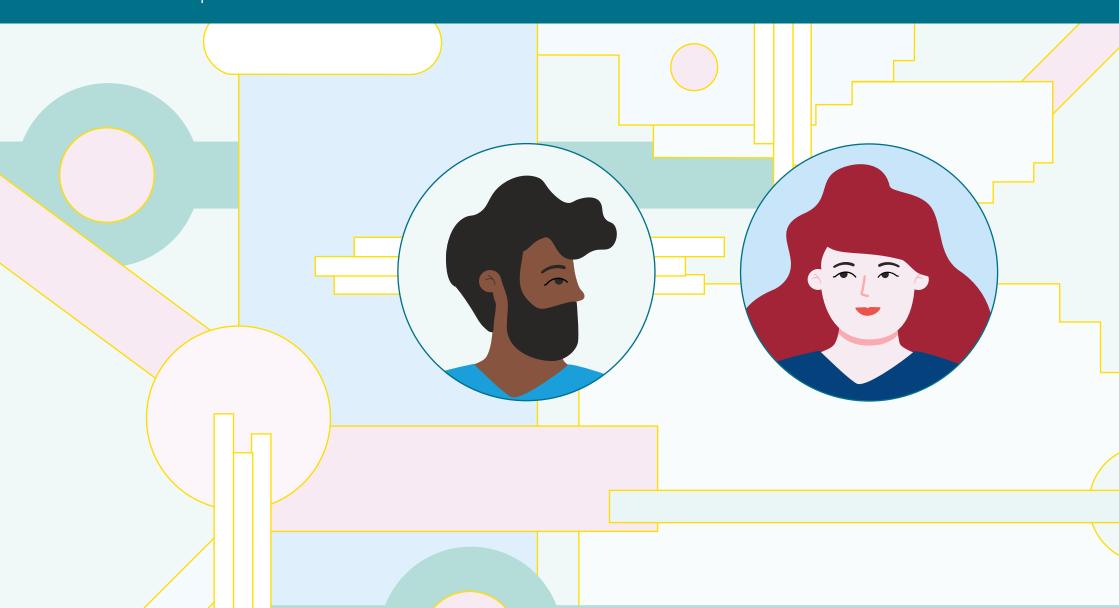


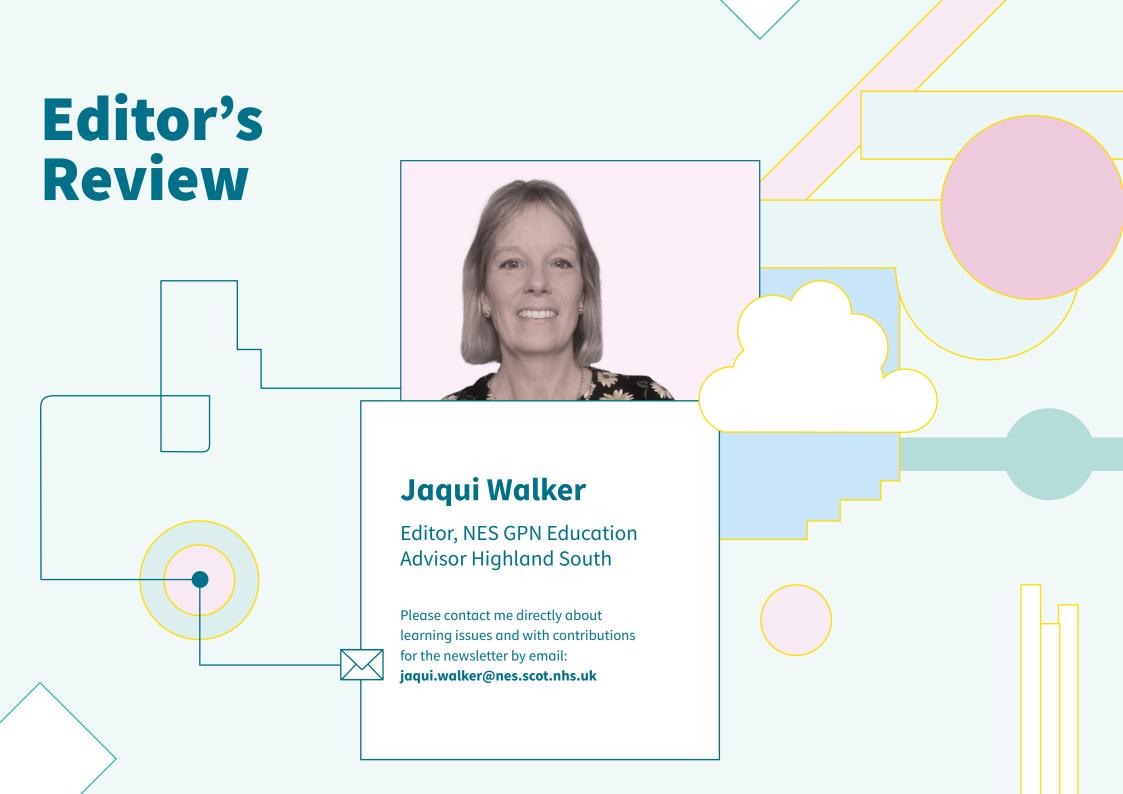
General Practice Nursing

Newsletter | Winter 2020



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Editor's Review

The writers in our winter 2019 GPN Winter newsletter bring together themes around the simple quality of kindness, recognising what matters to people and the essence of what we do as general practice nurses.

From a very personal perspective, Tommy writes about his experiences as a carer for his mother. He identifies how the intelligent kindness of nurses made such a difference to his journey. It is interesting in this time of increasing demand for healthcare services and with concerns about staff 'burn out' that Tommy reminds us to first be kind to ourselves.

Kirsteen, building on her series of articles demonstrating the difference 'House of Care' has made to her work, patients and team, has shared a beautiful case study demonstrating how the care and support planning process can move patients from a dark place of social isolation and depression to a position of growing confidence, 'there is no stopping me now' and improved health outcomes.

Another article explains the 'Right Decision' campaign and the knowledge resources available to help us stay up to date.

