

# CO-ORDINATED LEARNING AND DEVELOPMENT NETWORK FOR GENERAL PRACTICE NURSING

NEWSLETTER | SUMMER 2018



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Welcome to our Summer 2018 newsletter and a very big welcome to **Lynne Innes**, our new NES National Co-ordinator and Programme Leader for General Practice Nursing and to **Vicki Waqa**, NES Specialist Educator for GPN.

Their leadership and dedication to GPN educational development will be extremely valuable to our profession in the rapidly changing and often demanding climate in which we operate.

As a team we are delighted that **Susan Kennedy** our first NES National co-ordinator for GPN received an MBE for her services to general practice nursing. This was a fantastic recognition of all her hard work and achievements. Well done Susan and thank you.

This newsletter includes an article by **Ruth Aird** our former National Co-ordinator who retired in January 2018. Her article on 'impostership to mastery' rang true with me as I struggled to work through my Advanced Clinical Examination and Assessment skills training this year. I can report I have survived and passed the OSCEs and am waiting for my final result after the written work is marked. Whilst I am really pleased to have acquired these new skills and find them immediately relevant and important for my clinical work, I must admit I found it hard to find the time



**Jaqui Walker, Editor, NES GPN Education Advisor Highland South.** Please contact me directly about learning issues and with contributions for the newsletter by email: [jaqui.walker@nes.scot.nhs.uk](mailto:jaqui.walker@nes.scot.nhs.uk)

to gain both the clinical experience and study to the level required whilst continuing to try and keep up with pre-existing work, family and general life commitments. Nothing else stops, you just need to squeeze more in and I often felt completely adrift in a rising sea with waves crashing down all around me and an overall sinking feeling! No doubt I will have forgotten all this by the autumn when I will undertake the next stage of my training in my goal towards advanced practice.



Another of Ruth's visions the GPN handbook continues to grow with a new chapter on non-medical prescribing added recently. You can access the handbook via our GPN CPD community of practice site on the knowledge network. The GPN handbook captures a significant wealth of knowledge and expertise in one book and includes ideas for reflective practice so that reading it can be used as part of your revalidation.

Also in this newsletter; **Gill and Kirsteen** have written excellent articles sharing very practical

information about how they integrated new models of care into their work, **Vicki Trim** from Macmillan shows how GPNs can get involved in leading cancer care reviews and we have updates on preventing infection in general practice and the new high-risk HPV screening. Don't miss the conference report from our April 2018 NES NMAHP event I encourage you to attend this if you can next year. It always inspires me to develop my role and skills.

Our website with past copies of this newsletter is available at:



[www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/general-practice/practice-nurse-development/general-practice-nursing.aspx](http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/general-practice/practice-nurse-development/general-practice-nursing.aspx)

In addition to our web site you can now access current and past copies of the newsletter as well as many other educational resources on our GPN communities of practice site. See more information about this and how to access it in the courses and conferences section at the end of this newsletter.

I hope you enjoy our newsletter and I look forward to writing again in Winter 2018. ■

# WHAT'S NEW IN GENERAL PRACTICE NURSING

## A VIEW FROM NHS EDUCATION FOR SCOTLAND



Lynne Innes, National Coordinator for General Practice Nursing

**It's been a remarkable, exciting and exhausting 4 months since starting at NES alongside Vicki Waqa (Specialist Educator in CPD for GPNs). It's an enormous privilege to be establishing ourselves as a collaborative team working towards developing and promoting the next phase of education for GPNs across Scotland.**

I recently attended a presentation given by a GPN who included a photo of a small yacht on high seas with the analogy being that as GPNs we are in fast moving times which I can reflect as being extremely insightful of the period of change in which we find ourselves.



The adoption of the new Scottish GMS Contract by our GP colleagues and the announcement that GPNs are to benefit from further funding from the Scottish Government for education and training over the next 3 years means that at this moment we are indeed in an exciting and developing period of change.

There will shortly be an announcement about how that education and training will actually look. Vicki and I are both delighted to be working in conjunction with the enthusiastic NMAHP team at NES to achieve this range of educational opportunities for all GPNs in Scotland.



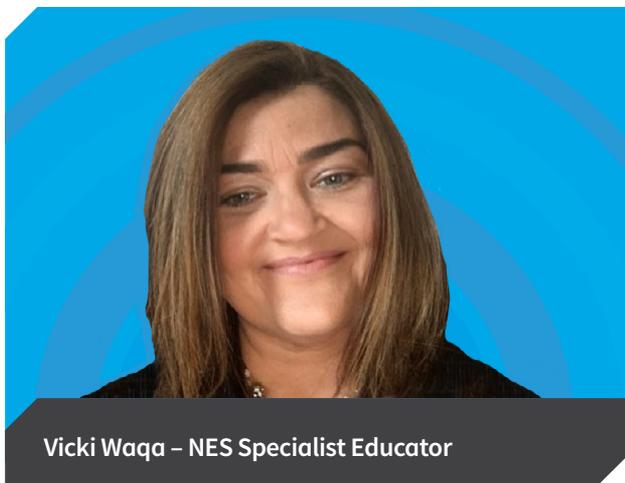
In April we held our first joint conference with NMAHP at the Edinburgh Conference Centre which was received well and we look forward to working together again next year. At the dinner of the conference we were delighted that **Susan Kennedy MBE** agreed to present the 2016/17 cohort of NES GPN Programme trainees with their awards on completion of the programme.

Many of you will know that Susan was awarded with an MBE for services to practice nursing in the 2018 New Year's Honours list. This is a wonderful achievement and those of you who know how tirelessly and selflessly she worked to enhance and develop practice nursing in Scotland understand how well-deserved this accolade is for Susan and send our wholehearted congratulations on behalf of all GPNs in Scotland.

With my appointment came the retirement of Ruth Aird as Interim National Coordinator for GPN at NES. Ruth admirably looked after the Learning and Development Network after Susan's retirement over the last year and jointly with Susan for 2 years before that. Ruth quietly and reflectively supported GPNs throughout this period and was an enormous asset to the team of NES Education Supervisors and Advisors over the period.

The GPN Programme will commence again in August of this year and continues to be well evaluated by participants and stakeholders alike.

