NHS Education for Scotland

GENERAL PRACTICE NURSING NEWSLETTER

SUMMER 2019

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WELCOME

Welcome to our Summer 2019 newsletter which includes highlights from the National NMAHP conference, innovative ways to use social media in general practice, the benefits of setting up a surgery walking group and an update on HPV testing in cervical cytology. We also have articles from student nurse Jen on her experiences of a placement in general practice and Raphael's inspiring and dedicated journey from HCA to GPN. Kirsteen who wrote about House of Care for our last newsletter has kindly provided an update following interest from nurses who read her previous article.

After a very busy time since the last newsletter I am glad to be able to share that I passed my 'Diagnosis and Decision Making in Primary Care' Module; a big step forward in my plans to work as a dual role GPN / ANP. It was a struggle fitting in the studying and the clinical assessment required within my practice but the feedback from patients when I can deliver both advanced practice chronic disease management and competently manage a growing range of acute presentations makes it all worthwhile. If you had asked me in February or March I might have said something different but now I completely recommend this route of study to all who are interested in developing their role. There is so much opportunity for us as nurses to be the difference for our patients.

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

I hope you enjoy our newsletter and I look forward to writing again Winter 2019. I am already collecting ideas for topics. Please let me know if there is something you would like to read about or if you would like to write and share your experiences and learning.

A VIEW FROM NHS EDUCATION SCOTLAND

Lynne Innes – National Coordinator for General Practice Nursing

Welcome and thank you to Jaqui for editing the newsletter.

You may be aware that nurses working in General Practice in Scotland are currently benefitting from unprecedented levels of Scottish Government investment in our profession to ensure future recruitment and retention within the GPN workforce. There are various initiatives being supported through this funding including undergraduate placements in General Practice, a range of learning programmes and modules delivered by NES CPD Connect and HEIs, designed at a diverse range of learning levels, coaching, return to practice initiatives and the Newly Qualified Nurse (NQN) GPN Training Places.

The NQN GPN Training Places were a concept developed by Westgate Medical Practice in Dundee over 15 years ago. The Lead GPN, Sheilagh McFarlane and the whole team there had the vision and foresight to recognise that there was a requirement to build a future GPN workforce and to do this there was a need to design and develop a specific training programme to enable skilled nurses to work into general practice.

At NES we have modified the model slightly, so enabling the 1st cohort of 30 NQN to enter NES funded GPN training employment across a range of GP Practices in Scotland on a 2-year training programme for 20 hours per week, 4 of which are specifically for protected study time. As well as this, there is access to the well-established and effective 13-month NES GPN Programme for new nurses working in General Practice. The NQN all commenced on the GPN programme in February and are currently progressing through the programme. We are currently advertising for the 2nd cohort of NQN with an aim to build the nursing workforce within general practice.

See link below to read more about their experience.

www.nes.scot.nhs.uk/media/4282830/gpn_early_career_choice.pdf

You will read below the encouraging article from Lorna Waddell on how Tain & District Medical Group have embraced social media to connect with their patients and how social media is enabling connections and building communities. Within NES - Vicki, Lee Ann and I have also been trying to build our connections with you across the country and in collaboration with the NES Communications Team we have set up a GPN Facebook closed group within the NES Facebook page.

We created the group mid-April and have been astounded by the growth of membership as within a very few short weeks we had over 400 members!

Thanks to all of you who have joined and entered the group so positively as we can see that you are all connecting with each other. Initial feedback from GPNs particularly in more isolated areas of the country is that this is a great way of meeting others and they feel part of a wider community of GPNs.

Special thanks to Ian Williamson at NES Comms for all his assistance (and eternal patience!) to us supporting the establishment of the group.

Connect here on the NES GPN Facebook page:

www.facebook.com/groups/2389887264401146/

Finally – many congratulations to all the NES GPN Programme Learners 2017 / 18 who recently completed the GPN Programme. It was lovely to have some of them attend the recent NES Medical Conference Dinner and Award Ceremony where they were presented with their certificates by Ruth Aird, recently retired NES National Co-ordinator for GPN.

I hope that you all enjoy reading the articles in the newsletter and are inspired by what is being developed in GP Nursing across the country. I hope that you all have a marvellous summer and manage to get some well-earned rest with some lovely warm weather with any luck.

Lynne Innes
NES National Coordinator for GPN

@LynneInnes1

Vicki Waqa – Specialist Lead (GPN, CPD)

Bula Vinaka (Hello Thank you)

For years now, I have been trying to learn Fijian. My driving force being that my husband is from Fiji and I was determined to fathom out this unfamiliar language. Why did Fijian people always say thank you, after hello anyway?

"Culture" I was informed, accompanied by a shrug of the shoulders. Not satisfied, I was eager to understand this culture.

Why am I speaking about Fiji?

Over the past few years I have frequently encountered those similar feelings of uncertainty that accompany speaking a language that I feel neither confident or competent in, professionally.

This can be unsettling. On one hand, I was excited about us maximising GPNs contribution to the workforce and pushing the boundaries of the traditional role, but on the other, I was apprehensive that these new innovative ways of working would have grave repercussions for patients.

Last year I heard many of you voice similar concerns. However, as Lynne and I continue to deliver education across Scotland we are conscious that GPNs are voicing a new language – a shared language. In fact, a shared vision and many of your initial anxieties and reservations, like mine, are fading. Often, nurses have shared, inspiring and innovative ways of working to assist patients in managing, multiple co-morbidities and are increasingly playing a crucial role in anticipatory care planning.

