

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

NEWSLETTER | WINTER 2018



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Welcome to our Winter 2018 newsletter in this edition we feature two articles on how the House of Care Model is being used to transform chronic disease management across Scotland and the benefits this brings to both patients and the health care teams that support them.

Kirsteen Coady shares how her work on House of Care is progressing with the help of her Queens Nursing Institute Scotland [QNIS] programme and Tracy Mcleod writes about the experience from Lothian's House of Care Collaboration. Both are very inspiring articles and I hope the practical advice shared will help us to spread this very patient centred method of delivering health care across Scotland.

Lynne Innes, our NES National Co-ordinator and Programme Leader for General Practice Nursing and Vicki Waqa, NES Specialist Educator for GPN have been extremely busy since our last newsletter planning and implementing education and training opportunities for both new and established GPNs. There are many opportunities including the GPN programme for new practice nurses and we have an article in this newsletter where one student shares her experiences of being a new GPN supported by the programme. Look in the newsletter for details of continuing professional education for established GPNs including coaching, career fellowship and short course opportunities.



**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)

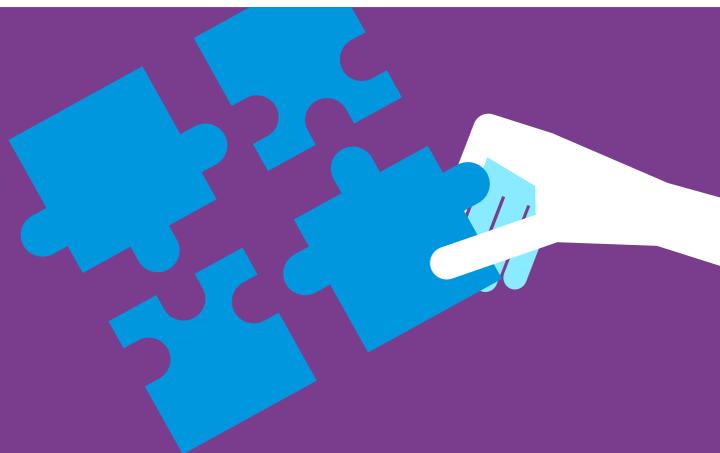
My development continues with the support of the GPN funding programme I am now registered for an MSc in Advancing Practice at Stirling University [I discovered you must apply for the MSc even if you are only aiming for a post graduate diploma].

I am currently studying the Diagnosis and Decision Making in Primary Care Module. This is a practical module that is slowing but surely helping me build clinical skills for an advanced practice role. Until I attended the GPN NES Scottish Government Roadshow I was having an identity crisis as to what I really was now – GPN or trainee ANP. I am passionate and love my GPN role and my intention in studying for advanced practice was never to leave my GPN work behind [I particularly love managing asthma and COPD] but to be able to provide a fuller service for the patients I currently see as well as taking on some new roles such as telephone triage and minor illness.

At the roadshow I reflected on what I had been doing over the last few weeks and with sudden clarity I could see it can all fit together.

The patient I triage and treat on a Monday with an asthma exacerbation I squeeze into a GPN appointment slot with myself later that week and get the asthma review they have not been attending for carried out and the patient won over to the importance of good asthma care; the patient who adds the 'while I'm here I just wondered ...' into a GPN consultation for something else can have their tonsillitis, UTI, skin condition etc. effectively assessed, diagnosed and treated; the palliative COPD patient can be seen by me for a house call and I can take my turn helping the rest of the team triage, assess and treat the growing number of people seeking appointments each day. The learning curve is steep but with support I am making progress.

“ At the roadshow I reflected on what I had been doing over the last few weeks and with sudden clarity I could see it can all fit together...

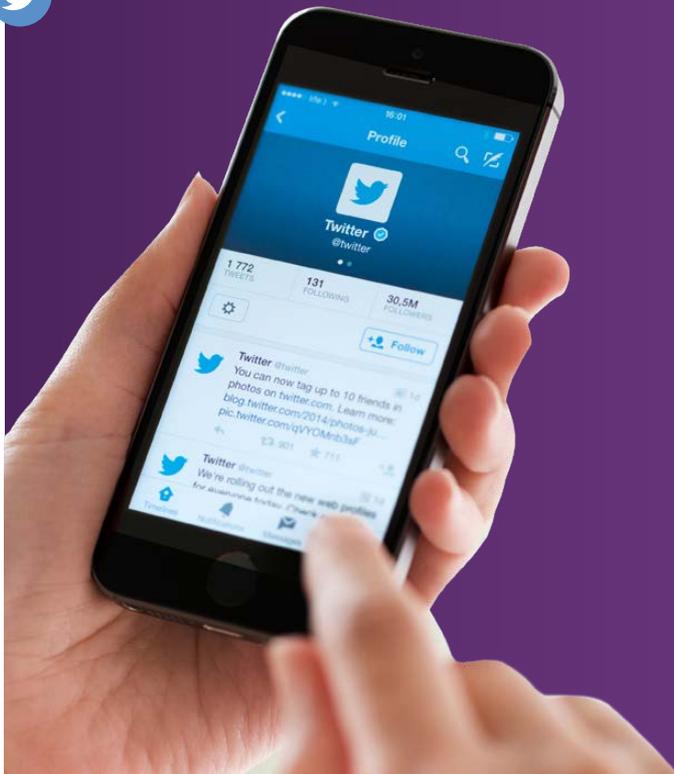


In addition to our website you can now access current and past copies of the newsletter as well as many other educational resources on our GPN communities of practice site. See more information about this and how to access it in the courses and conferences section at the end of this newsletter. PBSGL also featured at the end of the newsletter is currently fully funded for GPNs. I encourage you to consider joining or setting up a group. It is an excellent way to learn.

I hope you enjoy our newsletter and I look forward to writing again Summer 2019. ■



**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)



I have been persuaded to join twitter and have found it is an excellent way to keep up to date about the opportunities for GPNs and in health care as a whole. I am:

and I recommend following:



**Lynne Innes, National Coordinator for General Practice Nursing**

**What a busy year it has been and seems no time since I was writing this article for the Summer newsletter having just started in post and now it seems I have been here almost a year!**

My thanks go to Jaqui Walker for her enthusiasm and dedication for ensuring we have an impressive newsletter twice yearly. It truly wouldn't happen without her producing and editing it for us.

### **GPN Roadshows**

As many of you know Jenny Wilson, Professional Advisor at Scottish Government, and I have travelled to all 14 NHS Board areas on the GPN Roadshows over the last few months meeting, informing and listening to you as we have travelled around.

Our aim was to ensure that you as GPNs were appraised of the educational and developmental opportunities being offered for the future of the role and to share the work of the GPN Transforming Roles Group.

The Roadshows offered the opportunity to find out more about the refocused role of the GPN whilst featuring a variety of speakers, as well as interactive workshops and question and answer sessions, that gave participants a better overview of the GPN profession at both a national and local level.

We travelled with colleagues from NES and the Scottish Government who were all impressed with the GPN workforce commitment and dedication in delivering person-centred care to patients across Scotland.