As we move forward as GPNs in Scotland there are going to be many opportunities to develop educationally as we develop our roles. I hope you enjoy the challenge of developing your general practice nursing career in these fast-moving times. ■



Vicki Waqa – NES Specialist Educator

**I cannot believe that I have been part of NES for 4 months already. Some days it feels like 4 days. Others, 4 years! Or maybe that's just the years I have aged since taking up post!**

What an experience and privilege it has been too. Although, possibly, the steepest learning curve of my career, to date. After qualifying as a RN in 1996, I pursued a ten-year career in A and E before moving into Primary Care and I have never looked back. I have worked as a Practice Nurse and as an Advanced Nurse Practitioner in Primary Care and Out of Hours. I continue to practice two days per week as an ANP in General Practice and I have taken up the role of Specialist Educator within NES. My role with NES involves developing and delivering CPD Nationally for GPNs. Just a small challenge!

I was extremely lucky to take up post on the same day as **Lynne Innes (National Co-ordinator for GPNs)** and what a support she and NES supervisors and advisors have been to me – thank you.

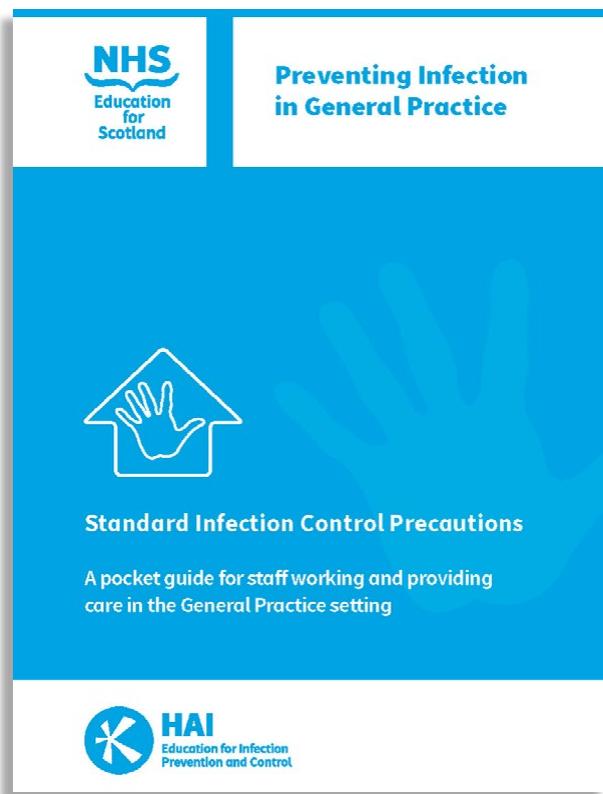
The future is exciting for us GPNs. In fact, there is much debate in the literature over our title and I like to think of us as expert generalists - which we always knew we were!

Joking aside, this time of transition is huge. I have never felt so excited to be part of such change. With the introduction of the new GP Contract, CPD is as important as ever if we are to push the boundaries of our traditional roles, maintain best practice and meet the increasingly complex needs of our patients. Excitingly, as GPNs we will not only require to develop new ways of working, but new skills. Collaboratively, Lynne and I, with the help of NES Supervisors and Advisors, endeavour to develop and deliver such material to assist you in developing the necessary skill set. As many of you will be aware, funding from Scottish Government has been awarded and consequently there will be many funded courses throughout the coming year. Many of these courses will be released at the end of May and they can all be found on:



<https://portal.scot.nhs.uk>

I look forward to meeting as many of you as possible. ■



**The Preventing Infection in General Practice pocketbook** is a resource designed specifically for staff providing care within general practice. The pocketbook provides the “must do” Standard Infection Control Precautions (SICPs) guidance that should be followed to minimise the risk of spreading infection to yourself, other staff and the person receiving care. It also highlights key advice on factors “to consider” as part of the SICPs and identifies other factors that keep staff and those being cared for safe. The pocketbook contains a scenario offering a learning opportunity for you to apply the Standard Infection Control Precautions in the General Practice setting.

The Preventing Infection in General Practice pocketbook was adapted from the Preventing Infection in Care at Home resource which was developed for those providing care in a patient/client’s home or in a care home, and is one of our most popular resources.

NHS Education for Scotland (NES) have developed and launched this resource following workshops and meetings with General Practice Lead Nurses, GPN Education Advisors, and GPNs ensuring that the scenario developed reflects current practice within general practice.

The pocketbook identifies each SICP which is represented by an individual icon on page tabs making it easier to access specific SICPs related information. The NES team have included a scenario which demonstrates a clinical situation that may occur with the general practice setting and identifies the SICPs that you “must do” or those that you may consider for each step in the scenario.

NES are currently in the process of distributing a hard copy pocketbook to every GPN across Scotland. The resource can also be accessed and printed locally from the NES website:



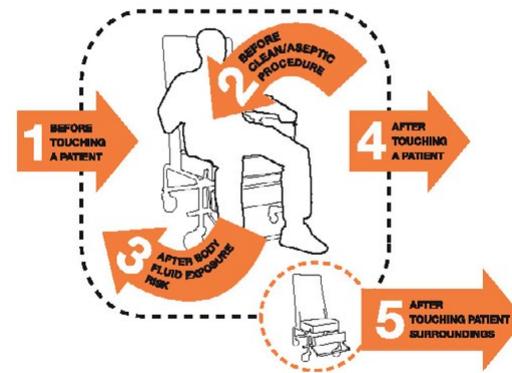
<https://tinyurl.com/ycqwpoyb>

In order to evaluate the impact of the resources in practice, NES would be delighted to hear your views on how the resource has been used, by whom and what impact it has had. ■



If you would be willing to share your feedback please get in touch by email via the HAI Mailbox [hai@nes.scot.nhs.uk](mailto:hai@nes.scot.nhs.uk)

## Your 5 Moments for Hand Hygiene



Based on the 'My 5 moments for Hand Hygiene'  
<http://www.who.int/gpsc/5may/background/5moments/en/index.html>  
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### Gill Dennes NES GPN Education Advisor, Fife and ANP, Oakley Health Centre

Last autumn one of the GPs at our surgery attended a conference and learnt about the **SCI-Diabetes Care Plan** option which is available for download in the 'Patient Support' tab of SCI-Diabetes. I'm always interested in trying new ways to improve patient centred care and encourage patient empowerment and we thought it would be interesting to try out the Care Plans with a small group of diabetes patients – a Plan, Do, Study, Act.

The results suggested that the use of SCI-Diabetes Care Plans was a valuable addition to our annual reviews as both patient and clinician found them really useful and effective in helping patients to focus on and take ownership of their own diabetes and promoted positive health behaviour change. As part of the PDSA I kept a blog of eight diabetes annual reviews I conducted, as follows:

1

Patient received Care Plan just before his appointment so had no time to fill in. We filled it in together. I found it very useful to structure the consultation round it, and the results graphs help explain current health in relation to targets. Good to include the depression screening questions. It felt a more holistic approach.