The driving force, Paper 6 "Developing the GPN Role in Integrated Community Teams" has provided GPNs with a professional framework which clearly defines our roles and a clear career pathway. The re-focussed GPN role is undoubtedly, moving away from practitioner centred care, making way for person centred care. Questions alike, "How are you?" are being replaced with questions alike "What matters to you?" Surely, this can only have positive connotations for our patients?

Not only is the language changing, but so too is the culture

GPNs are undertaking a variety of educational opportunities and exhibiting agency; acting with purpose. GPNs are no longer accepting "because it's culture. Because it's always been done this way," accompanied by a shrug of the shoulders. Many of you have shared how you consider realistic medicine during your consultations. Others consider quality improvement and are leading the way. Many GPNs are demonstrating best practice, addressing health inequalities, promoting mental health and wellbeing and working towards integrated teams. GPNs are embracing the changing role, and excitingly - the education. NES continue to work in collaboration with external educational bodies to develop education specifically designed and delivered to meet the needs of the GPN. I am aware that we are still in a time of transition and I wait in anticipation to see what exciting opportunities and achievements the next year will bring. Keep up the amazing work and continue to connect with each other and share your achievements. Until next time, Moce (bye).

Vicki
Specialist Lead (GPN CPD)

HIGHLIGHTS FROM THE 2ND NATIONAL NMAHP CONFERENCE BEYOND BOUNDARIES – INSPIRING CHANGE

Every conference has an overall mood and / or theme and this one felt to me that I was valued and cared about. That it was recognised that our role can be hard and stressful at times but that we, the work force, are appreciated and support is there both from an educational but also from a well-being point of view. It all felt brighter and I noted this in my colleagues and other delegates as I moved around the different presentations.

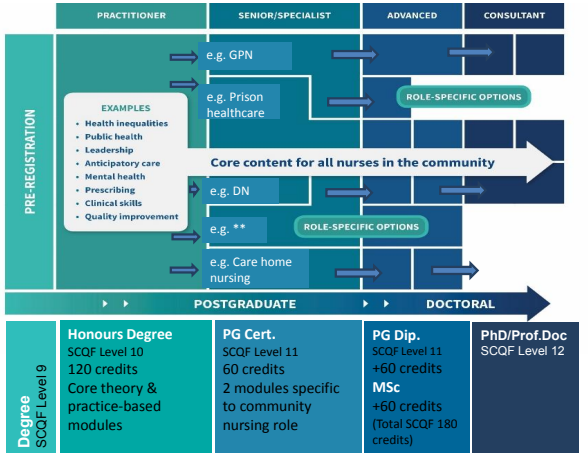
Fiona Fraser, NMAHP Programme Director, outlined four key areas to support CPD:

- Developing digital learning and resources
- Support education commissioning (linked to the Transforming Roles papers)
- Support strategic development
- Specific funded projects

In addition, supporting TURAS – an online portfolio which uses templates to support and gather evidence, plan learning, support appraisal and revalidation processes and enables the request and gathering of feedback. TURAS is a key component of the NES CPD strategy. The next steps involve feedback from the User Group and regional workshops to present TURAS to many clinicians.

Jane Harris, NMAHP Director, explained that The Scottish Government have now started a piece of work around the Clinical Nurse Specialist role.

A planned education programme from NES will incorporate all aspects of community nursing, at Level 5 learning, but it is not intended to develop a generic community nurse. Rather nurses will learn at foundation level together, then can continue to specialise in their clinical area *potentially* up to Doctorate level. The aim is to produce a responsive, flexible community nursing workforce. There will be Scottish Government funding for 200 nurses over two intakes for the foundation Level 5 course.



Lynne Innes, National Coordinator for General Practice Nursing, explained that 30 places funded via NMAHP are now available for newly qualified nurses to undertake the GPN programme and to work in GP practices. We now have the CNOD Transforming Roles, Developing the general practice nursing role in integrated community nursing teams Paper 6 published Dec 2018 which outlines the future of general practice nursing in Scotland.

For undergraduate nurses a pilot to offer placements with GPNs has taken place in Dundee and now Forth Valley. The aim is to increase interest in GPN as a career. CPD Connect has developed courses and educational opportunities for GPNs hugely over the last year and these are proving to be a very popular and effective way for GPNs to learn.

The GPN Roadshows, last autumn, enabled connection with over 400 GPNs across Scotland – discussion centred on Paper 6 of Transforming Nursing Roles. 'What matters to you' and 'Transforming care through kindness' were also key principles discussed at the Roadshows. GPN programme is now on cohort seven and eight with new Education Supervisors now in the NES team bringing the total to 20.

Vicki Waqa, NES Specialist Educator, finished this session by focussing on a patient journey with discussion around patient centred care, individualised anticipatory care planning and the role of the whole MDT in enabling patients to remain in their own home. She shared the story of Mary Doll – a very emotional narrative which had many of us in tears!

There were various parallel sessions to choose from during the conference. Key points from them are below:

Parallel Session 8: Developing Communities of Practice to Support Workplace Learning for Creative, Person-Centred Practice.

Key points:

- All clinicians should have access to communities in which they feel safe to develop.
- Sharing opinions and beliefs and own expertise requires facilitative leadership.
- Safe spaces can enhance reflection and sharing.
- It is good to develop familiarity with colleagues which enables this.
- Explored shared values are also important - this struck me as being about good team work and the value of getting to know each other so as not to feel uncomfortable about admitting weaknesses or challenging the status quo.

Parallel Session 22: Group Consultations: Enabling Access and Continuity of Care for Whole Primary Care Teams.

