

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

Newsletter • Spring 2013



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# Editor's Review

Welcome to the [fourth edition](#) of the NES General Practice Nursing (GPN) Learning and Development Network newsletter. As one of the sessional Education Advisors I am delighted to take on the role of editor.

The NES GPN Education Supervisors (who deliver the new GPN Programme) and the NES GPN Education Advisors had their first joint meeting in March. As well as listening to some excellent speakers we discussed projects and provided support to each other in our work. It was clear from the buzz in the room that we are enjoying our roles. Involvement in the network enables us to expand our own knowledge and gives us an opportunity for teaching in our GPN careers, which in turn stimulates and develops our clinical practice. The clinical and educational roles work in synergy.

Some of the highlights for me have been the chance to train as an appraiser for GPN peer to peer appraisals and as a facilitator for Practice Based Small Group Learning (PBSGL). The appraisal training gave me an opportunity to have my own peer to peer appraisal carried out. I found this an exceptionally useful way to review my year and plan my continuing professional development.

This spring edition of the newsletter begins with an update from Susan Kennedy (NES National Co-ordinator for GPN) on the learning and development network and highlights a range of educational resources. This is accompanied in the first section by a user's guide to ePortfolio and feedback from the PBSGL taster sessions.



The clinical section looks at Asthma UK's newly launched '[Stop Asthma Deaths](#)' campaign. This describes an informed strategy that gives very practical information regarding the source of the problem and advice around how to make a difference in practice. A report on a survey follows which looks at GPN's and GP's understanding of the benefits of exercise in primary care including information to help nurses deliver brief exercise intervention. We also have a report on a [new self-management initiative](#).

You can find out about '[Healthtalkonline](#)' in the features section. This is a useful resource for both patients and health professionals to gain and share an understanding of the experiences of people living with certain conditions. We also look at how '[Keep Well](#)' and general practice can work together to help improve health outcomes. Finally, there is an article about the Faculty of Travel Medicine and the resources and training they can provide.

We now have a new GMS contract with a Scottish influence resulting in the need for new learning.

***Some of the changes are:***

- the introduction of the key elements of the patient safety programme in general practice
- an emphasis on anticipatory care planning
- a greater focus on achieving real clinical outcomes for patients e.g. diabetes and a dietary review, hypertension and physical activity, COPD and pulmonary rehabilitation
- Rotavirus immunisation for infants and shingles immunisation for the over 70s

**Read about the new contract at:**

<http://bma.org.uk/working-for-change/negotiating-for-the-profession/general-practitioners-committee/contract-agreement-scotland>

Look out for our next newsletter in the summer for articles on safety tools in general practice and more information on the vaccinations.

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

*Please contact me about learning issues or with ideas for the newsletter by email: [medicalpracticenurse@nes.scot.nhs.uk](mailto:medicalpracticenurse@nes.scot.nhs.uk) or tel: 0141 223 1479*



# Update on NES General Practice Nursing Learning and Development Network

## NES General Practice Nursing Programme

The NES pilot programme for registered adult nurses who are new to general practice nurse employment is more than half way through. We are preparing our advert to recruit again for our one year funded programme at the beginning of September 2013. If you know of a new general practice nurse who would benefit from this learning programme and the support of highly experienced supervisors (16 across Scotland) then contact [medicalpracticenurse@nes.scot.nhs.uk](mailto:medicalpracticenurse@nes.scot.nhs.uk) or your local NES Education Advisor (see list below) for more information. Look out for the advert in early May with interviews in late June. If you are interested in becoming a supervisor and are based in north Scotland please contact Joan Sandison ([medicalpracticenurse@nes.scot.nhs.uk](mailto:medicalpracticenurse@nes.scot.nhs.uk)) as she can give you an insight into her preparation and role as a NES GPN Supervisor in Shetland.

## Local events

Have you been along to one of the local learning events organised by your NHS Education for Scotland General Practice Nursing Advisors? Over this last year very many of you have from all parts of Scotland. In our offices at 2 Central Quay, Glasgow the network administrator Liz Cook has collated your evaluations and [here are some of things that you said:](#)

*"Valuable Day."*  
(Wound care, Inverness)

*"Sharing experiences of problems."*  
(Travel, Lanarkshire)

*"Raised a couple of important issues to take back to workplace."*  
(Diabetes Shetland)

*"Enjoyable good speakers relevant to practice, more please."*  
(CHD, Fife)

*"Just new to practice nursing...found everything about the day very interesting."*  
(Travel, Glasgow)

You also raised some good criticisms which we are listening and responding too. The GPN Education Advisors saw how beneficial it is for you to come together to network and learn so next year they will contact you to offer to organise networking and learning groups in your area.