Following a recent group consultations workshop in Dundee, Karen has written an article showing how this change in the way we manage for example long term conditions, can revitalize care, harness the power of the group for behavioural change and improve both the individual and nurse experience.

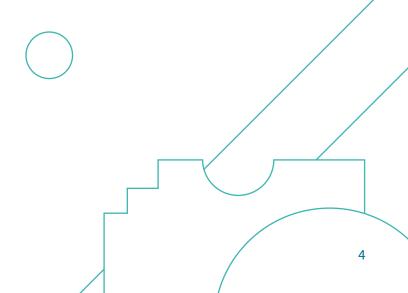
As the final part of my post graduate diploma I am doing a theory advanced practice course and rather than finding it a bit dry after all the hands-on clinical courses I am really enjoying the chance to reflect upon leadership, education and how best to use my advanced practice skills within the surgery to benefit the people and the team.

I am really enjoying working a dual role seeing people for both long term condition management reviews and acute presentations. I find the overlap is very seamless and it's good to be able to manage a wider range of individual needs and where possible provide a 'one stop shop'.

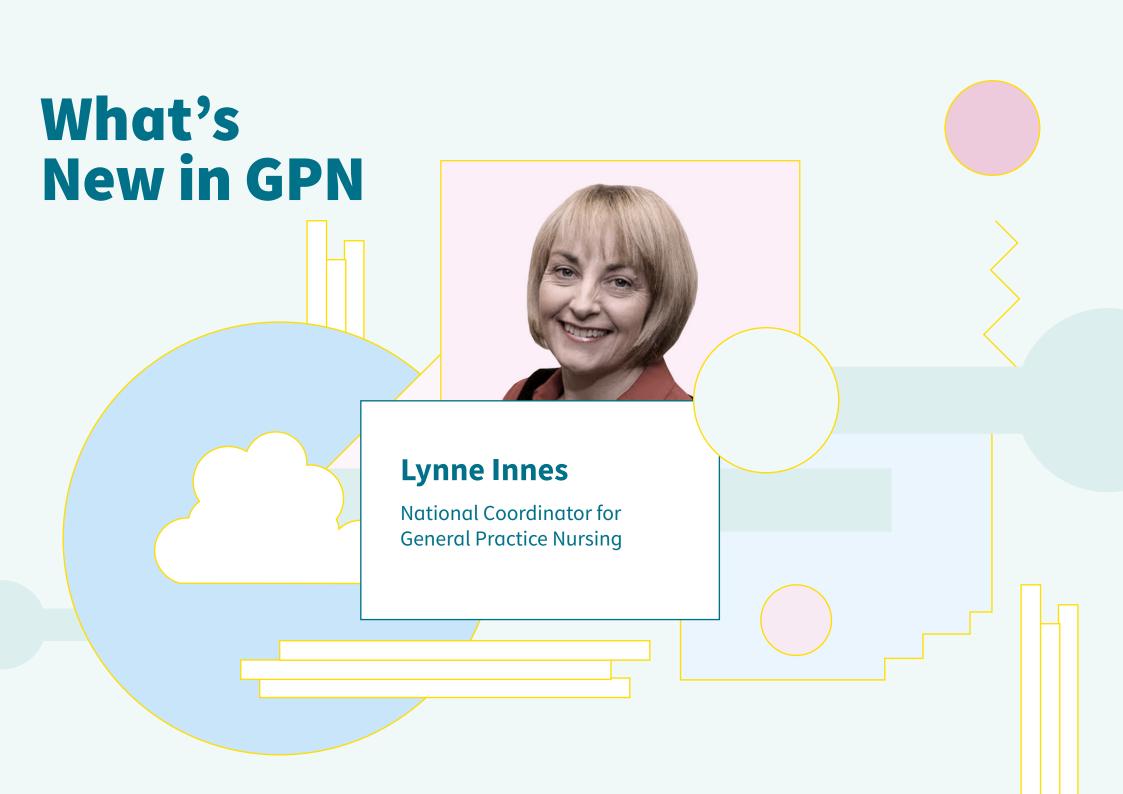
As GPNs in the current healthcare environment, we seem to be facing an unprecedented level of pressure and yet this is coupled with an unprecedented level of government support for our development. I encourage you all to have a look at the educational and developmental opportunities currently available and have a think about which opportunities might suit you.