Louise Brady, from Greater Manchester, explained how group consultations as a clinic model have been working in some areas in England. 'Why have a meeting when you can have a party?!' is her philosophy. Good evidence is available for the benefits of shared medical appointments.

Groups with a maximum of 10 patients with similar long-term conditions, managed by facilitator and often led by GPNs meet to review patient's long-term conditions. In diabetes seven randomised controlled trials demonstrated improvements in HbA1c.

Good for patients and good for clinicians.

Patients like continuity of care and there is more time than there is available for standard consultations. Staff feel energised. Patients have their needs met.

On evaluation, 93% of nurses found this method fulfilling, 100% felt the team was a positive one, 85% felt they 'got to the bottom' of the patient's narrative in the group setting, as opposed to 58% in a one-to-one setting.

We need to consider different ways of working as the consultation rate for long term conditions are rising each year. There is now a robust UK evidence base supporting the group consultations model of care.

Dr Lesley Holdsworth, Clinical Lead for Digital Health and Care at the Scottish Government, emphasised the speed of the digital revolution and the need for the NHS to have a digitally enabled workforce. Dr Holdsworth challenged the audience to consider the fact that 95% of the UK population are now regular internet users and what that means to us as health care professionals.

With 46% of adults with at least one long term condition, and this figure set to double by 2025, there are big resource implications for health care. Currently 70% of resources are invested in long term conditions. Digital technology has the potential to change the face of health and social care delivery. The Scottish governments digital strategy has 6 domains with enabling the workforce as one of these. The NHS workforce needs to develop digital literacy in a safe and secure way. There will be a new digital platform housed by NES to keep the workforce up to date.

For those interested in developing their skills the Scottish dNMAHP is a great place to start. This network includes 100s of healthcare workers supporting each other to develop digital practice. There is also an NMAHP digital leadership programme to help develop champions. Lots of examples of the impact of digital care are now around and many of these are shared on Twitter.

Other initiatives have helped improve the patient experience and success of investigations such as MRI, with a virtual reality initiative for children, has seen failure rates for MRI drop from 80% to just 20%.

With 67% of the UK population active social media users and 58% accessing this on their mobiles it is time to take health care services to this space. We need to be digital in 2019 and have a workforce capable of flourishing in a digital society. Digital solutions will allow us to go beyond boundaries, inspire and drive change and be innovative, engaging, efficient and effective. To do this we need to think differently and **be digital**.

> ***"If we are serious about transforming health and care, breaking through boundaries- we need an NMAHP workforce equipped with digital and leadership skills, using new approaches, inspiring change and, most importantly, grasping opportunities.***

David Garbutt, Chair, NHS Education for Scotland, welcomed delegates to the afternoon sessions and congratulated us all on the fantastic care given to the public and the excellence in delivery of education and training provided by NES and their partner organisations.

The future focus for NES, reflected in the conference agenda, will be around developing a flexible workforce and widening access to healthcare. This will require increased flexibility in training and compassionate leadership. A big emphasis is also being placed on the health and wellbeing of the healthcare workforce.

Dame Clare Marx, the first female chair of the GMC, led the audience through the work the GMC is doing to support and up skill in an ever-changing world. With a proactive approach the GMC has developed four work streams to support doctors to deliver good medical care and is developing collaboration with regulatory partners across the health service. Dame Marx spoke of the importance of the multidisciplinary team working together to solve common challenges and the need for training to be flexible and relevant with transferability of training skills. Relevant training and coaching for leaders throughout healthcare is also essential. Dame Marx concluded her talk with a call to action –

> ***"Don't wait- we can all make small sequential changes from today, take risks and see if it works. If it doesn't you haven't lost anything and if it does let us know about it.***

Professor Erik Driessen, Chair, Department of Educational Development and Research at the Faculty of Health Medicine and Life Sciences, Maastricht University, provided a very honest and motivational presentation on what makes a good clinical educator. He described clinical education as highly complex and like one individual playing four chess boards all at the same time. On one board you have patient safety, on the second learning opportunities, the third has what is known about the learner e.g. competencies, progress, learning needs etc. and on the fourth control of the situation. Professor Driessen recommends longitudinal teacher-learner relationships and with an uncoupling of observation from patient care and scheduled teaching time. Feedback needs to be normalised within teams. Mentoring is a powerful educational tool and good teaching needs to be valued. Look for routine situations for teaching and use technology such as video / e-tools and clinical performance analytics.

> ***Let teachers see how important good teaching is.***

Putting staff first was the subject of Dr Richard Kyle's talk. **Dr Kyle, a Reader and Head of Population and Public Health at Edinburgh Napier University** described Scotland as a nation of firsts and was proud that the safe staffing bill is legislation in Scotland and that within this not only patient safety but also the wellbeing of staff is to be considered. The analogy of 'fit you own oxygen mask first' was used to describe the importance of staff putting themselves first so they can effectively care for others. Dr Kyle described safety and staff health as inextricably linked.

With this context of staff health in mind Dr Kyle shared some worrying statistics:

- 69% of nurses in Scotland are overweight
- 29% of nurses in Scotland are obese
- 50% of nurses don't meet alcohol guidelines
- 42% of nurses describe stress or burnout
- 17% of nurses smoke
- 46% of nurses don't meet physical activity recommendations
- Only 61% of nurses say their health is 'good' or 'very good'

Putting staff first could also save money- if a 1% reduction in absence levels was to be achieved the saving to the NHS would be around £57 million per year. Dr Kyle's conclusion was clear:

> ***Redouble the efforts to put staff first and care for those who care.***

Anne Trotter, Assistant Director, Education and Standards at the NMC, described how the NMC is working with the differences across the four nations in the UK to support nurses and to help develop interprofessional learning and new ways of working. Attracting student nurses into general practice will be vital for future health care needs.

