

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

**Newsletter** Summer 2016



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# Editor Review

Welcome to our summer newsletter, as well as the **General Practice Nursing: Direction of Travel** conference report, this newsletter also has some useful clinical updates and resources for cervical screening, rare cancers, human factors and advanced significant event analysis and Zika. We hear about Pauline Jefferson's role and award as we continue to profile different GPNs across Scotland and there is an update from some of our NES GPN advisors.

It was very interesting for me to sit at this year's NES General Practice Nursing: Direction of Travel conference and reflect upon the changes I had made since attending last year's event. If you remember it was at the 2015 event that I had a sudden realisation that the future was changing, that the opportunity for GPNs would be great and that I needed to get on with some training and development if I wanted to be in a

position to seize that opportunity and expand my role. A year on I have completed my non-medical prescribing at Masters level after understanding from the GPN event that studying at Masters level was important for Advanced Practice. I am also undertaking a distance learning diabetes module and am looking for a suitable clinical examinations skills course.

Returning to study as well as balancing commitments at work, home and with my medical writing has been a challenge. My mother in law came up and cared for my younger children during the whole of November, this was an enormous help. I shared a giggle with my 17 year old daughter when she caught me doing that face book flick during one of my study sessions "I'm just having a quick break" I said echoing the many times she had said this to me as her screen changed back to her Higher work as I walked in the room. My surgery was very supportive giving me time to sit in with a range of health professionals and to complete my portfolio.



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The speakers at the 2016 event also had resonance for my current nursing aspirations and role development. The GPs have been asking my views about how we manage chronic disease post QOF and many of the talks helped me pull together a vision of what may work in our practice. Reducing treatment burden, moving towards patient-centred care, considering the emotional and spiritual needs of the patient and planning how multi morbidity appointments could work for our patients was very inspiring and motivational.

Dr Colette Ferguson's presentation in which she shared her passion to transform education in order to transform nursing roles really rang true for me. She talked about the need for structure and consistency nationally. If I'm honest I am a bit lost as to how to build my 40 level 11 units into a full 180 unit Master's degree. I know there are established programmes but they don't fit with the time and flexibility I have available. The key for me would be to study whilst doing my job and to do as much of it as possible via distance learning. I needed to gain a diabetic module to support the changing needs at my surgery but found I was unable to do the course at level 11 so I am undertaking it at Honours level 6 (which I think is level 10 in Scotland). I'm a little unsure re-funding for my remaining units and I can't currently

study for an advanced clinical examination course at level 11 at my local university. I am also aware I need to choose a university to register my Master's degree at but currently can't work out where would suit my needs. What this all adds up to, or the short version, is yes I think we need some consistency, structure, flexibility and guidance if we are to enable nurses to gain the education and experience needed to develop towards advanced practice.

Our website with past copies of this newsletter is available at; <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/general-practice/practice-nurse-development/general-practice-nursing.aspx>

I hope you enjoy our newsletter and I look forward to writing again in autumn 2016.

Jaqui Walker, Editor, NES GPN Education Advisor.  
Please contact me about learning issues by email: [medicalpracticenurse@nes.scot.nhs.uk](mailto:medicalpracticenurse@nes.scot.nhs.uk) or tel: 0141 223 1479.



# A View from NHS Education Scotland

In January of this year Richard Foggo, Deputy Director and Head of Primary Care Division, Scottish Government, welcomed us to the transitional year prior to the finalisation of the new GMS contract 2017. We said goodbye to the Quality Outcomes Framework (QOF) perhaps not without a certain degree of trepidation that the good practice built up over the last decade or so would be compromised. However, what should not be compromised is the professionalism of the general practice team in providing an equitable and quality assured service to all members of the public who access primary care.

Here at NHS Education for Scotland (NES) we have been delivering learning packages with exactly that aim in mind, ensuring that good practice is being both underpinned by robust learning and put into evidence based practice with the service users. The initial cervical cytology course continues to be run at capacity and will be running for the sixth time in August of this year. The GPN Leadership course will have its third run in the autumn. The asthma short course was piloted for the first time in December and had excellent reviews from students commenting on the usefulness of the course:

'It was absolutely fantastic for my needs, superbly presented, with enough written work without overloading me!

Highly recommended for P/N who have none or a little knowledge of asthma and who would like to be able to look after asthma patients' reviews.'

The next asthma short course is being run in June and is full with a waiting list for January 2017. As I write this Gill Dennes and myself are writing the next short course to be run on Chronic Obstructive Pulmonary Disease and Spirometry. So watch this space for details on this at the end of the year.