It might be a one-day practical course on helping women manage the menopause, a Masters degree or some coaching to help you fully utilise your current skill set. Most important of all, remember to look after that vital resource — YOU.

I hope you enjoy our newsletter and I look forward to writing again Summer 2020. 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.



Editor's Review | Winter 2020



A View from NHS Education for Scotland

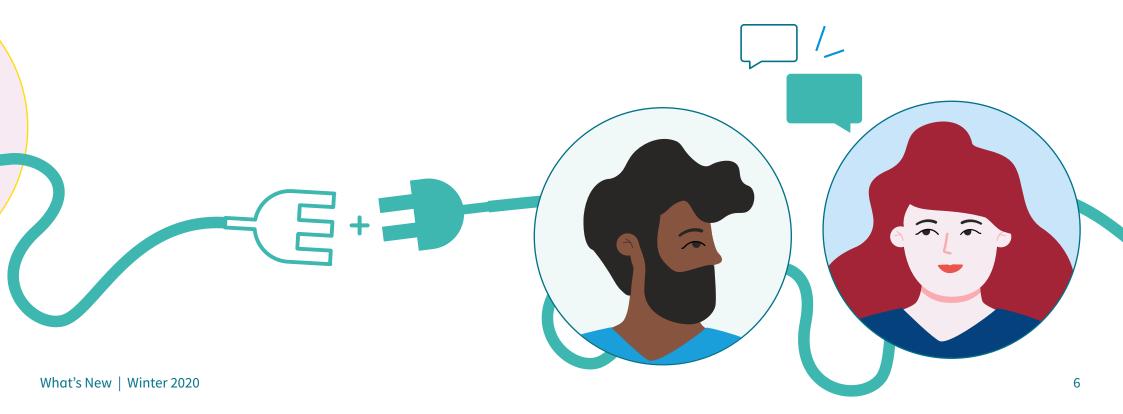
Welcome to another GPN newsletter, hopefully by the time you read this most of this year's flu campaign will be just about finished and you will be getting an opportunity to take some necessary 'me time'.

As GPNs we are among those best placed to give the trusted, accurate advice needed to help people live healthier lives and prevent long term conditions, so it is important that as nurses we look after our own health and are supported to do so, when for example we are juggling busy jobs, supporting friends and family and trying to preserve a healthy work/life balance.

There are 5 suggested ways to support us achieving this whilst still carrying out busy roles.

1. Connect

Make time for family and friends, and time for you to feel supported by them. Discuss things with your colleagues, not just the people you care for. Get to know your neighbours and be part of your local community. Building these connections will support and enrich you every day. If you haven't already, think about joining the NES GPN facebook group to connect with GPN colleagues and friends.





2. Take notice

Reflecting on your experiences will help you appreciate what matters to you. Be aware of the world around you and what you are feeling. Notice the seasons change and everyday sights and sounds, perhaps on your way to work or when connecting with friends. Be mindful. Try things like meditation or yoga.