2

Patient remarked he found the graphs useful and arrived at his appointment already thinking about what he had to change. Care Plan helped us to agree specific actions with definite targets for next review.

3

Patient didn't really look at plan at all but brought it in to his review. We used the Care Plan to structure the consultation and this seemed successful. I wrote out agreed actions for patient to review at home with his wife, on the 'action' section of the plan, after discussion.

Using the Care Plans feels a better way of helping patients understand their results and measurements, the trends in their health outcomes and their central role in making changes to improve their outcomes.

5

Patient did not receive the plan in post so I used the 'create PDF' option to give the patient a plan during the consultation. It was very helpful to use the plan to agree targets and follow up and for writing down medication changes.

4

Next patient remarked she thought the plan was excellent and it was great to review all her graphs before she attended. She had thought about her targets and written down her actions. She had also completed the depression screening and circled the things she wanted to discuss.

6

Patient said he found the plan really informative. He liked being able to see all his results. He had written down specific actions. He was able to indicate erectile dysfunction was an issue – easier than raising the subject he said – because he could 'circle' this symptom and felt he had permission to speak about it.

He was also prompted to check his blood pressure at home and knew how to compare with the target on the plan.

7

Again used the 'create PDF' option. We discussed the colour charts on screen. This was helpful in persuading a reluctant patient of the value of restarting Metformin as the graphs made clear his gradual deterioration. Looking at a trend often resonates far more with our patients than single figures, as they can see more clearly how deterioration in weight, HBA1C, cholesterol level, blood pressure control and other parameters is happening over months or years.

8

The last patient had forgotten his plan but agreed he would go home, look at graphs and write down specific actions to improve outcomes rather than starting additional antihypertensive agents immediately.

I would encourage anybody who conducts annual diabetes reviews to consider using the Care Plan in SCI-Diabetes. We now telephone our patients to come for screening bloods, then send out the Care Plan with a letter asking patient to complete their 'action plan' and bring it to their review appointment.

The Care Plan includes the blood results, previous weights, blood pressures, and information on things like feet, retinal screening, last microalbuminuria result, smoking status and compares the results to targets. Helpfully it applies a 'traffic light' system

so you can quickly see which parameters are low, medium or high risk – green, amber, red. Access to a colour printer is extremely helpful!

Fife Diabetes MCN are keen to support the use of SCI-Diabetes Tools and can organise training where required. I'm sure there are many other tools in the website which I've yet to adopt, and which are equally helpful. Certainly the Care Plans have greatly enhanced a patient centred approach in my annual reviews so I would encourage you to consider using this great resource. ■

Vicki Trim, Macmillan TCAT Project Manager

**Background:** This primary care project is part of the Scotland-wide Transforming Care After Treatment (TCAT) programme, set up to improve the care every cancer patient receives after their treatment ends. Whilst the landscape of cancer has changed due to earlier detection, treatment advances and people living for longer; primary care services could do more to respond to this change. GPs are increasingly under greater demands and being able to release them from activities that do not require their medical expertise, can help to reduce the pressure they are under.

**WE ARE  
MACMILLAN.  
CANCER SUPPORT**

**Aim:** We wanted to test the acceptability and feasibility of practice nurses taking on the role of delivering cancer care reviews using a Holistic Needs Assessment Tool—the concerns checklist. Practice nurses have a range of transferable skills currently used in their chronic disease management role however cancer specific training was highlighted as a learning requirement.

As well as increasing the confidence and competence of practice nurses to deliver cancer care reviews, we set out to:

- Provide evidence of the effectiveness of practice nurse led holistic cancer care reviews
- Improve the quality of the patient experience by offering a person-centered cancer care review
- Report any potential shift in workload from GPs



**Our Approach:** The cancer strategy Beating Cancer: Ambition and Action 2016, recognises that system and organisational changes to promote and deliver the roles and skills necessary for true person centered care are required; and our approach is represented in the House of Care model below:

Through Macmillan Transforming Care After Treatment (TCAT) funding, 9 GP Practices within Lanarkshire tested this innovative model using a Holistic Needs Assessment Tool - the Concerns Checklist and developed administration procedures.

**Agenda set by person - Logan Practice, Wishaw**

Person receives concerns checklist to allow time to consider what's important to them.

10 practice nurses trained in cancer as a long term condition to increase competence and confidence in delivering cancer care reviews.

Connections to Local and National cancer support for people and their families e.g. The Havens, Maggie's Lanarkshire, Kilbryde Hospice, St. Andrew's Hospice, peer support groups, wider voluntary and 3<sup>rd</sup> sector community assets.

In addition to local evaluation, Edinburgh Napier University provided evaluation services to analyse core data, processes and actions (i.e. the review duration, signposting/ referral to services), concerns raised, patient feedback questionnaires and practice nurse focus groups.

Results from the two year project with 250 cancer reviews delivered across nine practices, verify that a practice nurse approach is both feasible and acceptable. 20% of people opted to have the review over the telephone, supporting the need for a flexible approach. Individuals reported that they valued the time (30 minutes on average) that practice nurses provided to listen to their concerns, and helped navigate them around the maze of services and support including those in their local community. Fatigue, pain and worry were the top three concerns raised. People affected by cancer also said (see word cloud below) that they now regarded their practice nurse as a point of contact for any future concerns they may have:



**Conclusion:** Training practice nurses to support people with cancer has allowed stratification of patients to the appropriate practice staff member and shifting some of the workload from GPs. We have generated evidence to confidently say that we have improved the:

- Quality of the cancer care review
- Satisfaction for both the person with cancer and also the practice
- Operational guidance for primary care to share and spread learning

At least a third of practices in Lanarkshire now have a practice nurse that has been trained in cancer care and the local Primary Care Transformation Group is supporting this important quality improvement area of work. ■



TRANSFORMING  
YOUR  
CANCER CARE



#### Want to know more:

- **Holistic Needs Assessment approach:**  
<http://www.macmillan.org.uk/aboutus/healthandsocialcareprofessionals/macmillansprogrammesandservices/recoverypackage/holisticneedsassessment.aspx>
- **RCGP Primary Care Cancer Toolkit:**  
<http://www.rcgp.org.uk/clinical-and-research/toolkits/primary-care-cancer-toolkit.aspx>



For further details on the practice nurse led cancer care review project contact Vicki Trim, Project manager:  
[Vicki.trim@lanarkshire.scot.nhs.uk](mailto:Vicki.trim@lanarkshire.scot.nhs.uk)