Around 100 general practice nurses attended the Reflective Writing for General Practice Nurses (GPNs) and Revalidation workshops that were run around Scotland in various venues during March of this year. This was a real opportunity to get to meet some of you and also for you to network professionally. In fact, it was such a good experience that we have decided to build on these workshops and present a menu of GPN updates which can be run in various locations, choosing the subjects which best suit the learning needs of the local practice nurses.

As appraisal can be a part of the process of revalidation we have been restyling the original general practice nurse appraisal forms to a more user friendly format and to adapt to the needs of revalidation. The latest version will be piloted by one of the health boards before being rolled out across Scotland.

The fourth GPN Programme will commence in August of this year and continues to be well evaluated by participants and stakeholders alike. All in all, it is a good time to be a practice nurse in Scotland, where there are many opportunities to challenge and develop a career in general practice.

### **Ruth Aird**

National Coordinator for General Practice Nursing  
(Job Share with Susan Kennedy)

# Rare disease resources

### About the Rarer Cancers Foundation:

The Rarer Cancers Foundation (RCF) is a national charity offering advice and information to people with rare or less common cancers and to their families and friends. The charity facilitates supportive networking, raises awareness of rare and less common cancers and works to ensure that people with rarer cancers have access to the best possible services.

Cancer patients with a rarer or less common cancer make up nearly 50% of new cases of cancer each year. Yet patients diagnosed with a rare cancer experience the slowest diagnosis, difficulty accessing effective cancer drugs, fewer clinical trials and research is more difficult because of small patient populations. Support groups are almost non-existent which leaves patients feeling isolated and alone.

The RCF recently identified an unmet need for a comprehensive database of rarer cancer factsheets. Working with professional medical writers the RCF is producing factsheets for 170 different rarer cancers. Each individual factsheet is reviewed by expert clinicians prior to publication; the first factsheets are now live on our website with an aim to increase by 10 per month. In addition to the above, the RCF has a much broader reach with information booklets on how to cope with 'Chemotherapy induce Nausea' and how to navigate the NHS and Healthcare systems in our booklet titled 'The Informed Patients Toolkit'.

The RCF also campaigns at government level and responds to proposed reforms and policy reviews. All of our Literature produced can be found on our website <http://rarercancers.org.uk/>

The RCF patient helpline number is **0800 334 5551**. For any other queries or requests for information products you think would be useful to your patients, please email [contact@rarercancers.org.uk](mailto:contact@rarercancers.org.uk) or telephone: **0208 692 2910**



# Changes to the cervical screening programme in Scotland

Scotland will see changes in its cervical screening programme from **Monday 6th June 2016** this year, bringing Scottish policy in line with practice elsewhere in the UK.

### The key changes are:

- The screening age will increase from 20 to 25 years – so women between 20 and 24 will no longer be screened, unless they have already been invited for screening under the age of 25 before the 6th June
- Women will be screened until 64 years (currently 60 years)
- The frequency will continue to be every three years from ages 25 to 49, but will change to be every five years for women from age 50 to 64.
- Some women on follow-up will be invited over the age of 65. This will be where a woman's last test was non-routine. Women who have had changes identified during screening will be invited up to the age of 70 years (currently 68 years).

**Carol Colquhoun, National Coordinator Screening Programmes at National Services Division, said:**

“Changes have been decided based on a review of evidence about the effectiveness and benefits of screening women across age ranges. Data shows that screening women below the age of 25 has little

or no impact on rates of invasive cervical cancer. For women over 50, five-yearly screening offers adequate protection and women up to the age of 64 can benefit from cervical screening.

“Women will continue to be invited for screening by receiving a letter and leaflet automatically sent from the Scottish Cervical Call Recall System (SCCRS). There will be cases when a woman aged between 20–24 years is invited on or after 6th June 2016 because she has previously been invited as part of the programme **before** the changes were implemented. Health professionals should refer to the SCCRS before a smear test is taken to ensure the woman is eligible. Tests taken from women not eligible for screening will not be processed by the laboratory.”

Research shows that many women still do not understand the benefits of cervical screening or the risk of cervical cancer. It is important that women are given appropriate information about cervical screening, are informed about the benefits and reassured and given further information by health professionals who are best placed to answer women's questions. Cervical screening saves approximately 5,000 lives in the UK every year.