3. Keep learning

Learning new things can be enjoyable and improve your confidence. Embrace new experiences. Try something new and look for new opportunities. Try singing... there are many NHS Choirs across Scotland and The Cheyne Gang COPD Singing Groups come highly recommended as being an amazing way to restore wellbeing.

https://www.thecheynegang.com/



4. Be active

Discover a physical activity you enjoy and that suits you. Perhaps you can make time for a walk or run with colleagues at work. Regular physical activity is associated with lower rates of depression and anxiety. Exercise is essential for slowing age-related cognitive decline. The RCGP are encouraging GP Practices across the UK to consider becoming parkrun practices.

https://r1.dotdigital-pages.com/p/49LX-52M/parkrunpractice

5. Be kind to yourself and others

Look out, as well as in. Do something nice for a friend or stranger. Even when you are busy, this can be as simple as saying thank you. If you feel that you have more time to give, you might want to join a community group or volunteer your time. When you see yourself as part of the wider community and feel connected you create happiness in yourself and in others.

What's New | Winter 2020

Nursing You

Contact

The organisation below have designed an app to support nurse wellbeing.

It has been designed by nurses, for nurses:

NURSING YOU is an exclusive (and free) app to help nurses care for themselves so they can keep doing what they do best — caring for others and support us to maintain our own health and wellbeing.

https://www.c3health.org/our-programmes/health professionals/nursing-you/

You can use this code to access the app:

NYGPNSCOT

Lynne Innes

NES National Coordinator for GPN

Connect: NES GPN

https://www.facebook.com/ groups/2389887264401146/



Articles & Features

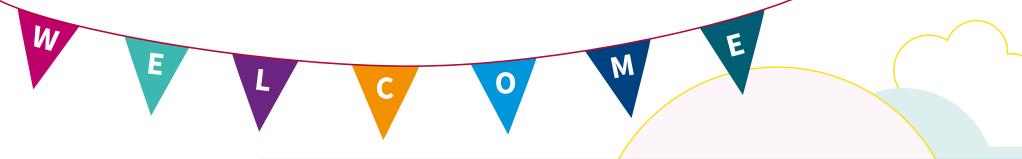
Welcome to NES!

Diane MacMichael GPN Programme Officer, NES

I would like to introduce myself having recently started at NES, in July, as a GPN Programme Officer. I have a diverse professional and nursing background having worked for NHS Fife and NHS Lothian, wards, theatres, community and then as a GPN.

I have received an amazing welcome from my new colleagues at NES who are an extremely hardworking team, Lynne Innes, Vicki Waqa and Anna Alexander to name just a few. They put so much effort, passion and commitment into their roles in driving forward education and education standards for GPNs. I am very excited to be part of this dynamic team at such an exciting time for General Practice Nursing.





Welcome to NES!

Karen Beattie GPN Programme Officer, NES



I am a complete novice with NES — starting as a General Practice Nursing Programme Officer in July, with Diane MacMichael. Having come from 14 years of General Practice (almost 20 years of nursing), my new job is proving an absolute adventure! I am very lucky to have been welcomed into the most wonderful NES GPN team, who are incredible supportive and NES itself is brimming with friendly faces.

I am very lucky to work currently with Lynne Innes providing support to learners on the GPN Programme. To be part of these fantastic opportunities for nurses to develop their careers into the diverse profession of General Practice Nursing is very special. I am also looking forward to developing my role with Vicki Waqa on the CPD Connect courses.

I have the most fantastic opportunities in my role, such as being involved in collaborative projects of education including Cervical Screening, Group Consultations and working with organisations such as the British Heart Foundation, to only mention a few. To be on this side of developing education is incredible to not only see how it all comes together, but to appreciate the level of hard work and commitment each project takes. I learn every-day and really look forward to coming to work — not sure I've said that many times before!

General Practice Nursing Now & in the Future — A Reflection in Poetry

Creatively reflect on what your vision for the education and development of general practice nursing is now and in the future?

What is a practice nurse? What can I say...
Well it's a vocation that's come a long way!
From lending a hand to the GP for this and for that...
To a role holding its own professional Doctorate hat.

I embarked on my journey in 2005 in the Caithness coast, Where I was employed as a D grade on a maternity post. We were a work generation of 'see one do one' And this is where I knew my real career had begun.

How much has changed over the years?

Many, many things for me and all my peers!

Gone are the paper notes and the computers here to stay

But education remains vital come what may!

Revalidation — yikes that scary word!

Reflection on top of all we do? How absurd!

Is it really that daunting — really that bad?

We reflect on our practice without thinking,

So no need for feeling stressed or sad!

We know CPD and education is important and valuable,

So why are we nervous — qualifications are so commendable!

NES are here to help support and guide
To provide the best education to their staff far and wide!
To ensure a workforce are safe and competent,
For staff to gain the most from their posts to be happy and efficient!

NES are supporting new nurses on new posts

To provide training to ensure no experience is lost.