# Update on NES General Practice Nursing Learning & Development Network

If you would like to see this happen in your local area then please contact your NES GPN Education Advisor to discuss this (see contact list below and email [medicalpracticenurse@nes.scot.nhs.uk](mailto:medicalpracticenurse@nes.scot.nhs.uk) making it clear in your email who you would like to contact).

Health Board Area	NES GPN Education Advisor Name
Ayrshire & Arran	Joanne Anderson
Dumfries & Galloway	Moira Dowden
Fife	Gill Dennes
Grampian	Kirsteen Coady
Greater Glasgow & Clyde	Fiona Love
Highland (North)	Heather Crockett
Highland (West)	Sheena Edwards
Lanarkshire	Kathleen Mallin
Lothian	Ruth Aird
Orkney	vacant
Shetland	Joan Sandison
Tayside	Sheilagh Macfarlane
Forth Valley	Gail Campbell
Borders / Western Isles	Jaqui Walker (temporary)

## Appraisal

Last year the network held a pilot project exploring how we could help general practice nurses undertake learning and development interviews with their peers. A total of 10 nurses accepted places on a NES two day training programme. Six were identified within the pilot Health Board areas and three were NES sessional GPN Education Advisors. Seven had been practice nurses for over 20 years yet only two had appraised before. Appraisal paperwork was developed based upon the NES MNiC Career and Development Framework for General Practice Nursing.

The interactive training evaluated well:

*“Challenging but very interesting and informative.”*  
(trainee GPN appraiser)

*“It was really good to hear peer comments and to be in safe environment in which to give honest and receive honest feedback.”*  
(trainee GPN appraiser)

GPN appraisers were then asked to undertake evaluated appraisals with up to five volunteer practice nurses over a three month period. A total of 40 appraisals were conducted (range 3-5 / appraiser). In order to evaluate the process appraisers were interviewed. They described the average length of their one to one interviews as about 1 ½ hours, very few lasted less than 1 hour or more than 2 hours. The appraisers found the process stimulating and fulfilling. Comments included, *“I’ve loved it”, “Disappointed I did not have more to see (nurses to appraise)”*. Only a few described the process less enthusiastically, *“I quite enjoyed doing this and felt much better in doing it”*. Some recognised that as the nurses who took part had volunteered these interviews may have been easier as a result. One identified a need for peer support for appraisers. Another found it very valuable in identifying generic continuing professional needs in her area. An appraiser provided a quote from one of her appraisees, *“I really felt your appraisal reached issues that were not even touched with my practice appraisal. A much more comprehensive approach.”*

In light of planned Nursing & Midwifery Council revalidation, the project aimed to provide a positive and supportive experience for nurses employed in general practice. The aim is to improve the quality of patient care by making the best use of GPN knowledge and skills.

# Update on NES General Practice Nursing Learning & Development Network

This year another appraisal training event was held and now most of the GPN Education Advisors have this skill available to you. If you are interested then do contact your NES Education Advisor.

## eLearning

eLearning provides a cost effective way to keep knowledge up to date, especially if you are based in remote and rural areas. Sometimes eLearning is accompanied by a study day (blended learning). The GPN Network has provided support and advice in developing eLearning opportunities. Here are some of the topics soon to be available that we are contributing to:

- Hep B / Hep C
- Cold chain
- Immunisation
- Leadership in primary care
- Survivors of sexual abuse
- Multiple unexplained symptoms

There are free online learning opportunities that are currently available to you. They usually require you to organise a login such as in LearnPro or pay membership fee such as RCGP Foundation (although the RCGP do have some modules that can be accessed with just a login).

Some examples are:

- Supporting self management  
<http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/self-management/supporting-self-management.aspx>
- 'Promoting Effective Immunisation Practice'  
<http://knhswww1.the-knowledge-business.com/KNHSIMM/index.asp>
- CS MEN Safe Communication in Clinical Practice online learning tool. Accessed at: <http://www.knowledge.scot.nhs.uk/home/learning-and-cpd.aspx> as a show case learning sites

- Foot Risk and Awareness and Management Education (FRAME) training and diabetes check together  
<http://www.diabetesframe.org/>
- STARS (Stroke) online course  
<http://www.stroketraining.org/>

In January NES provided [Standards for Education Providers: Cervical Cytology in Clinical Practice](#). The standards describe the minimum recommendations in regard to preparation for undertaking cervical cytology sampling and keeping up to date in Scotland. As a result you may have seen information about cervical updates and opportunities for initial training in your Health Board area. If you need advice on this do first speak to your practice team and your local cervical screening advisors. Your practice nurse lead, or NES GPN Education Advisor, may also be able to assist you.