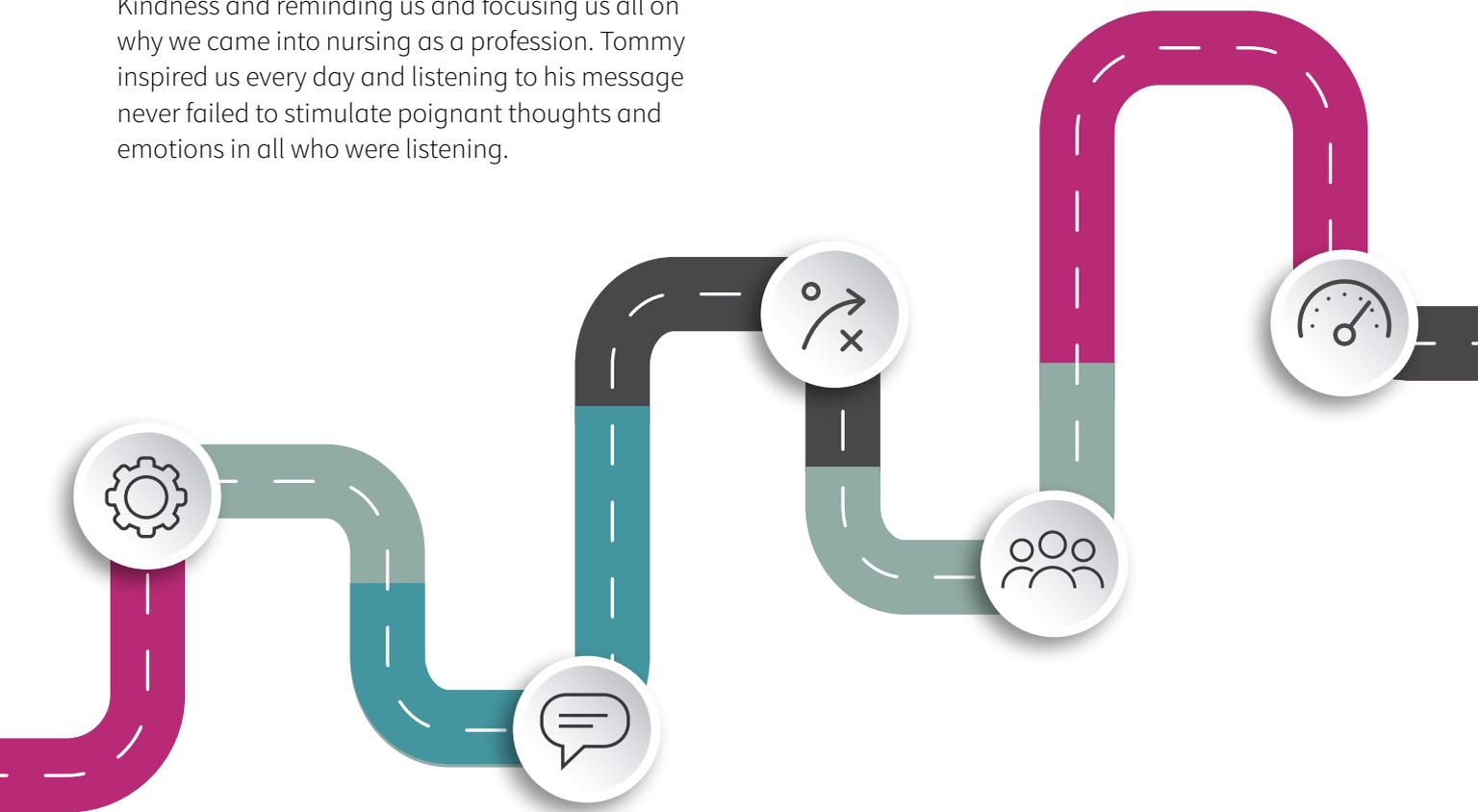
Jenny and I will be evaluating the Roadshows and taking forward several topics that were raised at the Roadshows such as the possibilities of GPN or Community Academies and the support that you told us you all gained from networking at the Roadshows.

### More to follow on this next year....

We were delighted that Tommy Whitelaw from The Alliance accompanied us on all the Roadshows with his message focusing on Transforming Care through Kindness and reminding us and focusing us all on why we came into nursing as a profession. Tommy inspired us every day and listening to his message never failed to stimulate poignant thoughts and emotions in all who were listening.



You can find out more about what happened at the Roadshows on Twitter – using **#GPNROADSHOWS** and following me **@LynneInnes1** or Jenny Wilson **@JenniferPN10**.



### Training and Education Needs in General Practice Nursing

As mentioned in the Summer newsletter the Scottish Government has committed £3 million over three years for training and education needs in general practice nursing with NES being commissioned to manage this considerable investment.

A three-year plan that offers education and development opportunities across all stages and career levels within the general practice nursing workforce is in place. This includes underpinning the learning experience in general practice for undergraduate student nurses, supporting newly qualified nurses in general practice nursing training places, increasing leadership capacity and capability through a clinical fellowship model, and funding a range of continuing professional development short courses and university-accredited modules.

**Please look at the opportunities carefully and consider some of the options.**



More information about all education and development opportunities can be found here: [www.scotlanddeanery.nhs.scot/your-development/general-practice-nursing/learning-and-development/](http://www.scotlanddeanery.nhs.scot/your-development/general-practice-nursing/learning-and-development/)



**Vicki Waqa our GPN in CPD Connect has undertaken a power of work this year by designing and delivering additional short courses:**

**SHORT COURSES**

 Asthma	 COPD
 Cervical Cytology	 Interpreting Blood Results

**RESIDENTIAL COURSES SUCH AS...**

Masterclasses in:

 Long Term Conditions Management	 Telephone Triage
 Consultation & Communication Skills	 Minor Illness

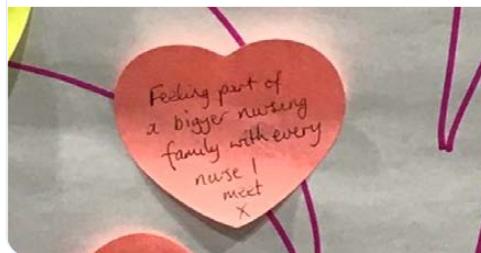
**Information can all be found at:**  
<https://www.cpdconnect.nhs.scot/courses/>

And finally, from me... one of the most significant and moving aspects of the Roadshows was when Tommy asked everyone at the Roadshows to make a pledge on our Pledge Tree reflecting on 'What matters to us as GPNs'. Below is one very inspiring pledge from a nurse in Grampian which touched us all. This symbolised for all of us the importance of us as GPNs all being part of one team. We appreciated enormously that the CNO, Fiona McQueen retweeted this pledge demonstrating her commitment to the GPN family.



**CNO Scotland @FionaC...** 11/10/2018 ∨  
[#alloneteam](#)

**Jennifer Wilson @jenniferPN10**  
 Love this pledge from @NHSGrampian #GPNROADSHOWS, important for GPNs to feel part of the nursing family @SG\_PrimaryCare @FionaCMcQueen @LynneInnes1 @NESnmahp



On that note... I wish you all a very joyful and peaceful Christmas and very happy New Year. ■

**Lynne Innes**  
**NES National Coordinator for GPNs**



Vicki Waqa – NES Specialist Educator

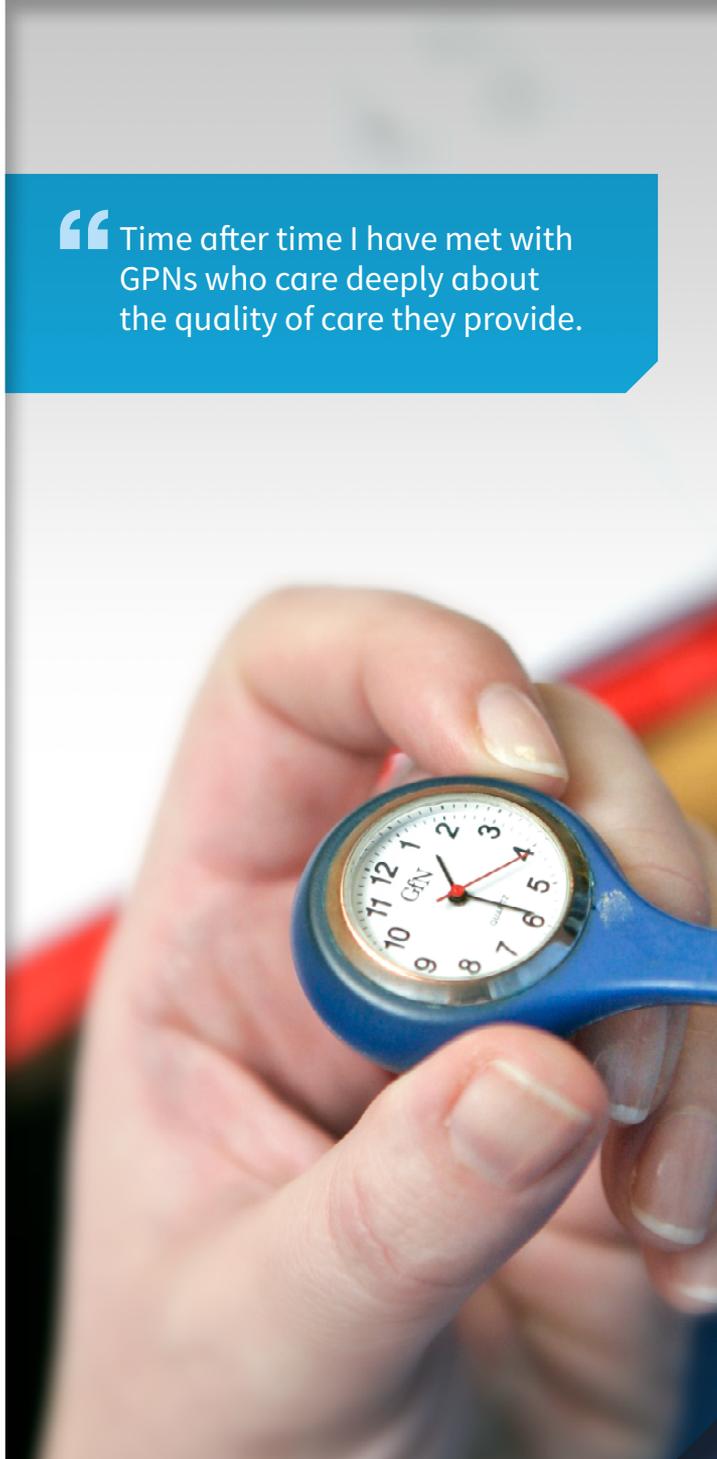
**What an exciting year at NES! Talk about loving your job.**