**Mary Horne, a Practice Nurse from NHS Lothian, said:**

“General practice nurses have an extremely valuable role to play in ensuring that women are encouraged to attend and put at ease for this important screening process. We know that many women are worried about pain and discomfort, while some feel embarrassed about the intimacy of the procedure, and even about making the appointment itself. That's why it's important to take time at the start to explain to the woman exactly

# Scotland's Cervical Screening Programme is changing

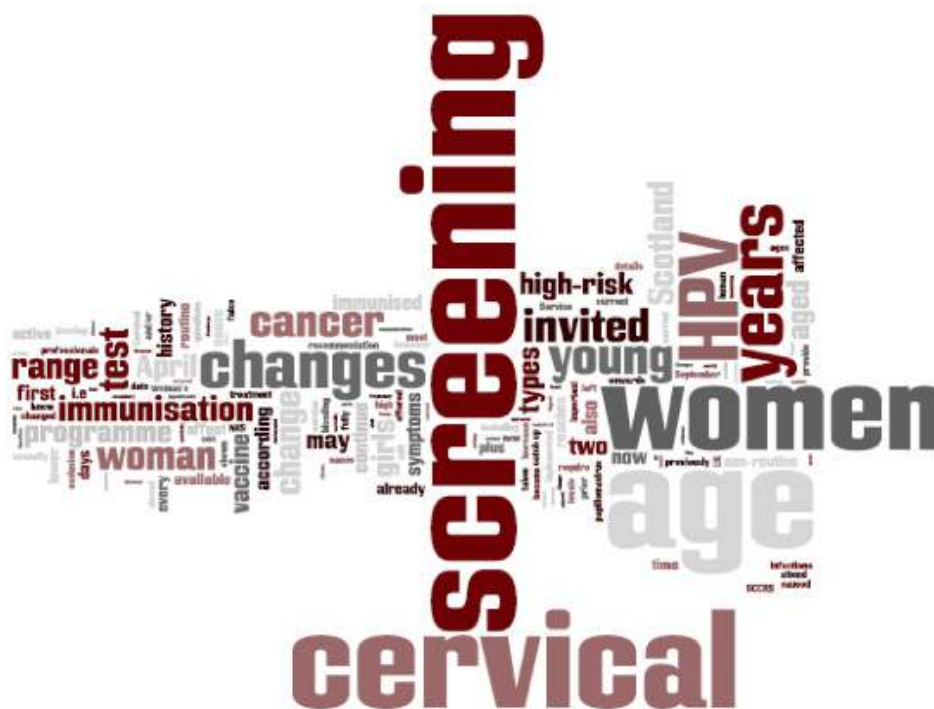
what it going to happen and answer any questions they may have reassuring them that there is no pain involved!"

Nurses should continue to raise awareness of the signs and symptoms of cervical cancer. Any woman with symptoms should immediately go to see their doctor for assessment according to the local protocol.

All public facing information materials have been updated to reflect the changes as well as emphasising the benefits of cervical screening. They are much clearer, easier to read and hopefully will engage more women.

For more information and a Question and Answer sheet, please visit: [www.healthscotland.com/changeofage](http://www.healthscotland.com/changeofage)

Or contact the screening coordinator in your NHS Board





# General Practice Nursing: Direction of Travel, 6 May 2016 Edinburgh Conference Report

NES held its 3rd GPN event in Edinburgh on May 6th, as part of the National Scottish Medical Education Conference, with another thought provoking and inspiring programme.

## Session 1: Scanning the Horizon

**Susan Kennedy (NES National Co-coordinator for GPN)** opened the meeting with an update on some of the progress in general practice nursing since last year's event. Susan reflected that the previous year's conference had challenged the audience and challenged nurses to consider how their roles might change. She commented how this had left some nurses determined to be part of the future influencing the progress. One example of this is Jenny Wilson who now represents general practice nursing within the Scottish Government.

## **Professor Sir Lewis Ritchie OBE (James Mackenzie Professor of General Practice University of**

**Aberdeen)** discussed the future shape of the primary care workforce. Professor Ritchie highlighted that the most important thing was how the workforce pulled together to improve care for the people of Scotland. The future will be about transformation with an increasing demand for primary health care services and a falling supply in the workforce as it is currently structured. Professor Ritchie highlighted from his years in general practice and his research into the prevention of heart disease how the "nurse effect" was identified as being one of the key factors in CHD prevention. He described the future of general practice nursing as bright and that nurses will be at the heart of future services.

Other initiatives may include asset optimisation where fire services and first responders are equipped to deliver urgent care.

When asked how optimistic he was that primary healthcare services could pull together Professor Ritchie explained that we can't afford not to and that national and local primary care workforce plans would help to implement realistic achievable changes.

**Dr Gordon MacDonald (GP, Kirkintilloch)**, in his presentation on supporting emotional and spiritual needs in general practice, described how the sun had set on QOF and that we were now operating in a different landscape that was less disease focused and more person focused.

