monday, Tuesday, Wednesday) within my General Practice in East Kilbride having worked in the surgery for almost ten years. I should mention that the most challenging part of the day is actually trying to get my children out of bed and off to school. I'm sure many of you can relate to this!! Clinics in my surgery run from 9 am. On Monday I arrive at 8.30am, log in and initially start checking through blood results that I have requested from the previous week, these mainly originate from patients with chronic disease. Follow-up of blood results can produce various outcomes such as face-to-face or telephone consultations, further investigations or recall. During the day I see a very varied range of patients from those with complex chronic disease to those requiring cervical screening, treatment of minor illness and travel vaccination. This process is repeated on Tuesday.

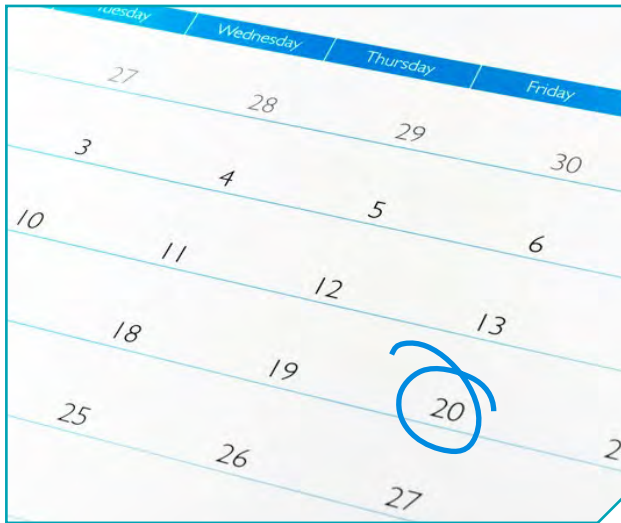
Our Practice Meeting starts at 8.30 am on Wednesday and today it is attended by our two GP partners, Pauline my Practice Nurse colleague and our Practice manager. I'm sure our meeting takes a similar format to meetings you have all been involved with recently and are based around Patient Safety and Anticipatory Care Planning as part of the Scottish Quality and Outcomes Framework. We have now had access to our SPARRA data and manage to start to identify patients from our practice



Jenny Wilson,
Practice Nurse Improvement Advisor
Productive General Practice

population who would greatly benefit from an ACP and poly-pharmacy review.

Thursday sees me undertake a different role, that of Practice Nurse Facilitator for the RCGP Quality Improvement Team. Today we are presenting our new training programmes in collaboration with the Scottish Government Quality and Efficiency Support Team at Hampden Park in Glasgow. The Glasgow audience have chosen presentations on Quality Improvement methods, Anticipatory Care Planning, Staff Development and Patient Safety. The training is extremely well received with a very engaged group. This training has proved to be invaluable for all members of the general practice team but from a personal point of view I am particularly encouraged with the number of Practice Nurses in attendance. The training day finishes at 5pm with the facilitators reviewing evaluation forms and making suggestions for further training events. I am delighted at how positively the training has been received.



Finally Friday, and as a General Practice Nurse Supervisor we meet in Glasgow to start the interview process for the new intake of General Practice Nurses wishing a place on the General Practice Nurse Education Programme. The day is spent interviewing a group of practice nurse's working in very varied environments from rural to inner city practices covering deprived areas. This process will be repeated next week in Aberdeen. Then a final decision over successful applicants will be made.

It has been a particularly busy week and by the end of Friday I am looking forward to a relaxing weekend with friends and family.

**Jenny Wilson, Practice Nurse Improvement Advisor
Productive General Practice**

First Aid For Teenagers That Helps Them Keep Their 'Cool'



Cool Heads: Stress Essentials

is a really useful new booklet launched by NHS Health Scotland which helps young people deal with stress or mental ill health. It is an excellent resource for adults working with young people aged 12-16. Covering common problems such as peer pressure, relationship issues, exam pressure, feeling lonely, cyberbullying and self-harm, it explains the most common reasons for experiencing these types of stresses and offers practical ways to tackle the problems, as well as where to go for help.

You can find the full guide here:

www.healthscotland.com/documents/1485.aspx

To complement this resource, NHS Health Scotland is starting to roll out a new Mental Health First Aid training course aimed specifically at those working with young people aged 11-17.

Scotland's Mental Health First Aid – Young People

supports adults to recognise risk factors for and warning signs of common mental health problems. By having a better understanding of mental health problems, the course aims to remove stigma and fear and to give people confidence in approaching a young person in distress. The course takes 14 hours to complete and is a combination of online and classroom based learning.