When Jaqui previously asked me to write an article for the newsletter, I hadn't long been appointed at NES and possibly didn't have too much to say, although for those of you who know me – you know that I ALWAYS have something to say!

Now a year on, I can hardly believe how much I have learned - or how much I have to say!

My role at NES has permitted me the opportunity to travel throughout Scotland delivering education in the form of short courses and residentials (a new addition to the courses available to GPNs). In doing so I have had the privilege of meeting so many of you.

“Time after time I have met with GPNs who care deeply about the quality of care they provide.



As well as being blown-away by Scotland's scenery, particularly when visiting the highlands and islands, I have been blown-away by GPN's commitment and dedication to patient care and to advancing their clinical practice to meet the ever-increasing needs of their patients. Time after time I have met with GPNs who care deeply about the quality of care they provide. So much so, that many of you have attended educational events on your days off to ensure that your knowledge is up to date and that you are working at the top of your game. You are a credit to the profession.

I also managed along to a fair few roadshows, which was a great way of meeting more of you and hearing your views and experiences first-hand. I feel very honoured to have been part of that experience. Thankyou.

As part of NES's commitment to GPN's, as always, we wanted to continue to provide high quality education, but also allow for the opportunity to network and share best practice in a safe space.

Unlike our colleagues in secondary care, this opportunity is often not available to GPNs who are the sole nurse in the practice or working in isolation.

Who else, but another GPN, could understand your role better?

The roadshows certainly allowed time for networking, and the evaluation highlighted the importance you placed on it.

We too at NES also recognised this importance and wanted to allow additional time for the sharing of ideas and good practice. This saw the introduction of our "residentials." Why not combine high quality education with networking?

We have developed three residentials this year, each being repeated on three or four occasions in a variety of locations throughout Scotland. These included Telephone Triage, Long Term Conditions and Minor illness. The Residential aspect of the 2-day courses has rated highly in our evaluation as has the quality of the education.



The LTC Residential is run in collaboration with the BHF and the others in collaboration with a variety of expert, external speakers, from a variety of professions - the importance of interprofessional working and learning together being recognised. At the last LTC Residential, a few weeks back, Fiona Whyte from Macmillan cancer presented on cancer as a LTC. I was inspired to hear how many people are now survivors of cancer or living positive lives with the condition. This undoubtedly, adding an increase in GPNs workload and further emphasising the need for support and networking.

I appreciate that these popular and successful residentials were largely over-subscribed and there are extensive waiting lists. Consequently, we are in process of developing additional courses for 2019. Watch out for that catalogue coming your way in January or keep an eye out on Portal.

Lastly, I would like to thank Lynne Innes and all NES Supervisors and Advisors for their continual support over the year. It has been invaluable, and I couldn't have managed without you.

Now that "flu season" is nearly over, get those feet up and have a Merry Christmas and New Year. ■

**Looking forward to catching up with many of you in 2019. Until next time,**

**Vicki**

“ We are in the process of developing additional courses for 2019.



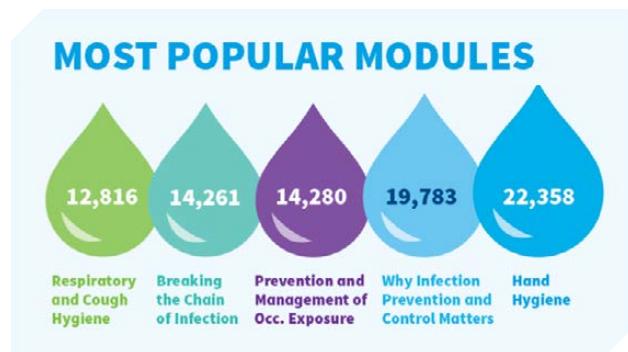
**Infection prevention and control is crucial to patient safety, wherever care is delivered and those delivering care must have knowledge and skills to prevent the spread of infection and antimicrobial resistance.**

The Scottish Infection Prevention and Control Education Pathway (SIPCEP) provides a national approach to infection prevention and control enabling staff from all care settings to continuously improve their knowledge and skills around infection prevention and control as part of their role.

### **The story so far...**

NHS Education for Scotland launched the foundation layer of SIPCEP in June 2017. This comprises a suite of e-learning modules and other learning resources covering introductory topics and all Standard Infection Control Precautions, closely aligned to the National Infection Prevention and Control Manual. In the first year alone, there were more than **173,000** module completions and this has risen to more than **240,000** by end of October 2018. The pathway modules are used in 31 university and colleges across Scotland and the pathway has been embedded into education strategies and induction programmes in many Scottish health boards.





Completion figures from year one (June 2017 – June 2018)

### More on offer

Throughout summer and autumn 2018, NES have been phasing in the intermediate and improvement layers of the pathway. So how exactly is the pathway constructed?



**Foundation:** Learn about and update your knowledge of the 10 Standard Infection Control Precautions and other introductory topics.



**Intermediate:** Select resources from a wide variety of topics and delivery formats. Focuses on the **application of knowledge** across a range of **clinical/practical, interpersonal, leadership, decision making** and **clinical reasoning skills**.



**Foundation:** Tools and resources to support your development in **quality improvement relating to infection control** through real life case studies. Move on to lead or actively participate in an IPC improvement project.

The **intermediate layer** provides a range of educational resources you may already be familiar with (e.g. aseptic technique) as it combines existing resources with newly developed material including modules on using audit to improve practice, preventing and reducing risks in the workplace and a range of leadership and interpersonal skills modules.

We recognise that not everyone likes to learn in the same way and we have developed the pathway to be flexible in its use and delivery with resources available in a range of formats.

### Getting the best out of the pathway

Chat to your line manager about how to make use of the resources as part of your PDP and/or evidence for re-validation and your portfolio. You might like to discuss ideas and options for incorporating resources into in-house training sessions within your GP practices to maximise learning opportunities.

### Time to explore the pathway

Take the time to get familiar with the pathway and its resources. Modules and other learning resources are available on learnPro NHS; however, NES have also now made the pathway available on **Turas**

**Learn:** <https://learn.nes.nhs.scot/>

**The resources are available within the **Infection Prevention and Control (IPC) Zone**.**

Access to the IPC Zone requires users to be logged into their Turas account. The IPC Zone is **not** an open access site. Access is granted via permission settings applied by NES based on sectors and roles. All staff working in GP practices in Scotland will automatically be able to access the IPC Zone, **once logged in to their Turas Learn account.**

You will find more information about the pathway, the layers and our resources on the NES website at [www.nes-hai.info](http://www.nes-hai.info). If you have any queries or would like to talk to the team about the pathway, please contact us at: [hai@nes.scot.nhs.uk](mailto:hai@nes.scot.nhs.uk).