Chaplaincy input benefits patients its reaches their deeper inner needs, that often remain unmet. The audience was asked to consider a person's 3 S's in consultations:

- Significance – or sense of purpose
- Security
- Self-esteem

Chaplaincy can provide a bridge to help a person with their inner needs and maybe effective for many of the modern maladies of loss of wellbeing, obesity, addictive behaviour and depression and anxiety that plague our health care service today. Gordon described the success of the chaplaincy programme at their surgery and how it had helped people to feel listened to and how they benefitted from having somebody to walk with them through difficult times.

# General Practice Nursing: Direction of Travel, 6 May 2016 Edinburgh Conference Report

Gordon suggested a useful question to start with was to ask patients “where do you derive hope at times like this.” The chaplaincy programme aims to reduce some of the burden of treatment imposed on people whilst increasing their capacity.

**Gordon McLean (National TCAT Programme Manager, Macmillan Cancer Support)** described some of the issues effecting people after cancer treatment:

- Emotional legacy
- Late effects of treatment
- Returning to work

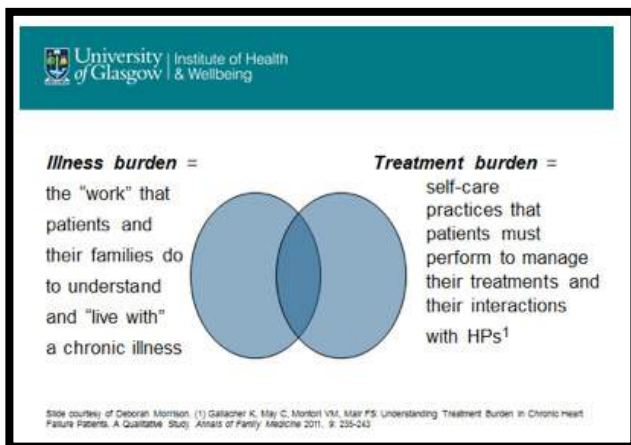
With an increasing prevalence of cancer and over 50% of cancer patients surviving, supporting cancer survivors in primary care is of growing importance. Cancer survivors need help to reduce their risk factors, a personal care plan, their information needs to be met, help to manage the consequences of treatment, care coordination across settings and rapid access to care.

Macmillan has a 5 year programme to facilitate this with an overall emphasis on self-management. The practice nurse project aims to get GPNs carrying out cancer reviews and helping to support people back to normal life including work. Gordon suggested “kick starting” consultations with patients by getting them to tell the health care professional what their needs are. Edinburgh Napier University is evaluating the work.

**Professor Frances Mair (Professor of Primary Care Research, University of Glasgow)** spoke about the treatment burden or self-care demands we place on someone to manage their disease. This includes the tasks they need to fulfil in order to manage their disease and time spent attending appointments. For some patients and carers it can feel that their “time doesn’t matter.” As treatments become more complex, involving multiple appointments, polypharmacy and often fragmented care, patients and carers can feel overwhelmed.



# General Practice Nursing: Direction of Travel, 6 May 2016 Edinburgh Conference Report



Patient-centred care delivery is required to avoid structurally induced noncompliance (SINC). We create health care systems that make it hard to be adherent. Multi morbidity appointments maybe one way of achieving this support where life style changes and treatment regimens can be seen in the context of the patient as a whole with their various illnesses rather than broken down into disease specific appointments.

Two simple questions can be used to assess treatment burden:

- Can you really do what I am asking you to do?
- Do you think what I am asking you to do is the right thing for you?

**Dr Colette Ferguson, (Director of NMAHP, NES) and Jane Harris, (Programme Director NMAHP, NES)**

Dr Colette Ferguson is passionate about practice based

education and preventing the need to leave practice to go into education; “Never before have we had such clear policy drivers and mandate to deliver the best quality care”. Revalidation provides a real opportunity to focus on professionalism, quality and what matters. There is a need to transform nursing roles to deliver new models of care, however, this requires a transformation in our education system. Current reports identify the need for more Advanced Nurse Practitioners (ANPs) but we also need more focus on development for all nurses. Unlike medicine and dentistry, nursing has never had a structured coordinated approach to post registration education. It is currently disjointed and there is a need to take a step back and look at the whole education pathway from registration to advanced and consultant practice.

The Chief Nursing Officer has established a Transforming Nursing Roles Programme Board with the key purpose of overseeing, directing and leading the development and transformation of nursing roles – to ensure an appropriate, skilled nursing workforce to contribute to new models of care delivery. The initial focus is on three priority workstreams – Advanced Practice, Community Nursing and Children and Young People.