To find a course, or to become an instructor visit:

<http://youngpeople.smhfa.com>

Home Truths from Lothian

Home visiting by General Practice Nurses (GPNs) visiting patients in the community



In acknowledging that the demographic changes in the community are impacting on access to health care professionals, it is important that all patients have equitable services ensuring wellness and prevention of disease processes. The GP contract was designed to ensure quality services across all practices offered to all patients. As a consequence increased workload on services could cause possible fragmentation of care in the process as more care moves into the community (RCN 2010). Many new clinical QOF indicators for 2013/14 amplify this situation as GPNs find themselves key in the delivery and outcomes of the clinical domains to ensure quality services for their patients.

GPNs provide seamless care (McIntosh 2012), well

recognized in primary care and often are in the position of caring for a lifetime of medical conditions for a single patient. During the latter stages of a patient's history, it may be more appropriate to home visit rather than have attendances to the surgery where both travel and mobility are challenging. The present model is to refer a patient's care to those nurses who consistently work in a community that they know well and have the skills and governance in place to carry out home visiting.

For home visits to take place there should be an infrastructure which can facilitate an area of nursing which previously GPNs have not entered. This requires changes to job descriptions; quality assurance and governance of the critical skills required outside of GP premises (McIntosh, 2012). Insurance and travel expenses are required in agreement with employers and an understanding of risk assessments, policies and guidelines that surround lone working.

The greater question for GPNs is the encroachment that may ensue on the services already provided, encumbered though they may be with political restraints. This is also an important issue with the development of health and social care services. McIntosh (2012) cites the equity in care that should be offered and delivered to patients. Collaboration is required to ensure the quality services are delivered by the correct professional at the correct time and political financial challenges are addressed. Considerable investment in the workforce is required to ensure smooth pathways for patients. Included in this is the challenge to prevent a dilution of the workforce through inappropriate skill mix (RCN 2013).

At the time of writing there is no formal approach or guidelines in place for GPNs in Lothian to carry out home visiting. The clinical lead nurse (Patricia McIntosh) has been the main driver in trying to focus attention on this subject and her report from Dec 2012 highlights various recommendations to the Edinburgh Community Health partnerships.

These include:

- Supporting changes to job descriptions
- Ensuring appropriate and standardised documentation
- Appropriate remuneration for work away from the practice hub.
- Underpinned by education

As highlighted above there are many 'softer issues' that impact upon home visiting which also need to be addressed. These include the knowledge and understanding of how to approach care in the home, the issues of end of life care and the assessment skills required to plan and implement a package of care required for individual patients. If GPNS are to be 'pillars of the community' then they need to play a significant part in the planning of community health services.

Patricia McIntosh Clinical Lead Nurse for Lothian
Ruth Aird GPN NES Educational Advisor

References

- 1 Independent Nurse News. 1 April 2013, 17 June 2013.
- 2 McIntosh, P. 2012. Report for Lothian on General Practice Nurses and Home Visits.
- 3 RCN 2013. Moving Care into the Community – an International Perspective.
- 4 RCN. 2010. Pillars of the community: the RCN's UK position on the development of the registered nursing workforce in the community.
- 5 Woods, D. 2013. Revisions to the GMS contract: the key changes at a glance. Independent Nurse. 1 April p 30-31.
- 6 Woods, D. 2013 Moving Care into the Community. Independent Nurse. P 8-9 17 June

Don't Take A Chance, Take The Test

The earlier a cancer is diagnosed the greater the chance it can be treated successfully.

Prevention of cancer, earlier detection and better treatment of cancer will lead to more lives being saved. The Scottish Government launched the Detect Cancer Early (DCE) programme in February 2012 which aims to increase the proportion of people living in Scotland diagnosed in the first stage of cancer. The programme is initially focusing on breast, colorectal and lung cancer as these account for over 45% of all cancers in Scotland. This initiative is fully expected to raise awareness of all cancers amongst the public and health practitioners, which will lead to earlier cancer diagnosis, and crucially, save more lives every year. An options appraisal process is currently underway to look at the feasibility of introducing other tumour types into the DCE programme.

The programme continues to develop communications to enable people to spot the signs and symptoms of cancer as early as possible, and arm them with information that allows them to make an informed choice about participating in cancer screening programmes. Fundamental to success is also the need to address the deep rooted attitudes that people have about cancer, and ensure they believe that the disease isn't what it used to be – that it can be survived, and early detection is worthwhile.

This is an ambitious programme underpinned by a number of work streams including social marketing, primary care engagement, diagnostic capacity, data collection and reporting, screening programmes and research and evaluation. To be successful, we need the



full support of everyone.

To date three social marketing campaigns have been executed – a 'priming' campaign, breast cancer symptom awareness and bowel screening awareness. Each has been accompanied by an extensive programme of field marketing activity in local areas and has been taken forward in collaboration with NHS Board public health and health promotion departments to engage with the most hard to reach groups. The lung cancer awareness campaign will be launched in Autumn 2013.