This is only some of the activity that the NES coordinated network has been involved with over the last six months. I am most grateful to Jaqui for taking on the editorship of this newsletter. I hope that more of you will be able to contribute in other ways so that the network reaches many of your colleagues in general practice nursing. If you would like to know more about any of the issues described above or what the learning and development network could do for you then please contact me at [susan.kennedy@nes.scot.nhs.uk](mailto:susan.kennedy@nes.scot.nhs.uk)

**Susan Kennedy**  
**NES National Co-ordinator for GPN**

# Practice Based Small Group Learning (PBSGL)

## Taster sessions for General Practice Nurses (GPNs)

Practice based small group learning (PBSGL) is an evidence based approach to continuing professional learning<sup>1</sup>. 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.

NES GPN Education Advisors have been facilitating PBSGL taster sessions for GPNs across Scotland including the Borders, Western Isles, Edinburgh and Glasgow. The GPNs engaged enthusiastically with modules such as Asthma in childhood and Cervical cytology update. The nurses attending varied in their experiences and this led to a really good level of discussion and an excellent opportunity for group members to learn from each other.

The feedback from the groups was very good; the nurses commented that this was a very worthwhile and relaxed atmosphere to learn within. They found it very useful to be able to learn from each other and all took away ideas to improve their clinical practice. The cervical cytology module provided a really useful way to assess whether their skills and knowledge were completely up to date.

**1** KANISIN-OVERTON G, MCCALISTER P, KELLY D, MACVICAR R (2009) The Practice-based Small Group Learning Programme: Experiences of learners in multi-professional groups *Journal of Interprofessional Care* 23(3) 262-272



**The following quotes taken from the feedback forms show some of the benefits of PBSGL:**

*"Fantastic. Directly applicable to practice."*

*"Educational and beneficial to hear peer views and experiences."*

*"It will give me more confidence in my practice."*

*"Really informative, great group discussion."*

As the GPN's attended from across the region the sessions also provided opportunities for networking. Nurses shared ideas and resources at both events and the groups were a delight to facilitate because everyone was keen to be involved and the sessions were very interactive.



## Practice Based Small Group Learning (PBSGL): Taster sessions for General Practice

The nurses liked having case studies to discuss. In more established groups members often bring their own case studies. Although the nurses had not brought individual case studies to these taster events the cases in the modules soon prompted people to talk about their own clinical experiences and “mini” case studies were discussed. This added to the overall sharing of experiences and the richness of the learning environment.

### Modules include:

- Consultation skills
- Chronic Kidney Disease
- Diabetes
- Hypothyroidism
- Obesity in Adults
- Chronic Obstructive Pulmonary Disease
- Contraception in the over 40s

Feedback from nurse prescribers has been very positive about how useful they find PBSGL.

All the module topics can be viewed on the website at: [www.gpcpd.nes.scot.nhs.uk/pbsgl/module-topics.aspx](http://www.gpcpd.nes.scot.nhs.uk/pbsgl/module-topics.aspx)

The annual membership fee is £120. However you may have two free taster sessions.

If you are interested in joining a group please either contact:

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

If you train to become a facilitator and set up your own group membership is free.

To become a facilitator visit the website for 2013 training dates (training involves a 10am-5 pm day) and information and advice about setting up your own group.

*Jaqui Walker is a General Practice Nurse in Stirling & NES GPN Education Advisor for Borders & Western Isles*



# Welcome to ePortfolio!

***Electronic portfolios are a 'content management system' integrating theory with action and self reflection (Fitch et al, 2008). To manage the contents of a bursting folder with years of competency updates and certificates dating back to the beginning of a practice nursing era seems like a very good idea.***

NHS Education for Scotland (NES) established an ePortfolio for nurses and midwives for the purposes of professional and career development; providing evidence for Knowledge and Skills Framework review and continuing fitness to practice and professional development.

After receiving my username and password to the ePortfolio system on the NES website I was duly welcomed to the world of virtual filing cabinets. I had a sneak preview of the example portfolio – after I had navigated the difficulties of understanding what was a username and password. Be encouraged by the fact that I am a digital immigrant and therefore by definition slow on the uptake.

There is a host of files to click on with dates of meetings and links to updates and training, on the NES website. When in the ePortfolio, clicking on the first file takes you to the personal details including a photo frame. I thought I would use something from the British Museum to portray myself – much more exciting. The next file is listed as portfolio details, however, it did not appear to presume that I might be taking more than one course at a time and so after adding a single description of my job I couldn't add anything else - later I did discover you can add portfolios for different courses or posts.