The Advanced Practice group are currently working on a national definition and national benchmarking for advanced practice. There is a clear need for closer collaboration between academics in practice and practitioners in research. “It is imperative to ensure practitioners have the right education and development and we need to transform education in order to transform roles”.

## General Practice Nursing: Direction of Travel, 6 May 2016 Edinburgh Conference Report

Colette commended the strong network Susan Kennedy has developed in GPN and called for the audience to pull together, challenge the status quo and to think broadly and collectively and avoid duplication of effort. She was optimistic about the future and how a more structured approach to workforce development and the transformation of education would help to bring about the changes required for nursing as a profession to develop and grow.

### Presentation of NES GPN Programme certificates.

We celebrated the 14 nurses who have successfully completed the NES GPN Programme (2014-2015). These nurses were all new to general practice nursing with less than a year's experience in the discipline before commencing the course. They came from across Scotland including remote and rural areas. Marion MacLeod MBE, National Co-ordinator of Scottish Practice Management Development Network (NES) presented their certificates

### Session 2: A Transforming Pathway

The afternoon session was chaired by Gill Dennes (NES Education Advisor) and Andrea Davidson (NES Education Advisor and SPNA).

### Sinead Power (Team Leader, Innovation and Improvement Team Primary Care Division, Scottish Government) explained that the government

understands the current situation in primary care is unsustainable and that there is a need for new models and new ways of working. They are taking a multi-disciplinary approach in their planning and have a GPN Jenny Wilson in the Scottish Government advising them.

Sinead spoke of a "new world" with the multidisciplinary team fully integrated and empowered with "the right person, in the right place at the right time." Both in and out of hours.



# General Practice Nursing: Direction of Travel, 6 May 2016 Edinburgh Conference Report

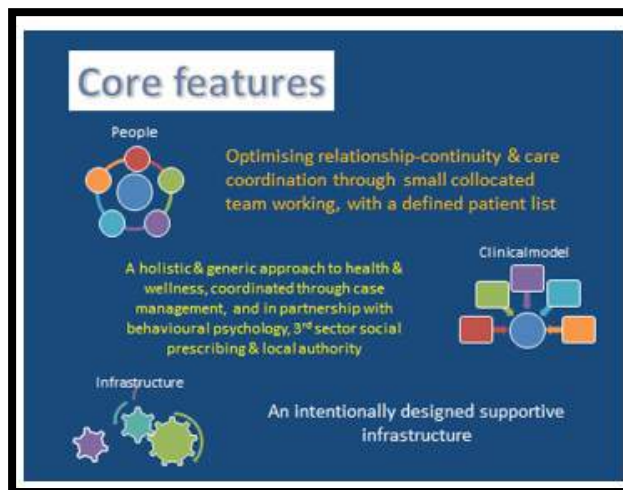
The government has a 20.5 million primary care transformation fund which it is keen to allocate on the principle that the money will be used to innovate and test new ways of working and not merely fund existing services. They want to ensure a range of tests across Scotland and to support learning and sharing across the country that will add national value.

She ended with a quote from Barack Obama: "Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek."

**Maxine Jones (Primary Care Project Manager) and Eleanor McIntosh (GPN, Academy Medical Centre, Forfar)** discussed how they are introducing a version of the Alaskan Nuka system of care in Forfar, with the aim of improving population health & wellness and providing a sustainable service model.

They described Nuka as a primary care model that takes a broad holistic view, seeing health as a human system and not just as a technical service. It recognises that a proactive holistic approach, that optimises relationships and works in partnership with patients and care providers, can better manage complexity and can have a significant impact on health & wellness outcomes, use of health services and improved patient & staff experience.

In Forfar, the model aligns closely to Nuka's core features in which relationship-continuity and care coordination are optimised through small integrated team working, each team looking after a defined



patient list, supported by integrated nurse-led case management, behavioural psychology and social prescribing programmes. In delivering a generic approach to health and wellness, that focuses on the needs of the family as well as the individual, Forfar's initiative will deliver a biopsychosocial model of care and offers opportunities for the development of primary care nursing for the future."

**Nan O'Hara (Lead Practice Nurse, Kersiebank Medical Practice, and Grangemouth)** described how Kersiebank and Bannockburn surgeries made a transition to NHS run practices, due to a GP staffing crisis, with no research or planning because they had to react to produce a service for the patients.