New return to practice standards are being introduced to help encourage and support nurses back into practice. Barriers such as other commitments, locality and accessibility of courses are being explored and innovations to help overcome them developed. Professional boundaries are changing too and chances to learn together helps build more effective multidisciplinary working where staff have a better understanding of each other's roles and communication is enhanced. Collaboration between the NMC and other regulators is also increasing to help build for the future.

An advanced practice framework and regulation can be interprofessional. The fitness to practice strategy is also changing with a greater emphasis on remediation and restoration rather than full panel hearings. The NMC are keen to hear from us. What do we think will be the key issues effecting health and social care that will impact on nurses?

Have your say at:

www.nmc.org.uk/about-us/shaping-the-future/

The following day at our GPN Education Advisors and Supervisors team meeting we were led in a session from **Kathy Kenmuir, Practice Nurse Support and Development Manager at NHS Greater Glasgow and Clyde.** Kathy used this opportunity to clarify some of the strategic development in the GPN role and to express how nurses can lead with solutions in the current health care environment around quality improvement work. It left me feeling challenged and inspired that the time had come to be confident in our abilities and to stand up and make a difference.

We have increased pressures, more complex work and a widening team. Patient expectation is growing as well as demand for health care services. We have the professional ability to change.

She ended the session with a simple challenge to us as individuals asking us what we planned to **stop, start and continue**. Talking to Kathy on the way to catch the train about my current feelings at work she helped free up my thinking to realise that I could stop doing things that I judged to be unproductive. I could start new initiatives such as Care and Support Planning within the "House of Care" model for my asthma patients and develop and delegate to the very able HCAs within my practice. I would continue to have compassion and to deliver person-centred care to each individual patient. She asked us all what would happen if we press pause on certain activities so that we can focus on what is important to us and our patients.

The time has come to feel excited about the opportunities available for nurses and to lead on quality improvement strategies.

Gill Dennes and Jaqui Walker NES GPN Education Advisors

I came to Tain and District medical Group some 13 years ago as a very junior practice nurse. Having worked hard and slowly climbed the ladder, two years ago whilst working as full time Advanced Nurse practitioner the opportunity presented itself to join the practice as a partner. Due to retirement we had a complete change of partnership with myself, my practice manager colleague and a previously salaried GP taking over as partners. Whilst we very much wanted to keep continuity with our great team and patients we also saw this as an opportunity to take a different steer on things and move forward with the times. And so, came the launch of our facebook page and twitter account. We have used our social media in two different ways – and both with great success.

Tain & District Medical Group
Where care comes first.

We saw facebook as a great platform for sharing our practice news and keeping patients up to date with events such as our flu clinics and Christmas opening and such like and we saw twitter as an excellent forum for professional networking. This has been a resounding success and has opened so many doors to us that we weren't aware of and wouldn't have known about if it hadn't been for social media. Suddenly we had names to put to faces and felt that we were keeping on top of new, interesting and exciting developments.

We very quickly were able to gauge what our patients and followers liked to hear from us – disappointingly we had very little engagement with health promotion posts yet if we posted something with staff photos our posts were reaching far and wide with hundreds of likes and shares. This led to us trying to brainstorm how we can link the two and still get the important health promotion messages across.

This was fantastic for the team as a whole – suddenly we had staff with lots of interesting ideas and looking for ideas to promote healthy lifestyles. So as a team we have taken part in several challenges promoting being active, keeping a healthy lifestyle and such like.

This year we are also taking on The Beast Challenge which we are just about to start training for. We have worked hard to ensure its not all about physically active challenges – this way everyone can be included. Of course, there is a commitment to monitoring the pages needed – both facebook and twitter really need to be monitored daily and require an ongoing commitment to achieve this. Currently our partners do this, but we actively encourage all our team to contribute to the pages and to keep giving us ideas to keep the pages fresh and interesting.

Lorna Waddell, Advanced Nurse Practitioner – Tain & District Medical Group

Lorna.waddell@nhs.net

My journey into nursing started in March 2006 after leaving Kenya to join my wife in Scotland. With no references from a UK employer finding employment was difficult when I first arrived in the country. I applied for unpaid voluntary work experience in a GP practice in Girvan as a way of gaining a reference, to aid my integration into the wider society and hopefully aid my future employment search. Initially my practice role was as a receptionist, due to previous reception experience while working in a holiday resort in Kenya. This allowed me to enhance existing skills, gain new skills, to pick up the local dialect and improve my communication skills.

After 2 months at the GP practice, I obtained a seasonal receptionist post at a local hotel but continued to work on a voluntary basis at the surgery because I enjoyed being part of a positive supportive team and enjoyed the patient interaction. This interaction with patients and staff enabled me to enhance my communication and people skills which have been vital prior to, during and post my nurse education. After five months of volunteering at the practice, a receptionist post became available which I successfully secured and marked the official beginning of my exciting career in healthcare. For the next four years, the practice provided various training sessions such as the RCGP Scotland Practice Receptionist course and a NHS Ayrshire and Arran Medical Receptionist Development course.

“Interaction with patients and staff enabled me to enhance my communication and people skills which have been vital prior to, during and post my nurse education.