Moving onto the personal professional profile meant I could add my CV – long or short – and then add to it as needed. This can be made into a PDF file to share with prospective employers, supervisors or just for your own information.

I found this file difficult to populate as there were too many questions which relied upon the previous one to answer.

Every now and again there is a pop up to remind you to anonymise evidence submitted – apart from your own name.

Finally the summary overview file was the one bit that I recognized from laborious long hand writing in my bulging folder. This was the evidence of learning, then reflection; support and supervision and lastly – surprisingly – feedback from others. In the example eportfolio this showed affirmation of practice from peers and colleagues on the team - useful for producing evidence for prospective employers.



## Summary for Users

1. Email [epportfolio.nm@nes.scot.nhs.uk](mailto:epportfolio.nm@nes.scot.nhs.uk) and ask the team for a username and password to form your own ePortfolio.
2. On receiving those details log into the homepage and enter username and password <http://www.nhseportfolios.org>
3. First time logging in – change and confirm new password.
4. Visit the example ePortfolio
5. Welcome to your own ePortfolio.

A career development plan can be reviewed at the beginning of each portfolio in order to aid identification of learning objectives.

Resources and frequently asked questions with offers of help from the ePortfolio team finish the filing cabinet. It reiterates that the ePortfolio belongs to the user alone and the administrators are only allowed to view essential details for maintaining the account.

In conclusion the most useful file on the ePortfolio is the summary and evidence overview which will replace my worn out folder. There is a library in which you can store files of your own, however it only has 80MB of space so it suggests you can create PDF files – complicated for first timers. For those who are part of the Practice Based Small Group Learning groups it will be an invaluable way of storing feedback sheets and reflection evidence.

**Ruth Aird** is a Senior Practice Nurse and NES GPN Education Advisor for Lothian

## References:

- Fitch, D. Peet, M. Glover Reed, B. Tolman, R. 2008. The Use of ePortfolios in Evaluating the curriculum and student learning. *Journal of Social Work Education*. 44 (3) pp37-54.
- Nursing and Midwifery Council. 2011. [online] Accessed at: <http://www.nmc-uk.org/Hearings/What-is-fitness-to-practise/28/03/2013>.

## Asthma UK launch new campaign to prevent asthma deaths

On 17th April Asthma UK Scotland launched their new campaign called, **Stop Asthma Deaths**.

The Stop Asthma Deaths campaign coincides with the National Review of Asthma Deaths (NRAD), run by a consortium of asthma professional and patient bodies, led by the Royal College of Physicians, to look into the circumstances surrounding deaths from asthma from 1 February 2012 to 30 January 2013. The NRAD has been commissioned and funded by the Healthcare Quality Improvement Partnership (HQIP). Three people die from asthma in the UK every day, and over 70% of these deaths are believed to be preventable<sup>1</sup>. That's more than in Austria, Finland, Sweden, Poland and Portugal combined<sup>2</sup>. The numbers of people dying from asthma in the UK had previously been steadily declining but progress has stalled in recent years.

Over half of people with asthma in Scotland (55%) don't think they are at risk of an attack – but in reality, nine out of ten of those people are mistaken, according to new data from Asthma UK Scotland.<sup>3</sup> This means that half of all adults with asthma in Scotland (49%), or more than 145,000 people, are unaware they are at increased risk of an asthma attack. These figures are from Asthma UK's Triple A: Avoid Asthma Attacks test, [www.asthma.org.uk/stopasthmadeaths](http://www.asthma.org.uk/stopasthmadeaths) which checks people's risk of an asthma attack and is based on results from over 4,600 respondents in Scotland.

**1** Office for National Statistics, General Register Office for Scotland, Northern Ireland Statistics & Research Agency

**2** Organisation for Economic Co-operation and Development, <http://stats.oecd.org/>

**3** Triple A: Avoid Asthma Attacks Test results from [asthma.org.uk](http://asthma.org.uk) (4,646 responses from Scotland, from 31 January 2012 to 4 April 2013):



**Stop  
Asthma  
Deaths**

The Stop Asthma Deaths campaign is to raise awareness of how everyday risks - like not paying attention to worsening symptoms - can lead to a potentially fatal asthma attack.

It is doing this by urging adults with asthma to take the Triple A: Avoid Asthma Attacks test to check their risk. In just 60 seconds, it will reveal someone's risk of having an asthma attack and tell them how they can reduce it.