For more information on the West of Scotland Cancer Network and TCAT please contact Debbie Provan, Regional Lead TCAT (WoSCAN)  
[Debbie.Provan@ggc.scot.nhs.uk](mailto:Debbie.Provan@ggc.scot.nhs.uk)

**In Nov 2015 following a review of evidence the UK National Screening Committee made a recommendation to the UK countries to adopt high risk HPV primary testing into the Cervical Screening Programmes.**

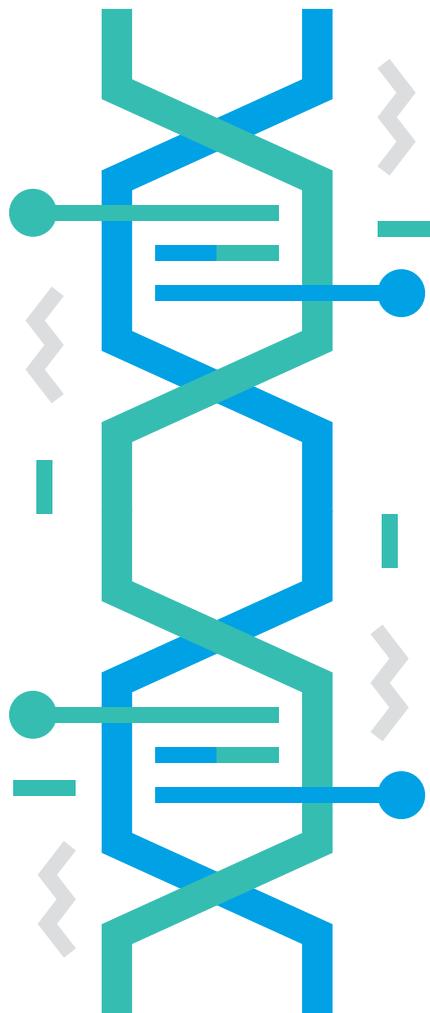
Scottish Government made a commitment to implement Primary HPV testing which was included as an action in the cancer strategy plan in March 2016. As a result Scottish Government made a request to develop a Full Business Case to fully cost the preferred model to replace cytology as a primary screening test with hr-HPV testing and use cytology based tests as the triage for women who test positive for HPV.

The implementation of Hr-HPV Primary Testing was announced by the Scottish Health Minister on the 11th August following approval of the Full Business Case.

### THE CHANGE

The change sees the replacement of cervical cytology as the primary screening test with Hr-HPV testing and the use of cytology-based tests as the triage for women who test positive for Hr-HPV.

HPV has been identified in the majority of cervical cancers. The introduction of this new test will help ensure the early signs of cervical cancer are identified and treated earlier.



The way in which samples are taken will not change, it is the way in which the sample is processed which is changing. The sample will now be initially tested for Hr-HPV using an automated testing platform. Positive result samples will then have a cytology test carried out by examination of cells under a microscope. It is recognised that sample takers will be required to be educated in Hr-HPV Primary Testing and the results provided to participants, in order to inform and advise. CPD slides and a FAQ document are therefore going to be developed to help support this.

The developments will also see Scotland's cytology laboratory service reconfigured from the current seven NHS Board-run cytology labs to become one of two 'super labs' delivering both HPV and cytology testing. The two labs will be centrally commissioned.

## THE PROJECT

The project officially commenced September 2017. A project team was recruited, contact details below:



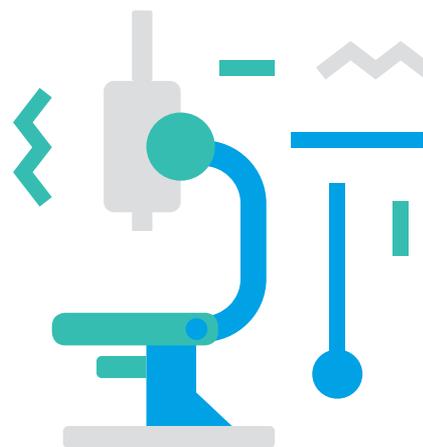
**Hr-HPV Implementation Project Manager** -  
joanne.milne-toner@nhs.net

**Hr-HPV IT Implementation Project Manager** -  
rosswalker@nhs.net

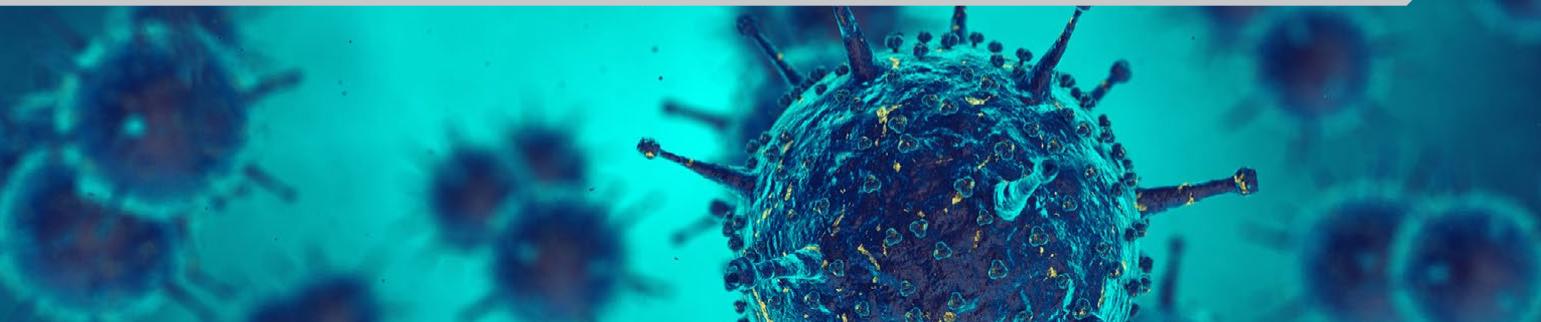
**Hr-HPV Implementation Programme Support** - Donna.McLean2@nhs.net

An Implementation Board was established and provides overall project governance and reports to the Scottish Screening Committee via National Specialist and Screening Services Directorate (NSD). Six implementation groups, to ensure successful delivery of the change, have been established:

- IT
- Procurement
- Clinical Governance
- Communications
- Laboratory Reconfiguration Group
- QA/EQA/Data Group



## CHANGES TO THE FLU VACCINE(S) USED IN THE 2018/19 SEASONAL FLU VACCINATION PROGRAMME- AN UPDATE



**Next season in Scotland, all adults aged 75 or more will be offered the adjuvanted trivalent vaccine (aTIV), all adults aged 65–74 will continue to be offered the current trivalent vaccine (TIV), and all eligible adults between 18–64 will be offered the quadrivalent vaccine (QIV) which provides protection against four strains of flu.**

This updates previous advice following colleagues in NSS procurement exploring viable options for aTIV procurement. Although it is possible to secure the new aTIV for the over 75 group, it is not possible to do so for the full population cohort (everyone over 65). This is a complex area of work with complex manufacturing processes and lead in times. Only one vaccine manufacturer offers the new flu vaccine and given the increase in demand for this vaccine they are unable to manufacture and provide the required volume in time for the start of the 2018/19 season.