The first development was to recruit advanced nurse practitioners (across the 2 practices) to triage requests

# General Practice Nursing: Direction of Travel, 6 May 2016 Edinburgh Conference Report

and manage many of the patients. Next pharmacists were appointed to review acute prescriptions requests. They were managing 80-100 requests per day and picked up on many prescribing issues leading to better patient care and safer practice. Four mental health nurses were recruited to triage mental health patients and see mild/moderate mental health patients. After this extended scope physiotherapists joined the team and proved to be an invaluable help for all muscular skeletal problems.

Nan reflected how this has all happened in the last year since April 2015. For 6 months NHS 24 also triaged a percentage of calls for the surgery and advanced paramedics practitioners from the Scottish Ambulance Service have assisted with house calls, all of which has been very well received by patients. All palliative care patients were seen by a GP rather than a paramedic. The paramedic service still continues but now on Fridays only.

The nurse team has been instrumental in the implementation and success of this model and this clearly demonstrates that there are new opportunities for nurses to take forward their skills and develop extended roles.

**Anne Moger (Primary Care Nurse Advisor, Nursing Directorate, NHS England)** predicted that in England by 2020 General Practice will not exist as known it today. She referenced federated practices, multispecialty community providers and vanguard sites being tested as evidence that things were changing. Nursing is now much higher up the agenda with more investment in supporting and developing general practice nursing. NHS England has a general practice nurse development

strategy with a minimum £15 million investment. There are also a number of new documents to help build the workforce for the future. These include The Raising the Bar report: Shape of Caring review on the future education and training of registered nurses and care assistants, Developing people for health and healthcare report: District Nursing and General Practice Nursing Service Education and Career Framework Oct 2015 and The future of primary care Creating teams for tomorrow report by the Primary Care Workforce Commission.

The Right Care programme ([www.rightcare.nhs.uk](http://www.rightcare.nhs.uk)) recognised the unwarranted variation in health care across the country and its atlas of variation is being used to help areas see how they compare nationally and change and improve care.

**Clare Cable ( Chief Executive and Nurse Director, Queens Nursing Institute Scotland)** and Mary Saunders discussed with the delegates how they are looking to support GPNs to lead and innovate projects that will make a difference to those who are marginalized in their communities, how GPNs will need to change for the future and they encouraged us to define and describe our roles and look at how we can work flexibly across a team

“We need to define the GPN contribution and be clear about what that is and what the role is.”

Susan Kennedy gave an overview of the day and noted that no two general practices are the same. There is a need for more leadership in NHS Scotland for GPNs, especially locally, to ensure we can fully meet the challenges of our future primary healthcare.

# NES GPN Education Advisor Updates

Joanne Anderson Ayrshire and Arran



I have been involved as GPN Education Advisor since conception of the role in 2011. I applied for the position as I felt passionate about general practice nursing and recognised our need for support in the jobs that we do. New nurses were joining general practice that needed structure to their learning, quality educational and there was opportunity to input into how the new general practice nurse programme looked. I joined a likeminded and enthusiastic bunch of advisors from other boards across Scotland. We were all a bit uncertain as to what we might actually do but we did have a common goal: To unite a fragmented workforce.

I was myself new to Ayrshire and Arran and began by building a data base of GPNs in order to communicate information and ask about learning needs.

Ann Gow, Associate Director of Nursing was supportive of my role and introduced me to the primary care leadership group. This opened many doors in relation to networking and becoming involved with other key individuals in both primary and secondary care.

I try my best to get as much information as possible out to GPNs, and have regular correspondence from individual practice nurses, practice managers and GPs. If I don't know the answer, I will find out and more often than not that answer will come from the network of advisors across Scotland. I work closely with our respiratory, stroke and diabetes MCNs as well as colleagues in sexual health services who provide regular educational events and training. These are always well attended.

The practice nurses of A&A are an engaging lot with no difficulties seeking out volunteers to work on projects such as tissue viability, development of respiratory pathways and recently a significant piece of work with Glasgow University. Their recommendations reshaped the online course "Introduction to Lymphedema". This work feeds into the National Lymphedema Strategy, so the contribution and commitment from these nurses has made a difference at both local and national level.

There has also been development of a GPN page on our intranet site with resources and a discussion forum accessible only to the GPN community making it a safe platform to seek advice from each other. It would be great to see this used more.

The GPN Programme delivered by NES for new nurses has standardised clinical based training with candidates from A&A being well represented in each cohort.

# NES GPN Education Advisor Updates



Thank you and well done the GPNs of A&A.

Within the role I have had many opportunities for my own personal development including peer appraiser and PBSGL facilitator training. As advisors we do just that and are asked to test resources, courses, and comment on many areas of practice and our opinion counts. Examples are many and include the SPSP care bundles and SEA resources we now use in general practice, knowledge summaries, transforming nursing roles and of course advanced practice. I believe GPNs have much to offer and I like their opinion and voice to be heard.