Common risks which can contribute towards an asthma attack include:

- Not taking your preventer inhaler every day
- Ignoring worsening symptoms
- Not having a personal asthma action plan.

## Asthma UK launch new campaign to prevent asthma deaths

General practice nurses, many of whom in their every day work promote the value of supporting self management will recognise the sentiments of Gordon Brown, National Director of Asthma UK Scotland.

He says: *"We can all help stop asthma deaths, and we need to start by changing the attitude that 'it's just asthma'"*

A range of information is available to help prevent asthma deaths, including the Triple A Test and a short film called 'Risky Steve' showing that, when it comes to asthma, some chances are never worth taking. Find out more about the Stop Asthma Deaths campaign at [www.asthma.org.uk/stopasthmadeaths](http://www.asthma.org.uk/stopasthmadeaths).

Dr Samantha Walker, Director of Research and Policy at Asthma UK, said *"The test is designed to make people sit up, take notice and make changes to the way they manage their asthma if they are shown to be at an increased risk of an asthma attack. This kind of test for asthma has never been done before, but we're confident it will prove an effective motivator to help reduce frightening and often unnecessary hospital admissions."*

The campaign page [www.asthma.org.uk/stopasthmadeaths](http://www.asthma.org.uk/stopasthmadeaths) contains a range of tips to help people reduce their risk of an attack. It also supports healthcare professionals by providing free resources for surgeries to use, including a new emergency asthma care pack, available on [Asthma UK's website](http://www.asthma.org.uk).



# Primary Care helps patients get active

## *Results of the Physical Activity Survey*

**General Practitioners and Practice Nurses reveal that being physically active is one of the best ways for patients to remain healthy or become healthier in a new survey published by NHS Health Scotland:**

[www.healthscotland.com/documents/20736.aspx](http://www.healthscotland.com/documents/20736.aspx)

NHS Health Scotland commissioned GfK NOP to conduct a survey amongst General Practitioners and Practice Nurses across Scotland to gain a better understanding of their current knowledge and awareness of the benefits of physical activity.

The project used quantitative and qualitative research approaches. In total, 416 GPs and 293 (around 15%) PNs were surveyed, with 24 receiving follow-up interviews.

The report assessed the knowledge and awareness of the new physical activity guidelines, and the importance and benefits of promoting physical activity with patients amongst General Practitioners and Practice Nurses in Scotland. The report is available at [www.healthscotland.com/documents/20736.aspx](http://www.healthscotland.com/documents/20736.aspx)

More than 80% reported that they try to encourage as many patients as possible to increase their physical activity levels. Although less emphasis was placed on being aware of the new guidelines, it was felt more important to ensure patients were doing at least some exercise and building up gradually. Advice given on the type and amount of activity was therefore tailored to each patient's situation and needs.

Findings showed that the majority of Practice Nurses monitored, screened and recorded data about physical activity and frequently discussed physical activity with patients.



Whilst General Practitioners also engaged with patients about the need for physical activity, time was a barrier for them doing so frequently. This will link with the new QoF for Hypertension number HYP004 which measures the percentage of people with hypertension in whom an assessment of physical activity, using GPPAQ has been carried out in the preceding 12 months (5points).

The report also highlighted areas for further consideration. Promoting physical activity to help prevent falls amongst older adults or reduce the risk of dementia played a lesser role when giving advice to patients.

## Primary Care helps patients get active: *Results of the Physical Activity Survey*

However, healthcare professionals recognised that there was a need for further evidence and information on how physical activity can help with patients at risk of/with these conditions.

The Chief Medical Officer's latest Annual Report highlighted that the total annual costs to the Scottish economy of physical inactivity could be in the region of £660 million.

Over the next year, NHS Health Scotland will be supporting GPs and Practice Nurses to address areas covered in the report, as well as providing materials to support them in delivering brief advice to their patients.

Dr Graeme Scobie, Public Health Adviser at NHS Health Scotland said: *"This study shows that there is a great deal of good practice evident when promoting physical activity in GP practices both in the prevention and management of a large number of chronic health conditions. We aim to build on work done so far to ensure those patients most at risk of ill health are reached."*

John Gillies, Chair of Royal College of General Practitioners Scotland, added: *"Increasing physical activity is a simple, cheap and highly effective way of both staying healthy if you are well, and reducing the health risks of many chronic conditions like diabetes and heart disease."*

### Resources

The **Active Scotland** website:

[www.activescotland.org.uk](http://www.activescotland.org.uk) provides information on local physical activity opportunities.