## LOTHIAN'S HOUSE OF CARE COLLABORATION

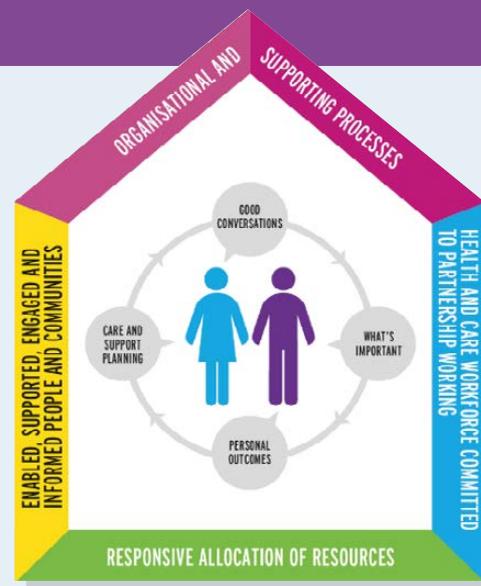
Lothian's House of Care Collaboration has been working with practices for the past four years and the new contract provides many opportunities for primary care teams to change the way they offer care and support to their patients.

**The House of Care has been described by one GP as:**

“...it's all about creating a situation where people with long-term conditions can be active partners in their healthcare. Supporting people to be a resource to themselves and to us.”

**In the past two years Lothian's House of Care Collaboration has offered a tried and tested delivery framework that:**

- Supports GPs and practice nurses in their consultations with more complex patients
- Supports patients to self-manage and engage in shared decision making
- Creates a shared vision for the extended multi-disciplinary team
- Supports GP clusters to identify opportunities and gaps in community-based care and support.



The **House of Care** is a metaphor: the walls, roof and foundation of the house remind everyone what needs to be in place to allow “good conversations” to happen. Good conversations help health care professionals and patients to:

- **focus on “what matters”** to the patient, rather than “what is the matter”
- agree a **shared agenda** – the patient and the health care professional each share what they most want to talk about in the time they have
- agree a plan that includes what the patient can do for themselves and what community-based resources could be accessed, as well as what the health care professional can do for them. This is often referred to as **care and support planning**. It includes the concepts of **shared decision making** and **supported self-management**.

## In Practice:

**Jaqui Walker, Editor:**

How long do you allocate for each appointment?

**Tracy Mcleod, Lothian's House of Care Collaboration:**

Each practice has a different approach to preparing people for supported self management. For some it is a phone call, for others it is a sheet asking about what matters to the person or combining the sharing of results; it is always about a trusted relationship. If results need to be gathered the appointment time is usually about 20min where the HCA takes bloods and measurements and introduces a chosen care and support plan. This is followed by 20- 30 min with the GPN. This allows time for further exploration about what matters to the person; identifying an outcome, sharing decision making and coming up with a plan. Initially practices thought they would not 'find the time' for this approach but they now notice the difference it has made to people and the practice, particularly when moving to one appointment for multiple long term conditions.

## Highlights

- To date 12 practices have been supported to deliver the approach with 5 new ones just getting started
- Nationally the framework is supported by Realistic Medicine as a helpful model to support shared decision making
- Other work streams include Health and Social Care Partnerships, Primary Care Pharmacists, Practice Nurses, Cardiac Rehab, Hospital Diabetic Clinic and Wellbeing Service
- Nearly 2000 patients have received Care and Support Planning Conversations (2016-18)
- 100% of the current cohort will continue with CSP and are moving to multi -morbidity appointments
- The new process has released appointments, saved admin time and money
- Staff report a way of working that can be applied to all consultations
- People feel better prepared to manage their health
- The focus is on 'what matters' to the person
- It integrates community resources as part of the care planning support.

“ We encourage all GPNs to participate in these developments, the positive feedback from the nurses ensures that this approach is very worthwhile and meaningful to patients and staff.”

Patricia McIntosh, Clinical Nurse Manager, Lothian

## Practice Managers

We have some 'slack' in the system now we see people for one holistic appointment. More GP and PN appointments. Less time spent on admin. Less cost on sending out letters.



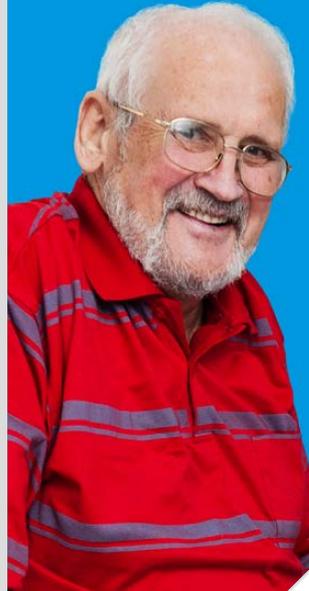
## Practice Nurses

I have found ways to talk to people that encourages people to self manage. We feel happy as a team.



## Patients

I like the fact that I am getting more of a say, this is about me taking control.



## General Practitioners

We have made great progress it is the 'new norm'. I am less concerned about bio medical markers now the focus is on wellbeing.



### Tracy Mcleod on behalf of:

Lothian's House of Care Collaboration, Project Coordinator, Thistle Foundation, Craigmillar.

[Tracy.McLeod@nhslothian.scot.nhs.uk](mailto:Tracy.McLeod@nhslothian.scot.nhs.uk)

### Creating a Men's Shed to Cross Boundaries in a Deprived Urban Community



A group of older men with chronic conditions (known to Yellow Practice) volunteered when asked. Through monthly meetings and on-going activity/reflection, they located, secured, and rescued a derelict property. Simultaneously, all participants engaged with QNIS' leadership development process. Informal activities – such as gardening, arts and crafts – defined this social gathering place. Adding monthly health checks and wellness presentations proved popular.



Men's health is often overlooked - especially among elderly, isolated/lonely and/or vulnerable men in deprived urban communities. With practice nurse leadership (supported by QNIS' Catalysts for Change programme), a Men's Shed was cooperatively created by a volunteer team which fully including the intended beneficiaries.



Govan's Men's Shed is now an incorporated charity directly benefitting more than 27 previously isolated men through improved emotional and mental wellbeing, as well as better physical health. Rejuvenating a community eyesore has earned them local praise and respect. Participants rediscovered their sense of agency and confidence by being active co-producers of change, rather than merely passive service users.



Men's Sheds originated in rural Australia. This project has demonstrated effective adaptation within a deprived Scottish urban neighbourhood. Community coproduction and QNIS support have 'pushed the boundaries' to achieve better health/wellbeing for a frequently marginalised group of older men.



**Presenting author**

Sarah Everett  
Practice Sister/Clinical Manager  
saraheverett@nhs.net

## A GPN TRAINEE PERSPECTIVE ON THE GENERAL PRACTICE NURSE PROGRAMME



### **A GPN Trainee Perspective on the General Practice Nurse Programme**

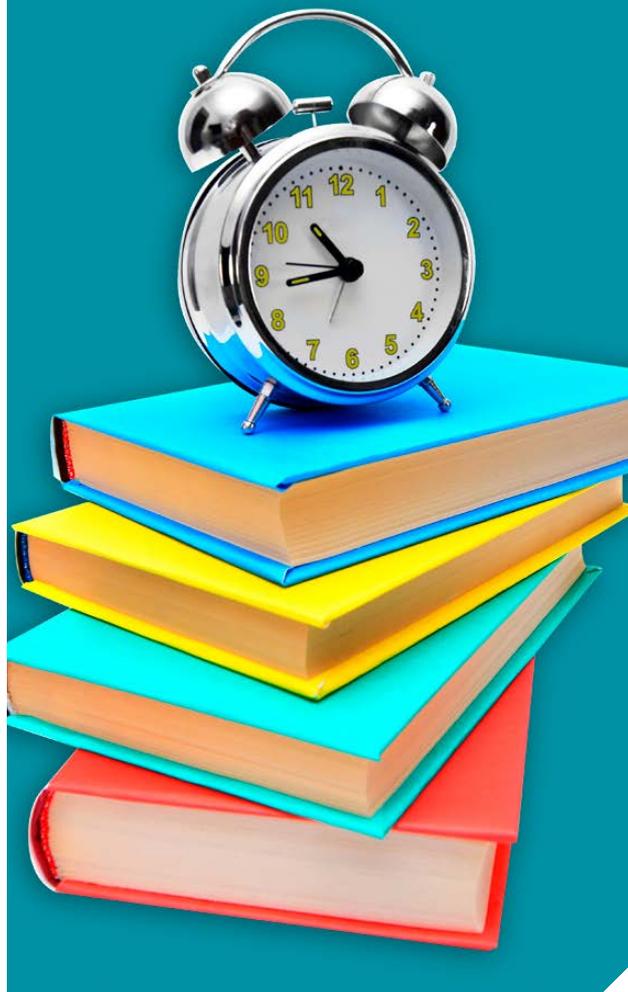
Moving from High Dependency, where I had worked for the past 20 years, to practice nursing in a busy inner-city Glasgow practice has been one of the most challenging aspects of my career to date.