During my 2010 annual appraisal I was asked what my PDP (personal development plan) for the following year was. I had noticed an increasing demand for phlebotomy appointments which was impacting on the practice nurses' appointments and therefore asked if I could undertake phlebotomy training to relieve the pressure on the practice nurses. This training was organised through the local Health Board and followed up with inhouse practice nurses mentoring. In 2011 an initiative through the podiatry department for diabetic foot screening enabled me to undertake low risk diabetic foot screening. Through annual appraisal over the next 3 years I was able to obtain training on ear care, spirometry, wound care, urinalysis, ECG and vital signs. Acquiring these skills paved the way for my transition from receptionist to healthcare assistant.

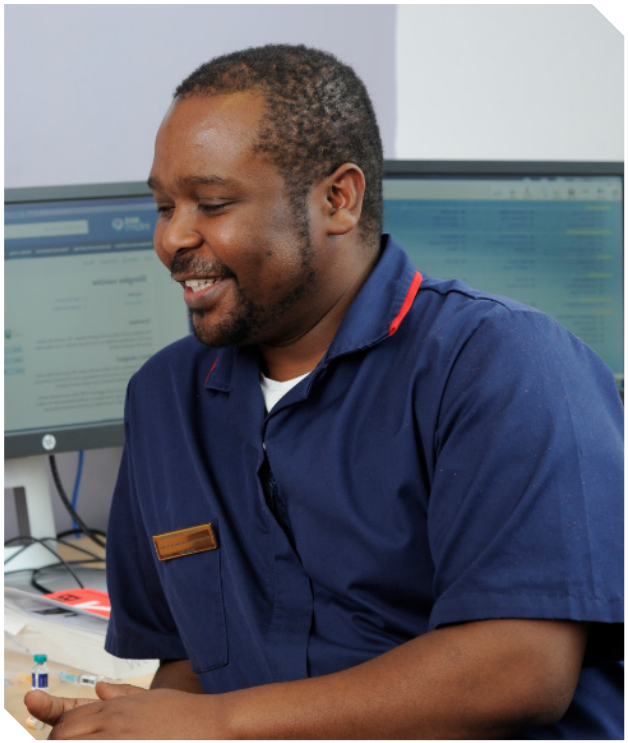
In 2012 my employer asked if I was interested in pursuing a nursing career because I had shown myself to be a competent healthcare assistant and patients were giving positive feedback on my clinical skills and temperament. I knew pursuing a nursing career was something I would like to do, but because of financial and family commitments full time study was impossible. It was made clear that the practice was prepared to support me through the training if it was something I wished to pursue.

> ***"Patients were giving positive feedback on my clinical skills and temperament.***

After my appraisal it came to my knowledge that Open University offered a distance learning Pre-Registration Nursing Programme which would allow me to work while pursuing nursing education. I contacted the University and their representative visited the practice. They advised that the programme was a partnership between the Scottish Government and Health Boards to promote career progression for auxiliary nursing staff in an attempt to increase the nursing workforce. The application requirements were explained. I needed maths and English grades that met NMC requirement for nursing education and employer support throughout the programme. They covered how the practice placements were organised and funding arrangements should I secure a place on the Pre-Registration Nursing Programme.

My grades were not sufficient, so I enrolled in maths and English evening classes at the local college, two nights a week for a year. Once achieving the desired grades, I secured a place on the four years Open University Pre-Registration Nursing Programme. I was the first student to enrol from a GP Practice and therefore required an honorary Health Board contract to ensure indemnity cover whilst on student placements. My base placement for the four years training was the community hospital attached to my GP practice, but I had the opportunity to have placements in clinical areas out with my base.

My placements varied from a surgical receiving ward, community nursing, A&E, day surgery and ITU. These clinical placements helped me acquire new skills, gave me the ability to plan and prioritise care, promoted team working, enhanced pre-existing skills, and ensured I provide safe, individualised and evidence-based patient care. After four exciting and challenging years I qualified with a BSc (Honours) in Adult Nursing.



I would encourage anyone thinking of progressing their career to a registered nurse from auxiliary nursing / healthcare assistant to grasp the opportunity when they can as it is possible. If I can do it everyone can! Pursuing nursing education as a mature student and gaining my qualification was very rewarding and gave me a huge sense of achievement. However, challenges such as time pressures, being out of your comfort zone whilst in new clinical areas and competing priorities can have a negative impact on the overall experience of being a mature student, but having the right support from family and friends, employers, work colleagues, mentors and the university can help overcome these challenges.

After qualifying in October 2018, like most new registrants I wondered which nursing career path I would follow. I have enjoyed and gained so much through my involvement with the staff, patients, their families and carers in all the practice placements. This made deciding which nursing career path to follow an increasingly difficult decision, i.e. secondary or primary care. Working in a primary care setting offers opportunities to gain experience and expertise in various areas of practice, e.g. COPD, diabetes and counselling to name but a few. I have been extremely fortunate to have worked with a supportive GP practice and this helped me make the decision to apply for a job in the same GP practice I joined 13yrs ago as a receptionist / administrator.

My role within the practice now involves assessment and evaluation of patient care, providing advice and managing care for those with long term condition and delivering care following referral from the GP for various treatments such as: venepuncture, ear irrigation, wound care including suture and clips removal, injection administration (hydroxocobalamin, flu, pneumococcal, tetanus, testosterone, hep C and fragmin), blood pressure monitoring, low risk diabetic foot checks, diagnostic spirometry, ECG, assisting GP with minor surgeries, running a smoking cessation clinic and assisting a GP run a respiratory clinic.

Over the years my employers have shown themselves to be committed and enthusiastic in encouraging their staff to advance their roles within the practice and I have found that this has continued since joining them as a practice nurse. I have also found that NES is invaluable as it provides a wealth of training opportunities for nurses. Within 4 months of joining the practice as a qualified nurse I completed Telephone Triage and Long-Term Conditions training provided through NES. I am currently undertaking Management of Minor Illness (including Triage) training again provided by NES. I also have CPD Connect Asthma and CPD Connect COPD training sessions booked for the beginning of next year. All these training courses will increase my knowledge, clinical skills and competence enabling me to offer safe evidence –based care.