Locally, I have input into the Nursing and Midwifery Professional Committee, Primary Care Leadership Group, Immunisation and Revalidation Steering Group and work closely with Diabetes MCN. I am also one of the

Lead Educators for train the trainer facilitator training for individuals who deliver structured education for diabetes. My new projects include commenting on workforce planning, advanced practice education and future roles in general practice and also work with the Centre of Excellence Practice Manager group.

As you know the skill mix in general practice is ever evolving and the work with the Centre of Excellence has resulted in successful negotiation with Ayrshire College to provide local training for our HCSWs. Look out for information coming your way soon.

So when I think back to us wondering what the advisors would actually do I don't think we really had much to worry about. Once you start networking everything grows arms and legs and you are reminded how exciting and diverse general practice nursing really is.



## GPN Portrait - Pauline Jefferson's role and award

### Nurse of the Year Scottish Health Awards 2015

Pauline Jespersen BA, SPGPN, RSCN, RGN, RM, RHV  
Specialist General Practice Nurse/Nurse Partner  
Integrated Nursing Team Leader  
Lorn Medical Centre, Oban



Pauline Jespersen recently won Nurse of the Year at The Scottish Health Awards. She was nominated by Pat Tyrrell, Deputy Director of Nursing for Highland who described Pauline as

*“a truly exceptional clinically skilled and professional nurse as well as an outstanding leader. She has achieved individual, team and practice excellence in Oban and is recognised by her team, her colleagues, and most importantly by her patients, as a fantastic nurse.”*

Following training in Glasgow in Sick Children and General Nursing, Midwifery and Health Visiting, Pauline began her career in general practice nursing at the Lorn Medical Centre in Oban in 1990 and happily continues to work there. In the 1990's she completed diploma level courses in long term conditions whilst working part time when her 3 sons were young. In 2002 she graduated from Robert Gordon University with a BA Community Health Nursing with Specialist Practitioner in General Practice Nursing. Non-medical prescribing followed which she describes as making the biggest impact to her clinical career.

“Pauline’s role and profile have developed over the years and she has applied all of her learning and skills to her own practice, working as an advanced level general practice nurse. She epitomises the type of role and professional that nurses in primary care can become. She has demonstrated to the GP partners and the practice population how nurses can make a significant contribution to their health and wellbeing. She has become a full partner in the practice and leads and influences the direction of travel within a partnership that takes a true multidisciplinary and collaborative approach to care delivery. (Pat Tyrrell)”

# GPN Portrait

Since 2003 Pauline has been the Integrated Nursing Team leader which involved providing leadership to the team of nurses attached to the GP practice – General Practice Nurses, District Nurses, Health Visitors, School Nurses and Primary Mental Health Nurses.

*“Through her excellent clinical credibility and strong engaging leadership skills she has developed a team where there is high level of trust. The team work in a truly collaborative and innovative way with the Lorn Medical Centre practice. Pauline has dealt with significant challenges as the workload in primary care has grown exponentially. She has redesigned the team and supported their development to meet the more complex needs of the practice population. Within the team there are now many more nurses working at an advanced level and as non-medical prescribers. (Pat Tyrrell)”*

Pauline dedicated her award to the fantastic team that she works with in Oban, not only nurses and GPs but Practice management and administrative staff who play a crucial role.

*“The team’s contribution in Oban has led to the following improvements (Pat Tyrrell):*

- Nurse led services across range of long term conditions and complex case management
- Strong collaborative and team based approach to care
- Highly performing general practice with very positive feedback from patients through patient surveys and high level achievement of QOF points
- First nurse partner in general practice in Argyll and Bute
- Successful record of change and redesign to improve services for patients and families in Oban

Pauline’s future aims are to continue to raise the profile of general practice nursing to meet the future challenges that the 2017 Scottish contract may bring. With general practice nursing providing 8 million appointments annually - 30% of all primary care contacts she is keen to protect the essential role that GPNs provide.

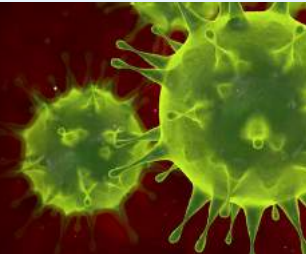


# Resources

## Zika virus

Zika virus (ZIKV) is a flavivirus related to dengue virus (DENV) with an incubation period of 2-12 days. Symptoms of ZIKV infection are similar to DENV; generally mild and self-limiting; lasting 4-7 days and may include:

- rash
- pruritus
- headache
- conjunctivitis
- myalgia
- arthralgia



ZIKV is transmitted by mosquitoes (primarily day biting *Aedes aegypti*) with a geographic range across the tropics similar to DENV. There is the potential for ZIKV to spread to all countries and territories where the mosquito vector is found.