The DCE bowel cancer marketing campaign objective was developed in line with programme objectives and associated HEAT target. The marketing aims to increase the uptake of the Scottish Bowel Screening Programme through informed consent, as this is the best way to detect early stage bowel cancer. The campaign approach and creative also reflects the need to engage with those least likely to engage with the screening programme - predominantly men, and in areas of higher deprivation.

The Scottish Bowel Screening Programme was launched in 2007 with all health boards participating by December 2009. Currently just over half of the eligible population



participate in bowel screening (54.9%). Uptake is lowest in areas of higher deprivation and lowest in males living in the most deprived communities (39.6%). Further detail of uptake by health board can be viewed at <http://www.isdscotland.org/Health-Topics/Cancer/Bowel-Screening/>

All men and women between the ages of 50 and 74 are invited to participate in the national bowel screening programme every two years. As of April 2013, those aged over 74 can now request a screening kit through the Scottish Bowel Screening Helpline on 0800 0121 833. In addition anyone who has lost or spoiled their kit can request a replacement kit through the helpline or by emailing bowelscreening.tayside@nhs.net. Further detail can be found at www.bowelscreeningtest.org

The choice of whether to participate in the bowel screening programme is a personal one and those who are eligible for screening are provided with information on the benefits and risks of screening, to enable them to make an informed choice. The role of primary care healthcare professionals as a trusted source of advice and information to the general public is important, and worthy of recognition. To support the bowel screening programme a new primary care initiative has been agreed where practices are recognised for their role in supporting informed uptake of screening. Further details can be accessed here [http://www.sehd.scot.nhs.uk/pca/PCA2013\(M\)07.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2013(M)07.pdf)

The bowel screening initiative provides a new opportunity for primary care professionals to engage with the bowel screening programme. Practices who choose to participate will be required to have action plans in place to address variation in uptake within the eligible practice population by 31 December 2013. To ensure that all practice staff understand the risks and benefits of the Scottish Bowel Screening Programme and to ensure these are addressed appropriately with patients a series of supportive primary care education events are planned and further detail can be accessed here <http://bookings.shscevents.co.uk/all/browse>

Nicola Barnstable, Detect Cancer Early Programme Manager, Cancer Delivery Team SGHD

Gail Lyall, Strategic Marketing Manager

Conferences and Courses

- ➔ The Travel Health Continuum. Protecting the Traveller from Departure to Return. Faculty of Travel Medicine Annual Symposium and AGM.
Date: 10th October 2013 0900-1630
Venue: Royal College of Physicians and Surgeons of Glasgow, 232-242 St Vincent Street G2 5RL
Book online at <http://rcp.sg.events>
or contact Valerie Crawford **0141 2416224**
email: valerie.crawford@rcpsg.ac.uk
- ➔ Royal College of General Practitioners Practice Nurse Conference 2013
Date: 5th November
Venue: West Park Conference Centre, Perth Road, Dundee
To book, apply online at: www.rcgp.org.uk
- ➔ Biennial Diabetes Conference, Perth
12th November
- ➔ Menopause - an overview
Date: 21st November, Location: Edinburgh
- ➔ Scottish Respiratory Nurse Forum Annual Conference.
Date: 22nd-23rd November
Venue: The Capital Hotel, Edinburgh
Visit the Scottish Respiratory Nurses Forum web site below to see the programme and book directly. The conference was a great success last year and costs £65 for an overnight stay and dinner.
Web: <http://www.srnfs.co.uk/>
Further enquires to Lynn Reid tel 031 225 6963
Email lynn.reid@chss.org.uk
- ➔ SPNA Conference at Dunblane Hydro
Date: Wednesday 14th May 2014
Alex Neil Cabinet Minister for Health will be speaking.



e-Learning Launch



→ Heart Education Awareness Resource and Training through E-learning (HEARTe)

Launch date: November 29th 2013

Access at: [The Heart Disease Learning Forum](#)

A new and innovative e-learning educational resource for heart disease is almost here! HEART-E is free and accessible via the world- wide web and is a core level resource aimed at registered professionals across health & social care. HEART-e is funded through the National Advisory Group for Heart Disease and led by Chest Heart & Stroke Scotland (CHSS) with a number of partners and involves members of the multi-disciplinary team from across Scotland.



There are 7 interactive core level modules:

- Healthy Heart and Common Cardiac Investigations, Primary Prevention, Stable
- Coronary Heart Disease, Acute Coronary Syndromes, Cardiac Rehabilitation,
- Heart Failure, Palliative Care in Heart Disease





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