One of the things I like about my new role as a practice nurse is the interaction with patients and their families as it puts me in a unique position to build a rapport with them and provide continuity of care. This can help patients feel at ease and enable them to discuss their worries and anxieties about their health, which offers me the opportunity to provide the patient with appropriate individualised care, improving not only their health outcome but empowering them to manage their own health.

Raphael Mwarandu, Practice Nurse – Girvan Health Centre

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My third-year placements were emailed to me and I was met with both happiness and slight disappointment at the results. I had gotten my dream sign off placement; community nursing. I couldn't wait (I still can't!). But another placement...dental surgery! Although I would take the placement as a valuable learning experience I knew that at this stage in my training and as a third-year nursing student, I was keen to get more out of community-based nursing.

Fate struck me like lightning when an email appeared in my inbox from my university (University of Dundee) stating that a pilot placement would be trialled working with the General Practice Nurse at a GP Surgery and you could swap out one of your placements to be a part of this new placement. Suddenly I was more than happy to go on the dental placement if I could get my chance at the GPN placement too. The dream placement appeared just in time! Straight away I put in my 500-word application (a requirement from the university) for the pilot placement and was fortunate enough to secure a place with a GPN.

Next thing I knew, it was time for placement. I could feel a shift and buzz in the air. I couldn't wait to tell everyone about the success of this completely untapped resource of skilled nursing. Why didn't we know much about this placement or career choice as nursing students?

The experience of nursing students might change forever thanks to such a pilot placement thus changing the dynamic of the workforce in general practice. And I, along with 5 other nursing students, got to be a part of it.

This is what my GPN mentor's day involves (and probably every GPN or NP's)

- **Triage sometimes up to 100 patients**
- **See patients in-between**
- **Prescribe medication whilst constantly checking BNF, patient history, current and repeat prescriptions, allergies and any new allergies**
- **Take bloods**
- **Examine and auscultate chests**
- **Teach, educate and encourage patients**
- **Make referrals to other services**
- **Examine ears and throats**
- **Smears**
- **Cryo freeze warts**
- **Keep up to date with latest policies and guidelines**

Miscellaneous tasks my mentor has to deal with in addition to her clinical tasks:

- **Try to hear a mother explaining what's wrong with her child as the little one screams and wrestles its way out her arms and sweeps the room like a tornado leaving nothing in its original place**
- **Calm nervous patients down**
- **Direct patients to mental health services whilst hearing them out too**
- **Challenge patients whilst keeping it professional and non-judgmental**
- **Deal with patient's judgments - "I was really hoping to see the doctor, not the nurse"**
- **Deal with a double, triple sometimes quadruple health question - "While I'm here, I've found this lump...."**
- **Apologise for being late for her next patient...**

I've come to learn that all of the miscellaneous tasks are just as important - maybe more important - to the patients as the clinical tasks. That's just the nature of the beast, the nature of the nurse.

Every day was educationally beneficial. The practice manager had arranged a time table for me each week and every day I worked with a multitude of health professionals including GP's, primary care nurses, reception and admin staff, immunisation nurses, midwives and podiatry! No day was the same. Which I realise will not be what real life is like as a GPN - but it is important to understand how your team works within their own professions.

I became comfortable with the placement and the people, I truly felt like part of a team and like I worked there. In fact, I became so comfortable that I took my own hypertension clinic with supervision from afar. At this stage in my training I should be able to take charge in some manner and this placement truly helped me to further this confidence in taking charge. This placement has allowed me to push myself in terms of my knowledge, my practical skills and my confidence as a student nurse transitioning into a newly qualified practitioner. This placement has also highlighted to me the complete need for nurses to take on this role. We need to focus on community and public health and as the GP shortage inevitably continues, skilled nurses need to be prepared to look after patients in ways they may not have done before. The population is increasing by the second and the nurse's role will increase too. Now is the time to implement positive change. If nurses are needed to do this role (which they so clearly are) then make the placements available to student nurses. Also...it's a great career to have."

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Read my full blog posts at:

www.jennymontgomery14.wixsite.com/thescottishstn/blog

Click the link below to view the resource we have developed in NES to promote GPN as an early career choice.

www.nes.scot.nhs.uk/media/4282830/gpn_early_career_choice.pdf

I wrote an article for the winter newsletter about the "House of Care" and I thought I would give an update on how things are progressing. Thanks to those who got in touch after the article and I hope I answered your queries.

The "House of Care" is a person-centred framework; a care and support planning model to support 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 NES GPN Educational Advisor. I was inspired, and I felt this person-centred approach would not only benefit individuals registered at our practice but also the practice team and the population.

With ever growing health and social care needs something needed to change. I completed the innovating and inspiring QNIS programme in December 2018 and the programme supported me in my quest to change the model of care at my own practice. The purpose of QNIS programme is to enable nurses who work in Scotland to promote excellence within their communities in order to make a difference.

So where are we now...

The practice (Macduff Medical Practice) went "live" at the end of July 2018. Patients with long-term condition were sent their results for the very first time. This allowed individuals time to digest the information about their health and discuss with family / friends as need be – gaining from other's perspectives prior to a care and support planning appointment a week or so later. A prepared patient lends to equality within the consultations and individuals can explore their own concerns which in turn can be married to the health professional team's agenda. Patients can be signposted to third sector agencies or health and social care organisations if necessary in order to support individual needs.