Adapted from a Press release from **NHS Health Scotland**

### Contact:

Paula Macdermid Communications Manager,  
NHS Health Scotland



# Education to Support Self Management

## Promotional Postcards: Testing of Key Messages

***“....Self-management support can be viewed in two ways: as a portfolio of techniques and tools that help patients choose healthy behaviours; and a fundamental transformation of the patient-caregiver relationship into a collaborative partnership”.***<sup>1</sup>

In January NHS Education for Scotland conducted an evaluation with General Practice Nurses (GPNs) around interpretation of key messages on a series of nine postcards promoting education to support self management. The work was undertaken with representatives from the Health and Social Care Alliance Scotland, Chest Heart and Stroke Scotland and an agency called the Union.

We conducted 17 interviews in 7 different health board areas. The interviews captured a good range of attitudes and experience which enabled The Union to form an evaluation of the postcards, as well as make more general observations on attitudes and beliefs around supporting self management.

### What we found

***“If we could crack this, it would be a huge leap forward for everybody”***

**General Practice Nurse**



Some GPNs saw self management as a philosophical approach whilst others saw it as a structured plan to work through with patients. There is still a large role for education and support with GPNs on this topic.

<sup>1</sup> Bodenheimer t, macgregor K, Shafiri C (2005). *Helping patients manage their chronic conditions*. California: California Healthcare Foundation.

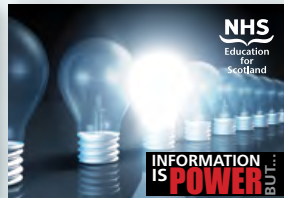


Overall, the nurses who routinely supported self management in the course of their work found this approach effective and their job more satisfying.

The feedback on the postcards was generally very positive. Participants liked the images and messages were seen as motivating. There was some understanding of how the format (nine different postcards) was a good fit for the topic in hand, which is broad and has many meanings for different people and different situations:

*“I think the good thing about this is that it is making you think about different things that have self management and it is not just one specific, ‘right this is self management and you do this bit and that’s it done.’”*

## General Practice Nurse



Overall, the postcards were very well received and seen as thought provoking.

Some cards performed particularly well on their own, but exposure to multiple cards did build on the messaging to create a bigger picture. There were some issues with language/ interpretation on some of the cards – for some of the participants these would require a longer explanation.



The postcards work well as they are and engage the target audience however they could work even harder if a few minor changes were made.

The majority of participants agreed they would visit the NES website [www.nes.scot.nhs.uk/selfmanagement](http://www.nes.scot.nhs.uk/selfmanagement) and the My Condition My Life website [www.myconditionmylife.org](http://www.myconditionmylife.org) to learn more about supporting self management. The fact that this was a designated area on NES was well-received – GPNs wanted to be able to find information quickly. Some hoped to find self management plans or other information they could print out to use with people with long term conditions. Others hoped to find training, definitions and fast, relevant information.

## Finally

**In the words of one of the interviewers:**

*“It was a privilege to meet so many resourceful, smart and caring practice nurses – they were a huge inspiration...”*

## Contact:

**Cheryl Harvey, Educational Projects Manager LTCs,  
NHS Education for Scotland.**

# Health Talk Online

[Healthtalkonline](#) is an award winning website run by the DIPEX Charity that focuses on personal experiences of health and illness. The site is aimed at anyone whose life is touched by an illness or health issues and provides an excellent and easy to access resource for patients, carers and health professionals. Findings from interview research (conducted by experts at the University of Oxford) are presented in an accessible and informative way and illustrated with video and audio clips from a wide range of people across the UK about their experiences.

In the ten years since the site was first set up, over 70 different health conditions have been explored, each one having its own section of the website. The many different medical conditions and issues include various types of cancer, mental health issues and long term health conditions.



**Susan Kirkpatrick is a Senior Researcher with the Health Experiences Research Group at Oxford University.**

Last year several new sections were launched, including, screening for heart valve disease, and experiences of infertility. Alongside [Healthtalkonline](#), another site, [Youthhealthtalk](#), focuses on younger people's health and illness experiences. New modules to be published in the coming year include young people with arthritis, eating disorders, use of antidepressant medication and experiences of having ECT.

The question on many people's minds when they are themselves, or a family member or friend is diagnosed with an illness is very often 'how do people cope with this?' On the website they can find out how others have dealt with a range of issues such as their reaction to a diagnosis, how they have negotiated consultations with their doctor, the effects of their experiences on their work or social life and relationships, decisions on treatment options, and side effects of treatments.

Susan Kirkpatrick is currently working on a project interviewing people about their experiences of using, or being prescribed antidepressant medication. 'Often people tell us that although there is a lot of information on the Internet they find it difficult to find reliable information that they can trust. Finding out about others' experiences can be comforting and reassuring and may be a step on the way to help people to make important decisions about treatment.'