The transition from secondary care to primary is huge and one which I underestimated. Prior to commencing my new role, I did not fully appreciate or understand the enormous learning curve I was about to begin. Thankfully, together with an exceptionally supportive team, the General Practice Nurse Programme (GPNP) and a very patient mentor, Delia, the transition has been more positive than scary!

The role as practice nurse is vast and daunting to someone who has never worked in practice before. The GPNP allowed the change to be more structured, manageable and enjoyable. The variety of learning the course has had to offer is very relevant to my role in practice.

Working autonomously was another significant adjustment to make. Being the only practice nurse onsite can be lonely and isolating, however the GPNP, my practice manager and mentor all encouraged me to link in with other nurses within the area to share good practice and build a network of support. This thankfully has changed those initial feelings.

“ Splitting time between working, studying and raising a family although tricky, is achievable.



The support from my fellow GPNP peers has been excellent. To have a group that could understand exactly what I was going through has been invaluable.

As a student with a busy family life and three young children time is not often on my side. Thankfully I ensured from the beginning everyone was aware and in full agreement that 4 hours every two weeks was allocated to study time. For myself, and with Delia's support we decided that most of our time for tutorials would be in the evenings, this meant the allocated study time was my own to organise. I also have spent my day off during the week and time when the children are in school and in bed to study, allowing me much needed time with them too at the weekends and after school. Splitting time between working, studying and raising a family although tricky, is achievable.

Onsite teaching from the GP's, which has been a variety of monthly teaching and one to one sessions has been particularly helpful and continued to support my learning. The practice nurse from our sister practice also spent time with me sharing valuable knowledge. Working closely with both has given me understanding and perspective of both roles and full appreciation of demands on everyone.

I believe I have greater understanding as the year has progressed on the value of audits and significant event analysis to improve practice and ultimately improve patient care.

Whilst I gathered data in my last post, I never fully understood what was done with it. I now look forward to working with the GP's on forthcoming projects, currently we are planning to audit AF diagnosis and treatment.

For the proposed student being organised is vital to not being overwhelmed, working and completing most of the formal reflections as they go will help towards the end of the course.

Developing the confidence to say no when you feel the task is out with your competence is safe practice in any area of nursing. However, I have found it is best to approach situations with a positive attitude and solutions, suggesting changes that may enable practice in the future. This has been met with great encouragement from my team.

An example for myself was learning the skill of ear syringing. I first had teaching with my mentor and self-directed learning, following this I attended an afternoon ear care course which gave me the theory and understanding behind normal ear anatomy and physiology. From there, I shadowed ear syringing with a fellow nurse colleague, then when I began the actual practice I asked the GP to be present and available for the first few until my confidence grew.

Lastly having a supportive practice manager, GP's and fellow practice nurse who have allowed me to develop at my pace and supported me throughout, has made the job of practice nursing one which I love and aspire to do well in.

**Shona Watson**



**I wrote an article for the summer newsletter about the “House of Care” care and support planning model which supports individuals with the aim of improving both psychological and physical health as well as well-being.**

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. 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. I have just completed the innovating and inspiring Queen’s Nursing Institute Scotland (QNIS) programme which supported me in my quest to change the model of care.



The purpose of QNIS is to enable nurses who work in Scotland's communities to be the very best they can be.

A House of care model centres on individuals themselves rather than their specific "disease" and carries the philosophy of being "more than medicine". 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 addresses the individuals' perception as to if change is **important** to them and 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 are we now...

The practice went "live" at the end of July 2018. Patients with long-term condition were sent their results for the very first time. This would allow individuals time to digest the information about their health and discuss with family/friends as need be – gaining from other perspectives. A week after the results are sent patients can then discuss their results with a GPN who will support them in care and support planning. It is important to firstly explore the individuals own concerns or health agenda as this can be married to the health professional team's agenda. Patients can be signposted to third sector agencies of health care organisations as per their individual needs. One team member, Lynda Wiseman, keeps a community database up-to-date and this is really helpful for the team.

Early findings are that not all patients wish to have their results sent to them – this is completely understandable and after a data gathering appointment, if the patient does not wish for their results to be sent out– we document "no consent".

We still save the care and support planning form/in their vision notes in case they wish to view their results at a later date. However, the vast majority of patients do consent to their results being sent to them and the majority find receiving the results empowering.

### How do I feel after the House of Care was alive and working well?

Hearing from others about how the “House of care” has impacted upon individuals has been really inspiring and so much has been accomplished in such a short period of time. A main theme has been of increased morale and job-satisfaction from team members and another strong theme is that patient-safety has increased. Linda Stephen, who organises the recall system, has found some patients (who previously didn’t engage in health care) are engaging now – one after 7 years of “normal” invite letters versus the “House of Care” style letter. Is the wording on the invite letters more appealing and person-centred?

“ The hope is that the **House of Care** model impacts upon the lives of others for generations to come.

Person-centredness is crucial and perhaps the invite letter itself gives individuals a sense of being valued. Linda herself has found the new recall system easier to run than the old system.



Most of the patients feel empowered by receiving their results beforehand by post and this has enabled them to become equal partners in decisions about their care. A secondary outcome was that the new method of recall has identified a handful of individuals who were lost to follow up; enhancing patient-safety. The nurses have expressed increased job-satisfaction. They feel the care they deliver is so much more holistic and makes them feel positive about health care delivery.

The QNIS programme helped support me in the nurse-led approach and it was empowering for myself that a seed that was planted a couple of years ago is now flourishing in such a small space of time.

The hope is that the “House of Care” model impacts upon the lives of others for generations to come. The QNIS programme helped bring out the best in me, with a greater understanding of myself. Achieving my own goal/vision and that of the team is in itself inspiring, especially as so early into the new model of care positive outcomes are being achieved.



Please be in touch with me if you need further information or advice:

**[Kirsteen.coady@nhs.net](mailto: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 is a valuable resource for practitioners wishing to find out more visit: <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>

### Nutritional advice and assessment do we do enough for patients with COPD?

**Jaqui Walker BSc RGN General Practice Nurse, Stirling, NES GPN Education Advisor, Freelance Medical Writer.**

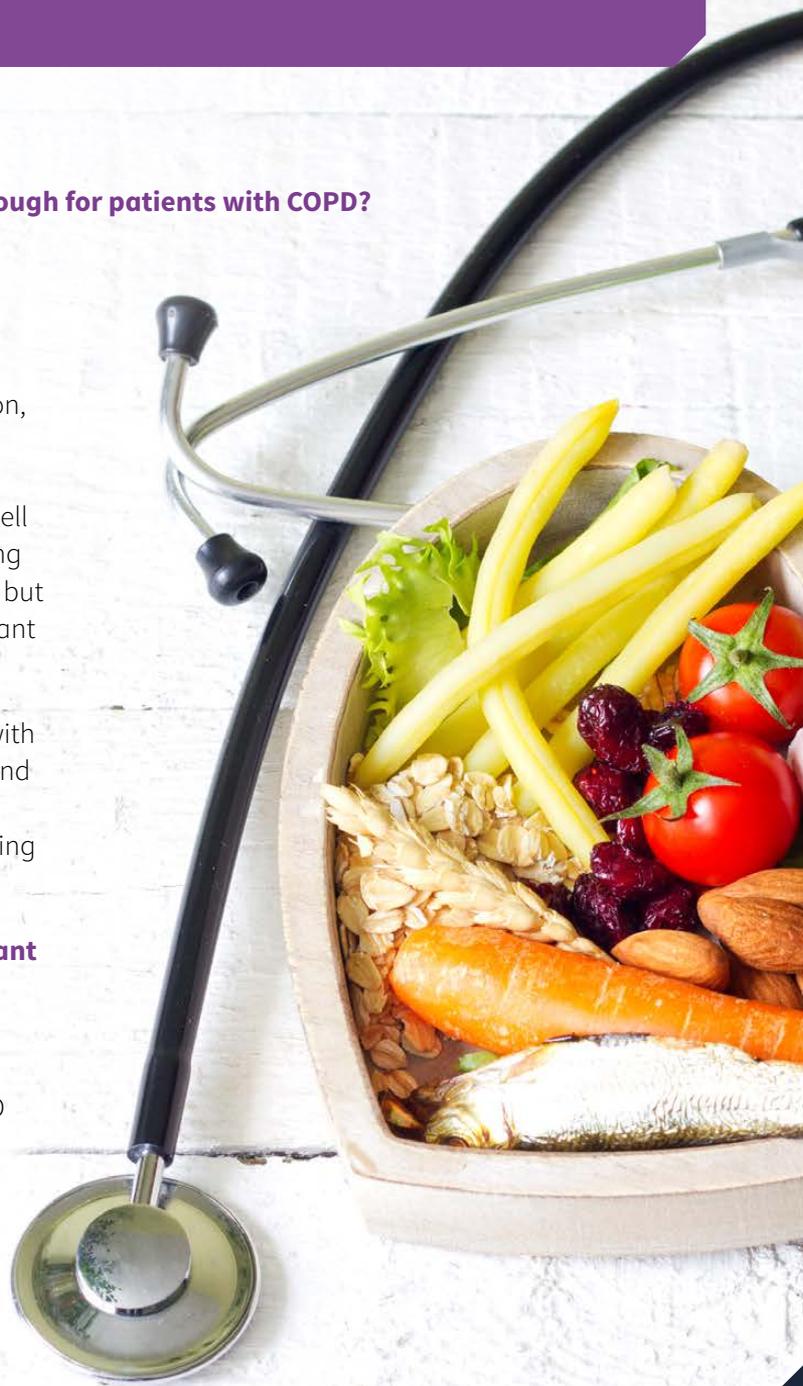
In a busy COPD review I tend to focus on lung function, exacerbations and their management, smoking cessation, checking immunisations are up to date, inhalers, inhaler technique and other therapies as well as education around breathing exercises and keeping active. I measure BMI and intervene when this is low but perhaps have not until recently realised how important it is to assess and give advice on nutritional status.