The Grampian House of Care Evaluation Team carried out a six month interim review on the early adopter sites. Macduff Medical Practice had a total of 1,786 patients involved within the House of Care model. For the first six months a proportion of the total number of patients completed their care and support planning appointment and revealed a staggering 95% patients felt more involved with their care. This was a very important early indicator that the new model was already having an impact within one year. Keen to spread the word, the Alliance Scotland came to film promotional videos of myself, a patient and GPN Rebecca Jack – to gain further insight into the House of Care.

From strength to strength...

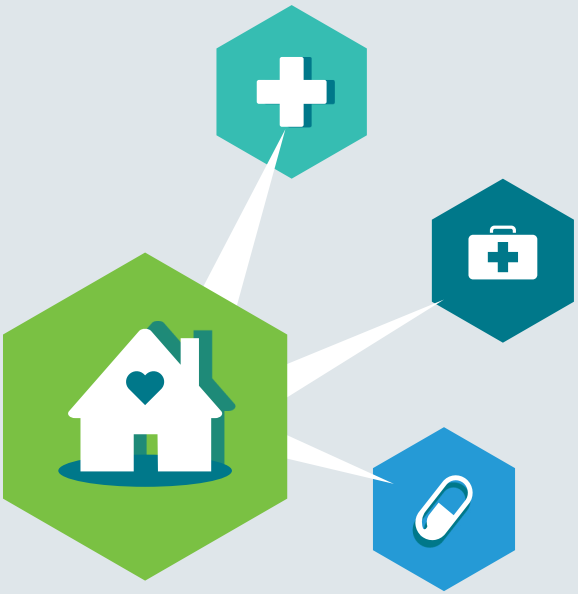
Working closely with public health colleagues opened a new door to me personally as Alison Hannan, Public Health Practitioner – Advanced, approached me to consider doing further training to be part of a team within Grampian to train others in the "House of Care". She works for the Public Health Directorate within the Health Improvement Team. As part of the Supported Self-Management agenda, Alison project manages the House of Care implementation across Grampian. Being empowered by the evaluation and seeing the "House of Care" in action inspired me to apply and Alison and I funded by Public Health NHS Grampian, travelled to Newcastle for a formal "Year of Care" (English model) two-day course. We both enjoyed the training and felt we were beginning our journey to train other practices and hopefully inspire others.

We have started to put our training into action and are undergoing "Year of Care" verification before we are quality assured trainers. It has been worthwhile sharing the journey I have had from a clinical point of view with other teams and I find teams are eager to know more about the ins and outs of how it all works from an operational point of view. Alison is able to help teams with the strategic side of things, so together, alongside other trainers we complement each other.

Macduff has undergone organisational change from the 1st of May this year, by taking over a neighbouring practice. The list has doubled and is now at over 12,000 patients. Alison and I, alongside a "Year of Care" trainer, trained the other team at the end of April. It was good the neighbouring team under so much pressure at the time really bought into the ethos behind the "House of Care". It is a positive outcome that another 6,000 patients and their families will benefit from "House of Care" approach and move towards self-management of their long-term conditions.

How do I feel after the House of Care is growing?

The practice doubling overnight in May has forested growth of the "House of Care" overnight as well – which can only be positive. The training Alison and I did in Newcastle has also strengthened the growth of the "House of Care" and inspired others. Hearing stories 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.



> **"The majority of patients themselves have been empowered by receiving their results by post and have been enabled to become equal partners in decisions about their care.**

A main theme has been of increased morale and job-satisfaction from team members. Another strong theme is that patient-safety has increased as some patient previously lost to follow up have been found. Some patients as I mentioned in the last newsletter (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.

Person-centeredness is crucial and perhaps the invite letter itself gives individuals a sense of being valued. The majority of patients themselves have been empowered by receiving their results by post and have been enabled to become equal partners in decisions about their care. The nurses have expressed they have increased job-satisfaction and 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 the seed that was planted a couple of years go is now flourishing in such a small space of time – not only within my own practice but to others within Grampian and beyond. The hope is that the "House of Care" model impacts upon the lives of others for generation after generation nationally. Within a year positive outcomes are being achieved and if patients feel more involved in their care the hope is that partnership working enables individuals to thrive in their communities with support.

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

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alison.hannan2@nhs.net

Any practice in Grampian interested in adopting the "House of Care" can submit a note of interest to Alison as well.

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: **www.yearofcare.co.uk/**
4. RCGP also has an excellent resource including a YouTube video on Care and Support planning: **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: **www.kingsfund.org.uk/blog/2013/10/supporting-people-long-term-conditions-what-house-care**

As part of an ambition to eliminate cervical cancer in Scotland, we'll soon be moving to a new, more effective way of testing smear test samples.

From early 2020, cervical screening samples will be tested for high risk human papillomavirus (HPV), which is the main cause of cervical cancer. Cytology-based tests will be used for women who have high-risk HPV.

More effective test

HPV testing is a more sensitive and effective test than cytology for identifying women at risk of cervical cancer. It will help ensure any changes are identified and treated earlier.

The HPV test will be carried out using the same sample of cells taken during a cervical screening / smear test so the cervical screening experience for women will not change.

Change in frequency for younger age range

Women who don't have high-risk HPV are at very low risk of developing cervical cancer within five years. They will therefore be invited for their next routine cervical screening appointment in five years' time, regardless of their age. This is a change for women aged 25-49, who are currently screened every three years.

Further information and training

To help practice nurses and other health professionals prepare for the changes, a frequently asked question (FAQ) document has been produced.