In endemic areas most infections are likely to be mosquito-borne, there is evidence for sexual transmission via the vaginal, oral and anal routes. Evidence for perinatal, and specifically transplacental, transmission has been reported.

Of particular concern is the association between ZIKV infection in pregnancy, and the increase in number of birth defects being recorded in Brazil, notably babies being born with microcephaly (smaller than normal head). There is also an association between ZIKV

outbreaks and the occurrence of Guillain-Barré syndrome (GBS). The risk of developing GBS following ZIKV infection is currently unknown, but thought to be very low.

Further information on prevention, diagnosis, treatment/management and public health implications of ZIKV can be found on TRAVAX via the following link: <http://www.travax.nhs.uk/diseases/non-vaccine-preventable/zika-virus-infection.aspx>

## Human factors and advanced SEA

In 2015 the NMC provided registered nurse with a new Code of Practice that has four sections: prioritise people, practice effectively, preserve safety and promote professionalism and trust. We all are required to show how we meet the Code as part of revalidation. In section 19 it states: Be aware of, and reduce as far as possible, any potential for harm associated with your practice. To achieve this, nurses must undertake actions one of which is take account of current evidence, knowledge and developments in reducing mistakes and the effect of them and the impact of human factors and system failures (19.2).

The NES GPN Learning and Development Network were part of a group in NES to develop learning materials and tools to support the multi-disciplinary team achieve this. Learning materials include eLearning on enhanced SEA, a human factors system approach for primary care which you can access [here](#). This was made possible with through funding from the Health Foundation (SHINE project).

# Conferences and Courses

### **Do you or any of the nurses in your practice need an Introductory Training Course on Asthma Reviews in General Practice?**

A new NHS Education for Scotland short course for reviewing asthma in general practice is being offered as a two day course.

The course content is designed by general practice nurses who have previous experience of delivering asthma courses.

Cost is £120 / person.

Applicants must meet all the following criteria before applying:

- Currently employed in general practice as a registered adult nurse
- Supported by employer to undertake annual reviews of asthma as part of their role
- Access to completing 5 annual reviews for assessment within a 3 month period.

Applicants are expected to name a supervisor for clinical practice that is experienced in annual asthma reviews as part of their initial professional training or successfully completed a recognized training programme on asthma. In addition a supervisor should be currently undertaking asthma reviews and can demonstrate they have kept their knowledge and skills up to date.

If you would like to be sent application forms or have any questions please email [MedicalPracticeNurse@nes.scot.nhs.uk](mailto:MedicalPracticeNurse@nes.scot.nhs.uk).

### **The NES GPN short course in leadership and management skills.**

This is a three day course. The course content provides an introduction to leadership, recruitment, appraiser skills, performance management, delegation, workforce planning and more.

Cost is £120 / person

Applicants must meet all the following criteria before applying:

- Currently employed in general practice as a registered nurse
- Supported by employer as leadership & management is / will be part of their role
- Be prepared to undertake and present a small project to demonstrate learning
- Able to attend all three course dates.

On successful completion of the course participants will be able

- to identify both the leadership and management qualities and skills needed for effective clinical team working
- to recognise models of leadership and develop skills in addressing challenges both in delivering clinical practice, and when supporting other professionals

# Conferences and Courses



- to assist in recruiting and developing team members, and influence the values and culture of the team
- to provide information on managing change in multi-professional teams
- to promote a culture of shared leadership and distributed leadership for all.

Applicants are expected to name a supervisor in their employing practice for support in completing their project. This is normally a senior nurse, GP or practice manager.

If you would like to be sent an application form, more information or have any questions please email [MedicalPracticeNurse@nes.scot.nhs.uk](mailto:MedicalPracticeNurse@nes.scot.nhs.uk)

**NES Initial cervical cytology training**- the next one is on Wednesday 3rd August at NES Offices, 2CQ, Glasgow. Interested applicants should email [Elizabeth.cook@nes.scot.nhs.uk](mailto:Elizabeth.cook@nes.scot.nhs.uk) for an application form.

**Practice Based Small Group Learning (PBSGL)** have a whole library of modules available for small group education to find out about local groups or to arrange a taster session contact your local NES GPN Education Advisor or email [MedicalPracticeNurse@nes.scot.nhs.uk](mailto:MedicalPracticeNurse@nes.scot.nhs.uk)

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



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