People can learn about a range of different strategies that others use to cope, and find both emotional support and more factual information. The research is approached rigorously and each project is overseen by an advisory panel of both experts in the field, and lay people.

The qualitative methods we use ensure that we represent a whole range of experiences, and that the material we use on the website is accurate and trustworthy. We are currently conducting a randomised controlled trial alongside our other work, which is exploring the different ways that people use the internet for health based information, and how sharing experiences online affects people's health and wellbeing. And during the coming year the site will be getting a new look. There are lots of new and exciting developments taking place and we hope that more and more people will log on to the site to take a look in the coming months.'

The site, which receives over 5 million hits a month from all over the world, is also a valuable resource for health professionals.

The experiential videos have proved so useful to professionals that many teachers and organisations are already using them as a learning tool. The Motor Neurone Disease Association (MNDA), for example, has used information gathered through interviews with people living with motor neurone disease to put together an e-learning module for GPs. The value of being able to see and hear hundreds of people talking about how they have managed their illness, or helped or cared for someone with health issues speaks for itself.

- ➔ [www.healthtalkonline.org](http://www.healthtalkonline.org)
- ➔ [www.youthhealthtalk.org](http://www.youthhealthtalk.org)



# How *Keep Well* and GPNs can work together

As a man in his late forties who joined the nursing profession relatively later on in life having had variety of jobs previously - including that of fire-fighter and bus driver – I was aware that helping people in mid-life at an age when health problems can start to surface could have enormous benefits to their future wellbeing.

It was with this desire to help people before illness set in that I took up the post as a Health Assessor with *Keep Well* NHS Forth Valley.

*Keep Well* is one of NHS Scotland's key delivery vehicles for reducing health inequalities.

The life expectancy gap is widening between the wealthiest and the most deprived areas in Scotland and key to this health inequality is that cardiovascular disease, cancer and mental health problems seem to be established earlier within our more deprived communities

The *Keep Well* vision is 'to increase the rate of health improvement in deprived communities by enhancing primary care services to deliver anticipatory care' by:

- identifying and targeting those at particular risk of preventable serious ill-health (including those with undetected chronic disease)
- offering appropriate interventions and services to them
- providing monitoring and follow-up.



***As a Keep Well nurse I work with people living in deprived communities or from other vulnerable groups such as homeless people, gypsy travellers and people from specific ethnic groups by providing one to one health assessments that are designed to really engage the individual in their health and seek out opportunities to enhance their health and wellbeing.***

This involves working in partnership with a wide variety of people and organisations. Practice nurses are not only an important part of this wider partnership working but have proved key to the success of the programme itself.

Building strong relationships with local practice nurses has been developed to enhance the patient's journey from assessment towards help and treatment.

## How *Keep Well* and GPNs can work together

This has involved me meeting with individual practice nurses to explain the role that I have within *Keep Well*.

It is clear that we both share many of the values and a particular desire to help people before they become ill. We also recognise the importance of developing a therapeutic relationship in order to effect positive change.

*Keep Well* has been implemented across Scotland in different ways. In some areas there are dedicated *Keep Well* teams such as the one I work with while in other areas *Keep Well* is based within primary care. For more information about what is happening in your local area contact the national resource: <http://www.keepwellscotland.org.uk>

People living in deprived communities at risk of developing cardiovascular disease may benefit from the assessment process. To improve joint working Practice nurses can:

1. Make contact with *Keep Well* in their local area to discuss the service, establish referral pathways and encourage joint working.
2. Develop strong communication links with *Keep Well* to enhance the patient's journey.
3. Refer people who they feel may benefit for a *Keep Well* referral.

*Aaron Throssell* is a Health Assessor at *Keep Well* Forth Valley.



# Dedicated to Travel Medicine

*Faculty of Travel Medicine, Royal College of Physicians & Surgeons of Glasgow*

The Royal College of Physicians and Surgeons of Glasgow is one of the UK's oldest medical institutions. Founded in 1599, it is the only UK-based medical Royal College to encompass medicine, surgery and dentistry. The Faculty of Travel Medicine (FTM) was established in 2006. The only Royal College in the world to have a dedicated Faculty of Travel Medicine, it offers membership to nurses, pharmacists and allied health professionals on equal terms with doctors. Information about the Faculty of Travel Medicine can be found on the College website at:

➔ [www.rcpsg.ac.uk/en/travel-medicine.aspx](http://www.rcpsg.ac.uk/en/travel-medicine.aspx)