To download a copy, visit:

www.healthscotland.scot/cervicalfaqs

More information on training events and resources will be made available in the coming months.

Physical exercise has been found to have a profound benefit to both physical and mental health and wellbeing. It was for this reason in 2017 during my annual appraisal that I had asked my Practice Manager and Senior Partner in Barns Medical Practice, Ayr, if we could host a Walking Group for our patients and others in the local community. It was then we launched “Walk and Talk Wednesday’s”.

Time and time again during patient annual reviews I found that lots of people wanted to exercise, however did not have the confidence to do this themselves. This was particularly evident in patients with COPD who did not have the confidence to attend pulmonary rehabilitation, and who had become isolated in the community. Social isolation and loneliness were also a target group for our Walkers. However, on launching the walk it was surprising, and humbling, to see the variety of participants attending.

Some were keen walkers already but were interested in the social aspect of the group, where as some were completely new to walking, with or without LTCs. The lovely thing about this group was that it was not a race. Everyone was motivated, and keen walkers would hang back with participants who were struggling, motivating them to continue, as well as creating a welcome distraction.

To host the walk, we had contacted our Local Authority Leisure Facilities Team, who enrolled a member of our administrative team and I in a Walk Leader training course. Paths for All, a walking charity, were also contacted who kindly added our walking route onto their open system to the public. Our walking route also offers two variations depending on the capability of the walker with the aim of attracting a wider target group.

All participants meet at the surgery at 11am every Wednesday (sun, rain, hail or shine), with the opportunity to walk a one-mile route, or a two-mile route. We had planned our route with the idea that all participants regardless of capability would walk the same initial route, with "1 miler's" veering off half way and returning to the surgery, and the "2 milers continue on the same path. An audit was completed on the group after 3 months which found, of those participants that had supplied a weight measurement, every single participant's weight had reduced.

It was always the plan to eventually have this group entirely patient led, with the surgery used as a meeting point to promote patient empowerment and self-care. A further 2 participants have now received Walk Leader training through our Local Authority, and now lead the group.

We had also supplied both leaders with Heart Start CPR training within the practice. We are pleased that our walking group has continued to run efficiently, and well attended, for the last 2 years, of which the last 5 months have been entirely patient led. I would encourage this in other local areas to promote health and well-being, as well as community spirit, with one of our participants reporting:

> ***"This group has given me a goal to get to every week. To get out of the house and feel safe with the people I am with, to speak to people who are like me, and most importantly, to feel good about me again.***

- Patient A

Sophie Steele, Practice Nurse at Barns Medical Practice, Ayr

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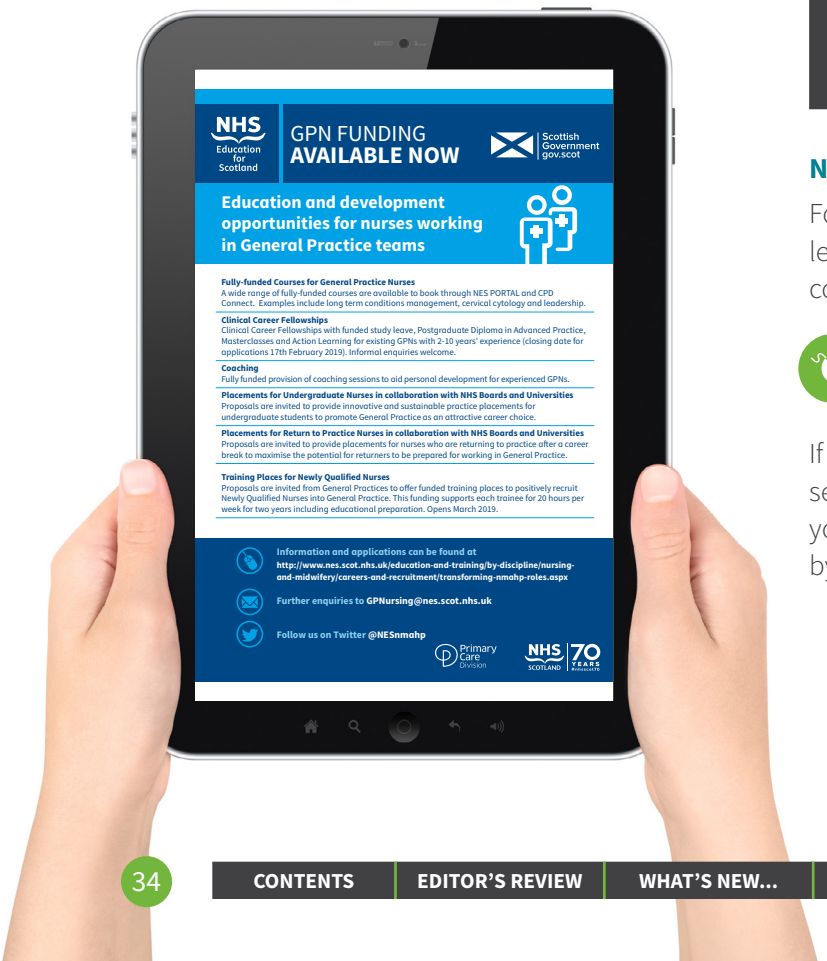
NES has been commissioned by the Scottish Government to manage a significant investment in General Practice Nursing (GPN) education and development, enabling nurses to work in integrated teams to meet the needs of Scotland's population.



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

NES GPN Short courses:

For our asthma, COPD, Cervical screening and leadership learning programmes and to book a course, please visit the portal:

www.portal.scot.nhs.uk

If you do 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

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

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

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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