In order to minimise disruption for GPs and patients the proposed changes to the new aTIV vaccine for those aged 65+ will be phased in over the next two seasons i.e. 2018/19 and 2019/20. Those ages over 75 will be offered aTIV whilst those aged 65–74 will continue to be offered the current trivalent vaccine until the following season. From 2019/20 all adults aged 65 or more will be offered aTIV.

**Workforce education and public facing resources are currently under development and will be available shortly. ■**

## FROM IMPOSTERSHIP TO MASTERSNESS: EXPERIENCES OF A POSTGRADUATE STUDENT'S TRANSITION TO HIGHER EDUCATION REFLECTED THROUGH POETRY



**Journal of Research in Nursing 2017,**  
Vol. 22(6-7) 522-532 Ruth Aird 2017  
DOI: 10.1177/1744987117731480  
[journals.sagepub.com/home/jrn](http://journals.sagepub.com/home/jrn)

**Mature students returning to education after a long absence often lack confidence, experiencing feelings of inferiority and of being unworthy of a student role in higher education institutions. This paper reflects on the author's experience when making the transition from a mature, senior nurse to a student on a master's programme.**

During the learning journey the author starts to pen a poem, eventually called 'Education at Sea', which became the ensign of an academic voyage and a catharsis to a greater understanding of impostership.

Impostership is a phrase coined by Clance and Imes (1978) meaning an inability to internalise accomplishments with a persistent fear of being

exposed as a fraud, despite external evidence of competence.

The conclusion asserts that higher education institutions must create cultures that enable students to openly communicate these experiences and offer supportive scaffolded strategies to assist with transitions to and through Master's-level learning.

The following poem demonstrates the feelings of an adult learner in an unknown environment and a recognition that learning needs the journey and the journey can only be taken through the learning.

## EDUCATION AT SEA

I walk in through the hull of this ship of learning  
No one sees me - I am glad...  
For they might tell me I don't belong.  
I have grey hair when I am not pretending  
And spectacles hidden in my bag,  
But I have just arrived from a hub  
Of clinical activity that I advise and direct  
I sit in the corner dreading the introductions.  
MSc; BA(Hon); MA; PhD...  
What am I? What did I sign up for?  
Critical thinking – analyse and simulate,  
Or perhaps just stimulate those dead end cells.  
I've missed what she said – too quick,  
My brain is not in gear, it's still in the clinic,  
Patient focused, patient centred.  
I love to teach but now I have to learn to teach  
and the right to teach is somewhere here  
on this ship but the signs are in an unknown  
language.

I am looking for the life buoy  
For I am far beyond my depth  
Swimming in unfamiliar waters  
Trying to find a way back on board.  
Now there is a storm brewing  
I need someone's arm to grab  
Someone strong who knows these waters  
The ship is leaking, too much knowledge  
Too many journals, articles, references.  
I am searching for the horizon but  
Cannot sound the depths.

My independent study has become  
A race for constructing scaffolding  
Made of kelp from the forest  
That changes direction with the tide  
For I cannot reference my thoughts  
No matter how hard I try.  
I skulk in the ships bottom  
Hearing the sound of breaking waves  
Hoping no one will ask me  
If I understand the article  
I am a fraud, an actor on the stage  
And I am afraid to fail  
Afraid to let you all down  
For you try your best  
To stop me drowning.

But wait – up there beyond the heaving sea  
A small pin point of light is beaming  
Every minute it pierces the darkness  
It draws me out of the hull  
A passmark gives me strength  
I have no idea how it got there  
I discover a visual learning style  
And start to weave a picture pattern  
Towards the broken light.  
My fragmented journey is not over  
for each wave I crest increases the danger  
of rocky shores but adds skillfulness  
to the turning of the wheel.

*Ruth Aird 2015*



## HOUSE OF CARE MODEL – A STARTING POINT

Kirsteen Coady, Advanced Nurse Practitioner,  
NHS Education for Scotland Educational  
Advisor for GPNs & NHS Education for Scotland  
Educational Supervisor for GPNs Grampian



**I first heard about the “House of Care” model at an NHS education for Scotland event, within my role as a GPN Educational Advisor. From that point a seed was planted.**

At my appraisal in 2018; I discussed that I felt it was a model of care that met our practice’s needs. The needs of the practice and population had changed due to the merging of two practices in 2016 – in effect doubling in size to approximately a cohort of 6000 patients. I felt this person-centred approach would not only benefit individuals registered at our practice but also the practice team and the population in which we live. Our present model is orientated around diseases and disease registers.

Around the time of my appraisal the QNIS were advertising for the 2018 Queen’s nurse programme. The purpose of QNIS is to enable nurses who work in Scotland’s communities to be the very best they can be. I felt this opportunity would help support me enabling a House of Care project and would help me “make a difference” whilst enabling others to be their best. I was successful and began the inspirational programme in March 2018.

A House of Care model centres on individuals themselves rather than their specific “disease” and carries the philosophy of being “more than medicine”.



Some aspects of disease monitoring are crucial for health, such as blood monitoring, but this model encompasses all aspects, including social and psychological health. The end result from research in England is empowered individuals who can manage their conditions with improved emotional, physical and mental health. There is equality within consultations as individuals registered at the practice will receive their results prior to a protected appointment for a meaningful consultation.

This consultation is based upon care and support planning to support individuals in their choices and goals and address their main concern. It is a balance of agendas; a partnership approach leading to formulating a care plan which is SMART and addresses individual needs. It addresses the individuals' perception as to if change is important to them and also gauges their confidence towards change. This facilitates in addressing needs and goal setting and planning and ultimately the aim is improved outcomes for individuals.