Low body weight is a common problem for people with COPD and this can reduce heart and lung function and has an impact on their ability to exercise. It is not an inevitable part of disease progression and maintaining a healthy weight is a vital part of good COPD care.

**“ Nutritional status is an important determinant of outcome of COPD.**

**Schols, Ferreira, Franssen et al 2014**

There are lots of practical reasons people with COPD struggle to maintain a healthy weight these include shortness of breath making swallowing or chewing more difficult, altered taste, coughing, fatigue, side effects to medication such as a dry mouth, isolation and depression.



However, people with COPD also have a higher energy cost of ventilation because of their abnormal pulmonary mechanics (Kao, Hsu and Badi 2011).

NICE 2010 recommend BMI measurement at least annually and a referral to a dietician if this is out with the healthy range. Coexisting disease should also be considered; unintended weight loss is a red flag for cancer and tuberculosis is another potential disease that could cause weight loss. Weight loss is a symptom that always needs to be carefully assessed and investigated (GOLD 2018).

The Malnutrition Universal screening Tool (MUST) can be used to identify people at risk of malnutrition. (Malnutrition pathway 2016).

Patients can be categorised to low, medium and high risk and the pathway advises on suitable intervention for each level.

Advice about how to consume an energy and protein rich diet will help people with COPD avoid weight loss. Many resources are available to help with this (see resource list).

When, nutritional requirements cannot be met by diet alone COPD patients with a low BMI benefit from nutritional supplements and this improves outcomes (NICE 2010, GOLD 2018). Exercise combined with nutritional supplementation has the best impact (NICE 2010).

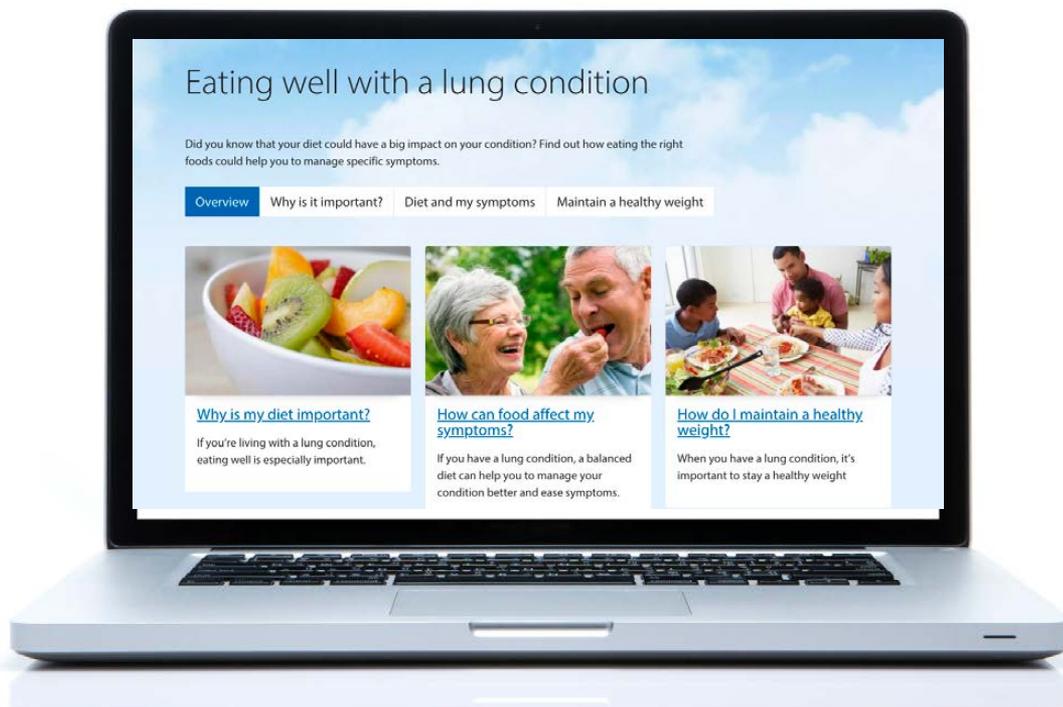
Don't forget Vitamin D. Vitamin D has a role in bone health, anti-inflammatory, anti-infectious, neuromuscular and anti-tumour activities in humans (Schols, Ferreira and Franssen et al 2014). In people with COPD smoking induced skin ageing, less time outdoors and inadequate diet can put them at risk of Vitamin D deficiency (Schols, Ferreira and Franssen et al 2014).



There are lots of resources available to help with nutrition and COPD taking a few minutes to familiarise yourself with these and signposting patients to the right people and resources may have a big impact on their overall quality of life, morbidity and mortality.



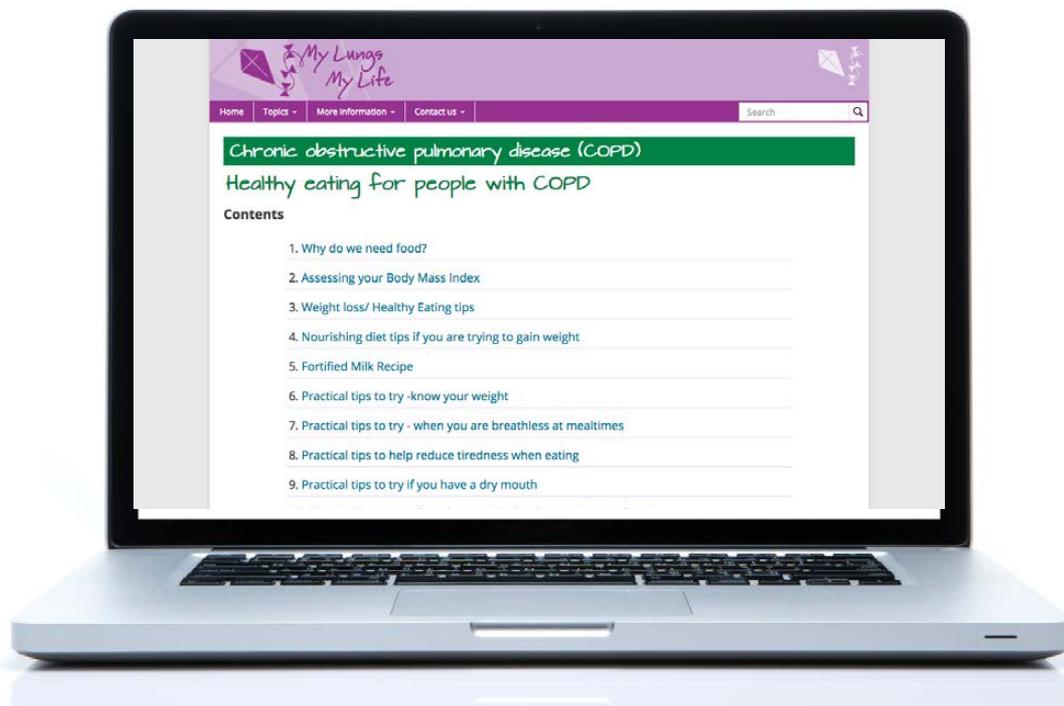
British Lung Foundation has produced a leaflet called 'Eating well with a lung condition' this offers advice on eating and breathlessness, managing a dry mouth and how to manage bloating and trapped wind. [www.blf.org.uk/support-for-you/eating-well/diet-and-my-sympoms](http://www.blf.org.uk/support-for-you/eating-well/diet-and-my-sympoms)