### ***The Mission Statement of the Faculty of Travel Medicine is:***

*"to help ensure the health and welfare of travellers to and from the United Kingdom and internationally and to promote the highest standards of travel medicine practice".*



### **Aims of the Faculty of Travel Medicine**

- Promote high standards of travel medicine practice through the development & administration of examinations & assessments for healthcare professionals in the tradition of the College's high standards
- Organise & support high quality Continuing Professional Development (CPD)
- Encourage the incorporation of travel medicine into undergraduate curricula
- Relate closely to other involved institutions & specialities
- Represent the speciality at regional, national & international levels
- Develop constructive relationships with the public & the media

## Levels of membership

### **Affiliate:**

open to all healthcare professionals who have an interest in travel medicine

### **Associate:**

for healthcare professionals who successfully complete the Diploma in Travel Medicine

### **Member:**

for healthcare professionals who successfully pass the membership exams Parts 1 & 2 (available annually)

**Fellow:** for healthcare professionals who have made substantial, or special, contributions to the speciality of travel medicine

## Benefits of membership include;

- Access to the Faculty of Travel Medicine's Newsletter "Emporiatics" published every 6 months. Pdf copies of the latest edition are available from [margaret.umeed@nhs.net](mailto:margaret.umeed@nhs.net)
- Reduced rates for all the College's study days and conferences (watch out for next year's Commonwealth Games themed conference in Glasgow)
- Access to a growing number of travel health practitioners from around the world
- Access to the "Travel Medicine and Infectious Disease" journal published quarterly by Elsevier
- Access to the Faculty's CPD scheme. The CPD scheme, introduced last year, offers all healthcare professionals the opportunity to record their continuing professional development in a structured way and includes guidance about how to utilise personal reading and reflective practice as one source of CPD.

## Dates for the Diary

- 5 & 6 June 2013:  
2 day Foundation course in Glasgow
- 10 October 2013:  
AGM & study day in Glasgow
- 25 & 26 November 2013:  
2 day Foundation course in Glasgow
- March 2014:  
**Diploma Course:** (applications now being taken)  
The Foundation and Diploma in Travel Health courses are now managed by the Royal College of Physicians and Surgeons (Glasgow). The Foundation, which involves a 2 day residential component in Glasgow, lasts for 6 months, and currently runs twice a year. The Diploma runs once a year and lasts for a full 12 months. Internationally recognised as the "Gold Standard" in travel health training, students who successfully complete the Diploma can apply to become Associate Members of the Faculty of Travel Medicine.

Information (including funding opportunities) for the Diploma and Foundation courses is available from the courses administrator [Lesley.haldane@rcpsg.ac.uk](mailto:Lesley.haldane@rcpsg.ac.uk)

During 2012 the Faculty of Travel Medicine published its, "Recommendations for the practice of travel medicine", in the Journal of Travel Medicine and Infectious Disease, available online at [www.sciencedirect.com](http://www.sciencedirect.com). The recommendations acknowledge the RCN Competencies (revised and published in August 2012 available at: [www.rcn.org.uk](http://www.rcn.org.uk)) and extends the guidance to all those working in the field of travel health in the UK, i.e. doctors, pharmacists and nurses. The purpose of the guidelines is to help raise standards of practice and achieve greater uniformity where these services are provided. The 31 recommendations include areas such as: risk assessment, the provision of advice for all aspects of travel and CPD.

The Faculty of Travel Medicine is one of only two specific travel health organisations in the UK. Current travel health guidance recommends, that nurses involved in seeing travellers, should consider joining one of the 2 specific travel health organisations in the UK to ensure good practice and CPD opportunities.

**Margaret Umeed MSc. RGN FQNI FFTM RCPS (Glas)** is a specialist nurse practitioner in general practice working in Glasgow. Having previously worked in Infectious Diseases and in Pakistan, she now combines working in general practice with writing about and delivering travel health training to healthcare professionals. She has recently been appointed as Secretary to the Board of the Faculty of Travel Medicine and can be contacted at [margaret.umeed@nhs.net](mailto:margaret.umeed@nhs.net).





### Conferences and Courses

Scottish Practice Nurse Association Annual Conference is planned for Wednesday 15th May 2013 at Murrayfield Stadium in Edinburgh. This usually has a varied clinical and professional programme and well worth attending.

The key note speaker is *Mr Alex Neil, MSP*.

TREC (Travel-Health Related Education and Care) are running:

- General Immunisation study day in Glasgow on 28th June 2013
- 2 day basic travel health course in Edinburgh June 6-7th 2013.





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