**So, where am I now?** I am fortunate that I have gained the support of the team. Team support is vital and I feel the team is empowered and on-

board. The GPs and Practice Manager have trusted me and had confidence in me to lead on the House of Care project and have been very supportive. The QNIS programme has been invaluable in promoting a culture of excellence and inspiration which has been enabling for me. Public Health within Grampian has provided training for myself and the team and has been valuable in providing robust resources for the practice and the practice population.

This training is continuing weekly until the end of May 2018. A delegate from "Vision", our software system, has provided training around how to set up "patient groups" and a "House of Care" tab has been created to stream-line documentation within a consultation. Team members have also been inspiring, as changing "disease registers" to "patient groups" has been tackled enthusiastically by the data operator, who is keen to "get things right from the start". Seeing others excel has been a huge inspiration in this transformational change of practice. We are not yet up and running as there are some IT issues and we need to educate our practice population – which is the next major step. We hope to be "live" in the July – the first step in leaving a legacy for others...

## CORE VALUES FOR HOUSE OF CARE

More than medicine	Partnership of care	Equality in consultations	Balance of agendas	Empowered workforce
Better physical Health	Better Emotional health	Better mental health	Improvement in social isolation	Prioritising people
Prepared Patients and professional	Non-judgemental	Promoting individual choices	Empathy	Support and care planning

I have summarized core values for the House of Care approach above. ■



**Please be in touch with me if you need further information or advice:**  
Kirsteen.coady@nhs.net

Further information/resources can also be found at:

1. **The Health Foundation has a good resource on Person Centred Care and Self Management** <http://personcentredcare.health.org.uk/>
2. **The Coalition for Collaborative Care in conjunction with NHS England have produced a handbook for care and support planning** <http://coalitionforcollaborativecare.org.uk/news/personalised-care-and-support-planning-handbook-launched/>

3. **The Year of Care Partnership has a valuable resource and for practitioners wishing to find out more** <http://www.yearofcare.co.uk/>
4. **RCGP also has an excellent resource including a YouTube video on Care and Support planning** <http://www.rcgp.org.uk/clinical-and-research/clinical-resources/collaborative-care-and-support-planning.aspx>
5. **The Kings Fund has a nice critique of the House of Care from Angela Coulter** <http://www.kingsfund.org.uk/blog/2013/10/supporting-people-long-term-conditions-what-house-care>

## FEATURES

1<sup>ST</sup> NATIONAL NMAHP CONFERENCE REPORT: STRONGER TOGETHER – WORKING IN PARTNERSHIP TO SUPPORT THE EDUCATION AND DEVELOPMENT OF THE NMAHP WORKFORCE | 26TH APRIL 2018, EICC, EDINBURGH.



*Professor Fiona Ross CBE*

**This year instead of a separate GPN event we partnered with NMAHP to hold a joint conference. This was a busy and very informative event with lots of choice of sessions in the morning and an excellent joint plenary for medical education, medical appraisal, NMAHP and GPN in the afternoon including an interactive panel discussion.**

It was a truly multidisciplinary, team building, innovative event. It is not possible to cover everything in this newsletter so therefore only some of the highlights from the day are given below.

During one of the morning 'meeting the teams' sessions **Jane Harris Programme Director NMAHP at NES** explored the transforming roles agenda and what this will mean in practice for

post registration education. She emphasized the importance of thinking differently as we find new ways to configure and deliver services. Jane was optimistic that new and advanced roles within multidisciplinary and multi-agency teams will lead to attractive career pathways. It will be important to ensure we have the confidence of the public as these new roles develop.



*Karen Wilson*

Post registration training for nursing and midwifery has in the past been a very adhoc journey but now clear pathways have been created. Education needs to involve future-focused, flexible lifelong learning.

In the plenary session for the NMAHP conference **Karen Wilson, Director of Nursing, Midwifery and Allied Health Professions at NES** and **David Garbutt, the new Chair at NES** set the scene by exploring the change agenda and what this means to individuals. David has Chaired the Scottish Ambulance Service through a transformation programme and expressed excitement and optimism about his new role at NES. David plans to use his role to help develop flexible training programmes that are fitting and meaningful to the needs of today's society and forward looking for the needs of tomorrow.

Karen promoted the importance of increasing the visibility of NMAHP and how it is central to the delivery of the current transformation of our education and work. She also highlighted the importance of wellbeing and explained that supporting resilience in the workforce will be a key priority as we move forward. It is vital that NMAHP is responsive, flexible and agile and can adapt with speed to deliver the education that the workplace requires now and with horizon scanning is also able to proactively innovate for what will be required in the future. An interdisciplinary, technology enabled approach working in partnership with Higher Educational Institutions and doing things Once

for Scotland will be important for success. Karen is keen to hear from us and welcomes our ideas.

**Professor Fiona Ross CBE, Kingston University and St George's University of London** gave an inspiring presentation on the development of the NMAHP workforce: going deeper, bolder and further together. Fiona discussed different models of work and shared examples of initiatives where working collaboratively has developed innovations such as; Compassionate Inverclyde with their No one dies alone (NODA) programme; revolutions in the structure of inner city nursing teams and coaching of staff to help them develop leadership and gain the best service they can from their professional skills. Initiatives involving the whole community are important and we must avoid over medicalising natural life events such as death and dying. Public education is needed but there is now a whole social movement towards more involvement and help within our communities. “back home boxes” on discharge is one example of this.

As professionals we will need skills for developing public engagement but also be able to let go of areas that we may previously have seen as part of our professional domain. ‘Escape pain’ is an excellent example of a physiotherapy initiative to enable self – management and coping with arthritic pain through exercise and showcases how professional skills can be used to develop the overall health of the public through empowerment. This initiative is approved by NICE and has been adopted by 36 health providers throughout the country.



*Professor Fiona Ross CBE*

Fiona explained that it is important universities give accreditation for work place learning and that this will be a powerful way of moving forward with nurse education and development. Transformation is about new ways of working together. Advanced roles do make a difference to patient satisfaction and there is evidence that they improve access to care and provide excellent follow up.

Fiona strongly believes we can do more through collaboration than can be achieved on our own.

Resources will always be limited making it critical that we think differently about how we deliver care.

Parallel sessions then gave 8 different options for delegates. In one session, **Lesley Holdsworth, Clinical Lead for Digital Health Care**, outlined the work of the National NMAHP Digital Network including the various work they are undertaking to develop digital NMAHP leaders within the wider workforce. (Further information on this can be found at [www.digihealthcare.scot](http://www.digihealthcare.scot)). Lesley explained how we are now in the fourth industrial revolution, that 92% of the population are internet users and that we spend an average of 22 hours a week on line. This is now the way people live their lives through email, social media etc. and health systems need to respond to this by being digital by default.