My lungs my life has a booklet called 'Healthy eating for people with COPD' which explains the importance of a healthy diet and give useful practical advice:

**<http://mylungsmylife.org>**



Chest Heart and Stroke Scotland has a booklet called 'Healthy Eating' – for general healthy eating advice. [www.chss.org.uk](http://www.chss.org.uk)

Managing Malnutrition in COPD. 2016 Managing Adult Malnutrition in the Community panel. [www.malnutritionpathway.co.uk/copd](http://www.malnutritionpathway.co.uk/copd)



## HEALTHY EATING

The food that we eat plays a big part in our health. By choosing the right foods, you can help to reduce your risk of heart disease and stroke. Eating a balanced diet can help prevent and fight infections (e.g. chest infections) and will provide you with energy to help you keep active.

This factsheet will provide you with information about healthy eating recommendations and will help you to decide what positive changes you can make to your diet.

**Tips for healthy eating:**

- Eat a range of foods to make sure you have a balanced diet (page 2).
- Eat at least five portions of fruit and vegetables each day (page 2).
- Eat more beans and pulses, and less red and processed meat (page 3).
- Fill up on fibre – choose wholegrain or higher fibre foods (page 4).
- Reduce your fat intake, especially saturated fats (this is important if you have high cholesterol) (page 5).
- Eat less sugar (page 7).
- Limit your salt intake (this is especially important if you have high blood pressure) (page 8).
- Drink sensibly - drink plenty of water and limit your alcohol intake (page 10).
- Check food labels (page 11).
- Choose healthy snacks (page 12).
- Choose healthy cooking methods (page 13).
- Lastly, enjoy what you eat!

For information on goal setting and useful smart phone apps, see pages 14 and 15.

**For more information see the CHSS booklets 'Reducing your risk of heart disease' and 'Reducing your risk of stroke'. The 'Just move' and 'Losing weight' factsheets also have further information on activity and reducing weight.**

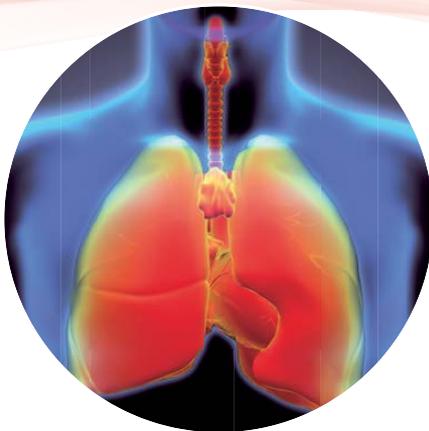


FACTSHEET

**CHEST HEART & STROKE SCOTLAND**  
 Rosebery House • 9 Haymarket Terrace • Edinburgh EH12 5EZ  
 Tel: 0131 225 6963 • Fax: 0131 220 6313 • Advice Line Nurses: 0800 801 0899  
 Email: [advice@chss.org.uk](mailto:advice@chss.org.uk) • Website: [www.chss.org.uk](http://www.chss.org.uk)

JANUARY 2015  
(revised August 2016)

Scottish Charity No. SC018761



## Managing Malnutrition in COPD

Including a pathway for the appropriate use of ONS to support  
community healthcare professionals



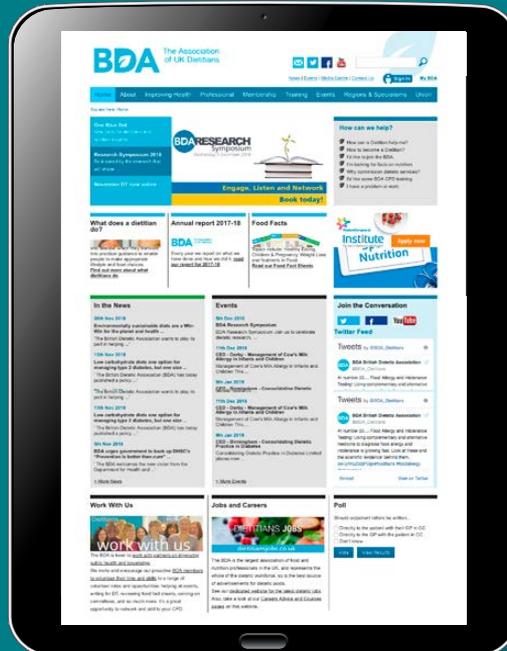
[www.malnutritionpathway.co.uk/copd/](http://www.malnutritionpathway.co.uk/copd/)



British Association for Parenteral and Enteral Nutrition (BAPEN) 'MUST' toolkit and other resources: [www.bapen.org.uk](http://www.bapen.org.uk)



British Dietetic Association: [www.bda.uk.com](http://www.bda.uk.com)



## References

GOLD 2018 Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease 2018 report. Accessed 18/11/2018 @ <https://goldcopd.org/gold-reports> [unchanged re nutrition for 2019 draft COPD guidelines].

Kao CC, Hsu JW, Bandi V et al. Resting energy expenditure and protein turnover are increased in patients with severe chronic obstructive pulmonary disease. *Metabolism* 2011; 60: 1449-1455

Managing Malnutrition in COPD. 2016  
Managing Adult Malnutrition in the Community panel.  
[www.malnutritionpathway.co.uk/copd](http://www.malnutritionpathway.co.uk/copd)

NICE cg 10. Chronic obstructive pulmonary disease in over 16s: diagnosis and management. Published June 2010  
<https://nice.org.uk/guidance/cg101>

Schols AM, Ferreira IM, Franssen FM et al 2014 Nutritional assessment and therapy in COPD: a European Respiratory Society statement. *European Respiratory Journal* 2014 44: 1504-1520 available on line @ <http://erj.ersjournals.com/content/44/6/1504>



For a great resource on health literacy including e-learning modules and information on teach back visit: <http://www.healthliteracyplace.org.uk>



# EDUCATION AND TRAINING

## CONFERENCES, COURSES, ONLINE LEARNING AND FUNDING OPPORTUNITIES

NHS Education for Scotland (NES) is currently funding 2-year training posts for newly qualified nurses with enthusiasm for primary care nursing to prepare them for a General Practice Nurse (GPN) role.

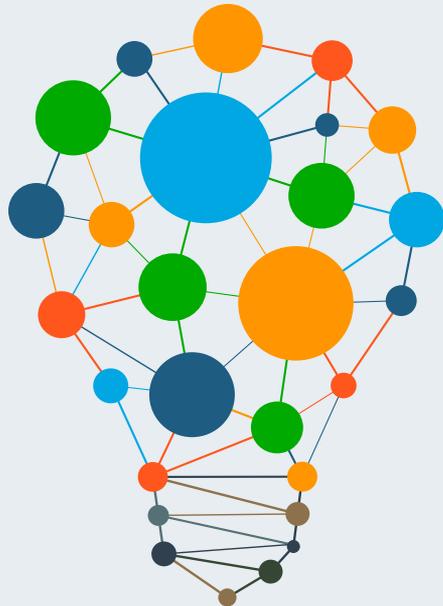
**For further information visit:** [www.nes.scot.nhs.uk/media/4196663/gpn\\_nqn\\_advert.docx](http://www.nes.scot.nhs.uk/media/4196663/gpn_nqn_advert.docx)



NES has been commissioned by the Scottish Government to manage a significant investment in General Practice Nursing (GPN) education and development, enabling nurses to work in integrated teams to meet the needs of Scotland's population.

Opportunities exist for GPNs across all stages of their careers. So, what are you waiting for GPNs?