In health care we need to move at the same pace as everyone else and disruptive technology will be required to build in new more efficient and effective processes and we must be opportunistic in seeking opportunities to change.

Lesley explained the difference between ‘digital natives’ born after 1983 who have never lived in a world without the internet and ‘digital immigrants’ who have learned to evolve. Her role in Scottish Government is to provide central leadership and support, with a 2-way conduit to learn, share and empower a digitally enabled work force. Changing the culture will be important and leadership is a key skill for this.



*Lesley Holdsworth*

Digital is not just about replacing a paper form; it is a whole different approach and process – ultimately it is about using technology to do things better.

Our new students are often digital natives and they expect to be able to interact digitally in their work and education. We need to prepare the work place for them.



*Jane Harris*

**Jane Harris** highlighted the exciting climate we are currently in from an educational perspective and that this is supported with interest, enthusiasm and investment to help underpin the changes required to transform roles and meet the needs of our population and targets set by the Scottish Government.

**Jenny Wilson, Professional Nurse Advisor, Scottish Government** and **Lynne Innes, NES National Coordinator for GPN** facilitated an interactive parallel session entitled: If you had a

magic wand how would you reflect on what your wishes would be for stronger integrated learning with community nursing colleagues in the future?

The Transforming Roles programme, driven by Setting the Direction (CNO's review of nurse education) affirms that the integration of health and social care in Scotland requires new models of care, delivered by multidisciplinary, integrated teams. DNs and GPNs and their wider teams working as an integrated community nursing team can reduce boundaries between their practice and place of care. To enable this community nursing staff can develop new and innovative ways of working to provide safe, effective and person-centred care.

**During the session Jenny and Lynne asked the delegates in groups to consider two questions:**

1. What would be the benefits and challenges, of being part of an integrated team, if it were being designed from a blank sheet?
2. What would a GPN require in terms of educational support to make a valuable contribution to an integrated team?

There was an active response within the session with a variety of innovative ideas to answer the questions. Jenny and Lynne are going to collate the responses and feedback. Further information will be included in future newsletters.



**Andrea Davidson, Vicki Waqa and Amanda Keenan from our NES GPN team** took us through the current work of the team in signposting, networking and supporting GPNs and highlighted the GPN Programme and how this gives new GPNs the skills they require to carry out their work. The GPN programme itself continues to evolve and adapt to meet changing needs.

Vicki shared the benefits of Practice Based Small Group Learning (PBSGL) and how the different modules written specifically for primary care are used to facilitate and share learning between colleagues who meet regularly in their small groups.

After lunch we joined Medical Education and Medical Appraisal for a joint plenary of over 1500 delegates.

**Paul Gray, Director General Health and Social Care, Scottish Government and Chief Executive NHSScotland**, discussed collective leadership and what it means in practice. In a very personal way he led the audience through the importance of being able to acknowledge when we get things wrong and how this can help us develop and enables us to get things right in the future. Gathering others around you and facilitating collective leadership can help with success.

Paul explained that the world is volatile, uncertain, complex and ambiguous and our lives are marked by this. Old style leadership does not help in these circumstances and that leaders now need to be able to work in a different way to understand the context in which we operate and explain it.

Collective leadership helps to limit self-indulgence, it is a safer, simpler option and by listening to others and assimilating their views a better perspective can be found. With collective leadership different people can bear different parts of the overall load. Collective leadership can be used to create circumstances in which others succeed and prosper.

Paul described NHS Scotland as an outstanding organization that is recognized internationally. It is however under pressure with not enough staff and he is aware people are feeling the strain. Paul believes collective leadership will help us through the current period of change and called on the audience to help build on the excellent reputation we already have in NHS Scotland.

**Dr Catherine Calderwood, CMO, Scottish Government** continued with the personal touch by taking us through some very personal stories from her own experiences that highlighted the importance of communication. Effective communication is key to practicing realistic medicine. Whilst health literacy skills are important Catherine explained that our educational level does not always reflect our level of understanding and we must remember this in all our communication. Demonstrating empathy is important for improving clinical outcomes and increases engagement from patients. Making time and showing clinical compassion is important as well as the clinical care delivered. Cue based consultations have been shown to lead to more effective interactions with

patients and increase accuracy. Communication skills need to be taught and everyone can learn to improve their skills in this important area.

**Professor Fiona McQueen, Chief Nursing Officer** at the Scottish Government delivered her talk entitled: Somebody should do something about that... Fiona stated that we each have a responsibility to make things better, to think about the future and to help deliver a sustainable health service. She emphasized the importance of a healthy work life balance and confirmed that supporting staff to achieve this was a priority.

B A L A N C E  
F A M I L Y  
F U T U R E  
C A R E E R

Parity of esteem is an important concept and our new disciplinary work in teams should help to make this a reality felt by all the workforce as we push traditional professional boundaries. Fiona challenged us all to think about what we can do to change health, to challenge the health inequalities caused by poverty and ultimately to improve the Scottish populations health. What is stopping you?

**The panel discussion** was led by Ann Holmes Chief Midwifery Advisor and Associate CNO at the Scottish Government, Tracy MacInnes, Acting Chief Health Professions Officer, Scottish Government, Phillip Gillespie, Head of Learning and Development, Scottish Social Services Council, Jennifer Wilson, Professional Nurse Advisor, Scottish Government, Eddie Docherty, Executive Director for Nursing, Midwifery and Allied Health Professions, NHS Dumfries and Galloway and Brian Webster-Henderson, Chair of Council of Deans of Health UK, Professor of Nursing, Dean of Learning and Teaching, Edinburgh Napier University.

#### Key themes included:

-  Attracting a broader pool of new staff coming into the NHS
-  Multi-disciplinary, multi-agency teams are the future
-  Generalist foundations with professions then branching out into specialties may be the future for education
-  Flexible responsive education based around the demographics of Scotland
-  The pace of change can be frightening but by combining our efforts we will succeed
-  Once for Scotland – key with regional/national approaches
-  Clear pathways

-  Collective articulate voice
-  Technology and digital learning will be central
-  Education can bring down barriers and build professional relationships and trust
-  The new GP contract supports multi professional, multi educational teams
-  High performance teams - train together, learn together, talk together, work together
-  An agile adaptable work force will be key to adapt to constant change
-  More fluidity is required between practice settings and education
-  Research in practice is needed to help build on the knowledge base of our professions
-  It is important to support staff to stay until the end of their career and not be put off by change so that skills are retained
-  Biggest challenge – protected time for learning and making time in clinical role for people to learn
-  New ANPs will have protected time for learning this needs to be expanded to other teams – finding the staff to cover is challenging but necessary and will be included in work force planning
-  Be courageous as a profession



There was a very clear message throughout the whole conference on the importance of valuing and supporting the workforce. Attracting new staff into health care, retaining the vast experience and skill of those in the last phase of their careers and acknowledging that staff need support and time to transform their roles was highlighted.

In future plans we will not be expected to study late at night after putting the kids to bed or finishing other commitments that we have instead predictable absence resulting from planned study leave will be planned for within work force development initiatives.

Validating workplace learning is a top priority as education evolves to meet the changing and challenging needs of our future.

[Jaqui Walker GPN, NES GPN Education Advisor](#) ■



## Competencies:

Travel health nursing:  
career and competence development

CLINICAL PROFESSIONAL RESOURCE

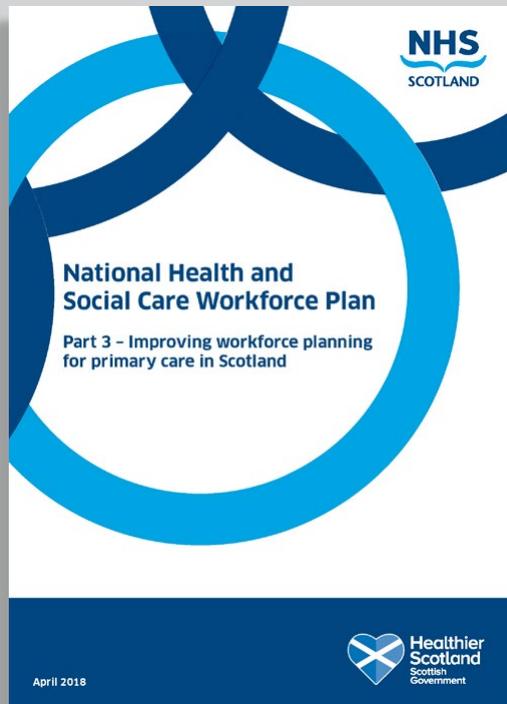


New RCN guidance has been published on Travel health nursing: career and competence development. It defines the standards of care for three levels of nursing: competent nurse, experienced/proficient nurse and senior practitioner/expert nurse working in travel health.

<https://www.rcn.org.uk/professional-development/publications/pdf-006506>

Risk assessment and risk management forms along with travel information and resources are also available on the RCN Travel Health pages.

<https://www.rcn.org.uk/clinical-topics/public-health/specialist-areas/travel-health>



The recently published National Health and Social Care Workforce Plan Part 3 – improving workforce planning for primary care in Scotland published April 30th by the Scottish Government can be accessed at:

<http://www.gov.scot/Publications/2018/04/3662>

The plan highlights the role of the strengthening multidisciplinary team in delivering primary care services for the changing and growing needs of our population.

The first Vaccination Transformation Programme (VTP) newsletter is now available, which shares key news and information about the programme.



<http://www.healthscotland.com/documents/30359.aspx>

### NES GPN Short courses: Asthma

2018 Asthma course dates			
Day 1	Day 2	Location	Portal course code
28 Aug '18	30 Oct '18	Inverness	01-02-06-054268
03 Sep '18	29 Oct '18	Glasgow	01-02-06-052610
08 Jan '19	05 Mar '19	Glasgow	01-02-06-054371

This short course offers theoretical and practical support for General Practice Nurses working in Primary Care. This course is of particular relevance for GPN's who are required to support patients with asthma as part of their long-term condition review. Reinforcing the principles of The Scottish House of Care model (2018), supporting people with multiple long-term conditions, the course supports the concept of person centred care.

The NES Asthma Short Course will provide the resources required for GPN's to become more confident and competent supporting the management of patients with asthma as part of their annual review, developing and enhancing their knowledge and skills of assessment and



management including pharmacological options and written personal asthma action plans (PAAP).

For our asthma short course and our COPD, Cervical screening and leadership courses please visit the portal following the booking details below:

#### Booking details

To book this course please visit [www.portal.scot.nhs.uk](http://www.portal.scot.nhs.uk). If you not have an account please register and select Medicine-Nurse or Medicine-Practise Nurse as your role. You can search for the course by name or by the portal course code listed above.

## The World Congress on the Prevention of Diabetes and its Complications

The World Congress on the Prevention of Diabetes and its Complications is to be held in the Edinburgh International Conference Centre, 15 - 18 July 2018.

Plenary speakers include, Andrew Morris, Peter Schwarz, Naveed Sattar, Ann Albright, Jonathan Valabhji, Pirjo Ilanne-Parikka, Emma Ahlqvist, Paul Franks, Tim Frayling, Jason Gill, and Dan West, covering topics such as Prevention Challenges, Prevention Programmes, Exercise for Prevention, and Stratifying Disease helps Prevention.

There will be updates from major Prevention Programmes from around the World, focussing on challenges and successes, while the latest evidence for prevention of all forms of diabetes as well as complications using exercise or disease classification will be presented.

Other keynote speakers include Jaakko Tuomilehto, Jaana Lindstrom, Marit Jorgensen, Maria Ines Schmidt, Nick Wareham, Sadaf Farooqi, Andrew Hattersley, Solomon Tefaye, John Petrie, John Wilding, Stephanie Amiel, Jim Shaw, Jill Norris, Nita Forouhi, Paolo Pozzilli, Gert Biessels, Oluf Pedersen, Mikael Knip, Tim Tree, Marian Rewers, Richard Holt, Shareen Forbes, and Tim Keiffer.



They will address subjects including Prevention aspects of Nutrition, GDM, Type 1 Diabetes, Obesity, LADA, Diabetes and dementia, Psychology, Complications, Monogenic diabetes, and Big data.

There is a Welcome reception for all registered delegates on Sun 15th July, and the conference dinner (Tue 17th July) is to be held in Princess St Gardens below Edinburgh Castle.



**Weblink:** <http://wcpd10.com>

## An online Community of Practice for General Practice Nurses

Your one stop shop for course information and materials for your continuing professional development. (Including more detailed information about all the courses listed previously.)



[www.knowledge.scot.nhs.uk/  
generalpracticenurses](http://www.knowledge.scot.nhs.uk/generalpracticenurses)

## Practice Based Small Group Learning (PBSGL)

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](mailto:altformats@nes.scot.nhs.uk)** to discuss how we can best meet your requirements.



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