**Go find out about all opportunities on offer at:** [www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/careers-and-recruitment/transforming-nmahp-roles/general-practice-nursing.aspx](http://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/careers-and-recruitment/transforming-nmahp-roles/general-practice-nursing.aspx)



### Spotlight on 2 opportunities open now for applications

#### **GPN Clinical Career Fellowship for Advanced Nursing Practice, September 2019 Cohort**

Are you a GPN with approximately 2 – 10 years' experience? Do you want the opportunity to develop personally, professionally and academically to benefit clinical practice? If the answer is "yes", this could be the development you are looking for!

#### **The Fellowship aims to:**

- equip you with advanced clinical skills
- develop your leadership potential
- increase your confidence
- help you to explore and resolve practice and professional issues
- provide a supportive environment for your development

#### **The Fellowship offer:**

- Funded post-graduate Diploma in Advanced Practice
- Leadership masterclasses
- Action learning sets
- One-to-one support from an experienced professional
- Funding for study leave

### Coaching for experienced GPNs

Are you an experienced GPN working in Scotland? Would you like some safe and confidential space and time to reflect on professional challenges? If the answer is “Yes”, you may want to consider engaging with the coaching opportunity.

Coaching is a safe, confidential relationship that aims to improve individual performance and focuses on the ‘here and now’ rather than on the distant past or future. The coach supports the coachee to explore, understand and act on what is significant for them, drawing on the coachees own strengths, experience, skills and resources.

#### Coaching can help you to:

- develop your self-awareness
- obtain a better work-life balance
- handle conflict
- think about different ways of doing things
- improve your relationships with colleagues

The coaching opportunity will be tailored to the specific needs and context of the coachee. The coaching is confidential and has no association with any form of performance management. The coaching is fully funded and will include one face-to-face and two telephone coaching sessions with a professional coach.



Visit the link above for further information on these opportunities. Further informal enquiries welcome at: [GPNursing@nes.scot.nhs.uk](mailto:GPNursing@nes.scot.nhs.uk)

Save the date **Thursday 9th May 2019** NHS Education for Scotland NMAHP and GPN Education conference, **BEYOND BOUNDARIES** Bringing down boundaries- inspiring changes. Edinburgh International Conference Centre

## Diagnosis and Clinical Management of Lyme Disease - an update for Healthcare Practitioners



**Thursday 7<sup>th</sup> February 2019 COSLA, Verity House, 19 Haymarket Yards, Edinburgh, EH12 5BH**

Registration will be from 09.30 am to 10.00 am and the programme will run from 10.00 am to 4.00 pm.

Please note there will be no charge to attend this training, but places are limited and will be allocated to ensure a multidisciplinary audience with geographical representation. Video conferencing is available, please indicate when noting your interest if this is required. To register your interest please click here: <https://response.questback.com/nhseducationforscotland/34chbhv3ao> by Tuesday 8 January 2019. You will be advised week commencing Monday 14 January 2019 if you have been allocated a place. **For queries and further information please contact:** [events@nes.scot.nhs.uk](mailto:events@nes.scot.nhs.uk) or **0131 656 3215**.

## NES GPN Short courses



For our asthma, COPD, Cervical screening and leadership courses please visit the portal:



### 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.

**NES GPN Short courses: Asthma**

2018 Asthma course dates			
Day 1	Day 2	Location	Portal course code
8 Jan 2019	5 Mar 2019	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 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).



**Booking details**

To book this course please visit:

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



### Foundation Course in Travel Medicine

The Foundation Course in Travel Medicine provides practitioners with the knowledge required to advise intending travellers on core aspects of travel health.

#### The course includes:

- Introductory educational training session in Glasgow or Manchester (two days, attendance required)
- Four e-learning units with assignments
- All students are allocated a personal advisor, library support and access to TRAVAX (the NHS travel website)

#### Topics covered include:

- Providing a travel medicine service
- Pre-travel risk assessment
- Infections and epidemiology of infection
- Immunisation theory, practice & available vaccines
- Malaria



#### How to book

The cost of this course is £999, instalment options are available for self-funding students as well as discount packages for block bookings.



Contact [lesley.haldane@rcpsg.ac.uk](mailto:lesley.haldane@rcpsg.ac.uk) or **0141 221 6072** for further information.

### **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 and resources for our inhouse NES GPN courses.)



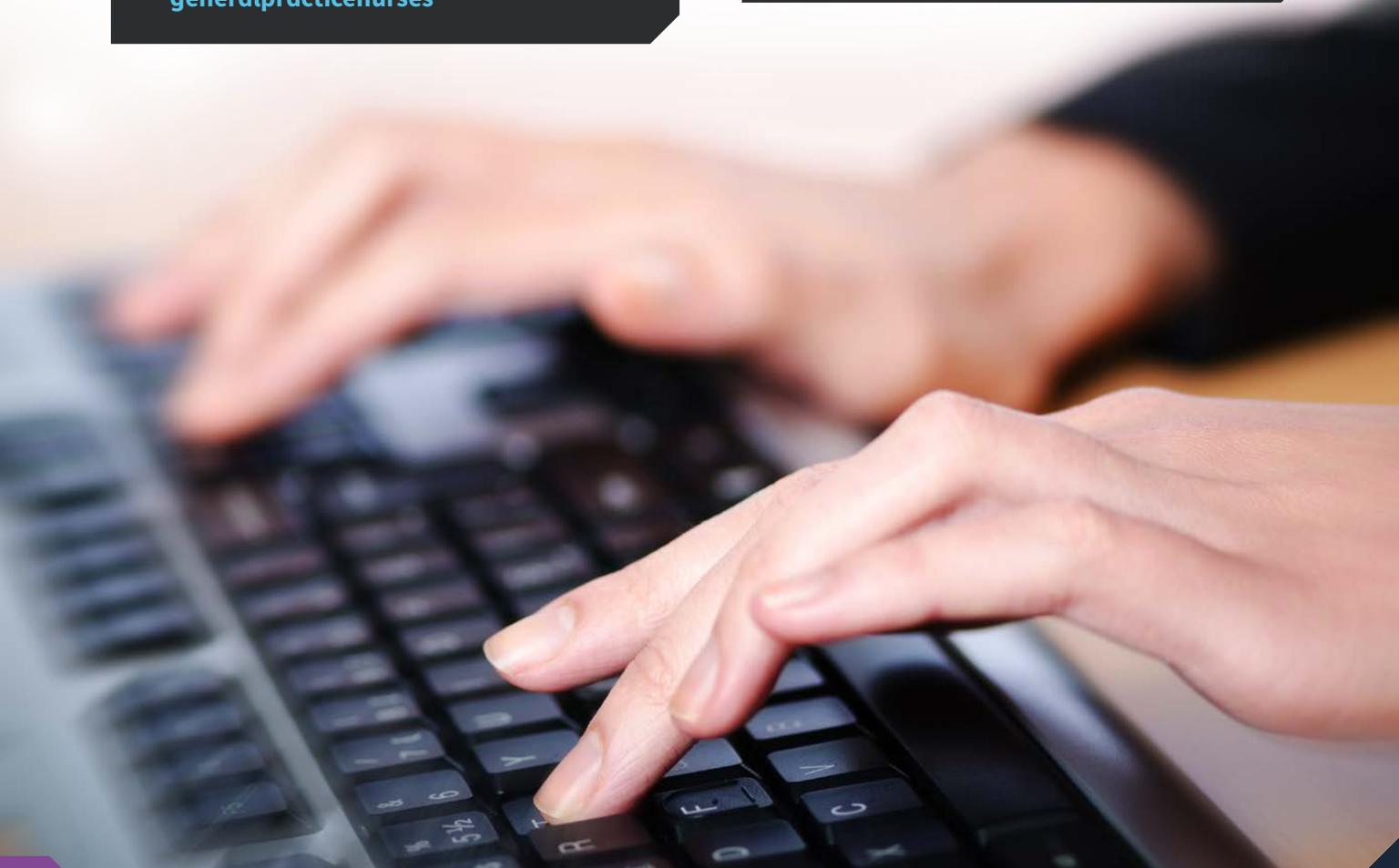
[www.knowledge.scot.nhs.uk/  
generalpracticenurses](http://www.knowledge.scot.nhs.uk/generalpracticenurses)

### **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. PBSGL is currently funded for GPNs.



[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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