When staff retire or decide to leave the profession

To keep patients healthy with suitable staff succession!

What does the future hold for our beloved NHS?
Another 70 plus years with the support of NES!
We shall help train and support staff of the highest standard
With their excellent professionalism securely anchored.

The staff of today and the staff of tomorrow
Will be exceptional with 'see one do one' left long ago!
Old and new shall help one another
Side by side like sister and brother

To be a part of this future would be incredible you see As practice nursing has truly become a part of me.

Karen Beattie

GPN Programme Officer, NES

Lets Talk Group Consultations!

Karen Beattie, GPN Programme Officer, NES

For me, Group Consultations prior to a what I can only describe as an inspiring VC meeting with Alison Manson, not long after starting with NES as a GPN Programme Officer this summer, was an alien concept. Perhaps not for everyone, as not too much to my surprise — being the forward thinking and leading entity that NES is, ran a piece on Group Consultations back in the winter of 2016.

For those who perhaps have not read the previous information or missed the fantastic NES Group Consultation Workshop in Dundee earlier this month — we would like to briefly introduce what Group Consultations are.

It's another day at the coal face and we are rushed off our feet, our surgeries are jam packed, all the appointments are as available as unicorn horns and it never seems to ease. Imagine if we could reduce the amount of time spent with individual patients, in a way that rather than compromise care, it was enhanced while making both our patients and us GPN's feel happy and fulfilled?

More than 3 years of hard work and piloting this way of working has given us evidence-based practice from around the world that Group Consultations are the way forward for Primary Care. For example, a Long-Term Condition person who has diabetes.

How many of us after seeing our 5th diabetic person of the day, feel demotivated and lacking in spirit to really engage? How many people, after seeing us for the last 5 appointments, have little improvement or, in fact have a possible deterioration in their HbA1c?

The data collected has shown that rather than individual appointments for each person — to have a group, of usually around 10-15 patients together, has not only a significant improvement on individual engagement, clinical outcomes and satisfaction with their consultation, but a huge improvement for us, as nurses, in how energised we feel.

Clinician wellbeing is an important and empowering effect of Group Consultations with nurses feeling 210% more energised after the consultations, feeling 100% less burnt out, having to repeat the same questions 40% less and a staggering number of GPNs feeling they had 150% more time to be person centred and ask what really matters to people.

The practice of Group Consultations should not to be confused with our current education programmes. Group Consultations are 1:1 consultations for individuals, delivered in a peer group setting, designed to replace many of the routine appointments and reviews we are already delivering.

Each Consultation lasts around 60-90 minutes with the clinician being present for around half that time. People attend their group consultation, have their results reviewed and discussed and the opportunity to ask questions that are important to them.

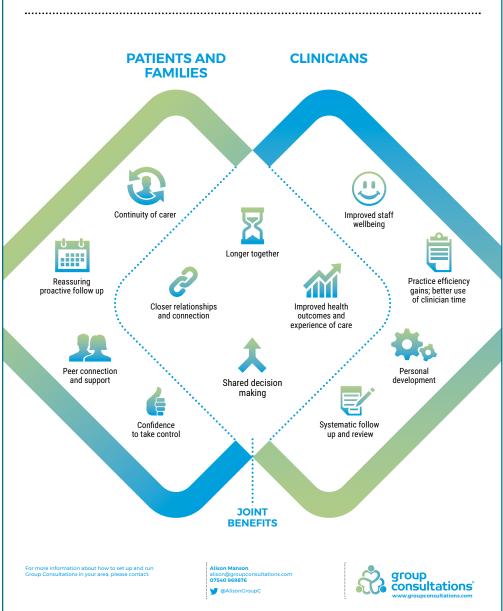
The consultation clinician can be a GPN, a GP, pharmacist, dietician or any other healthcare professional. People are seen within a group offering peer support, allowing individuals to feel enabled to raise concerns in a safe space but also learn answers to questions they perhaps felt unable or uncomfortable to ask.

Long-Term Conditions is only one area briefly mentioned here — Group Consultations are appropriate for many health-related conditions through the life cycle.

Please give yourself time to read the unquestionable supporting evidence about what is quite a revolutionary change to our current practice and let the statistics speak for themselves! Be prepared to be very impressed!

https://www.groupconsultations.com/evidence/ Alison@groupconsultations.com

Benefits of Group Consultations



How to Find the Right Information

In the Chief Medical Officer's latest report on practicing "Realistic Medicine" she asks the question: "How do we ensure we are delivering the right care to the right people at the right time and in the right place?"

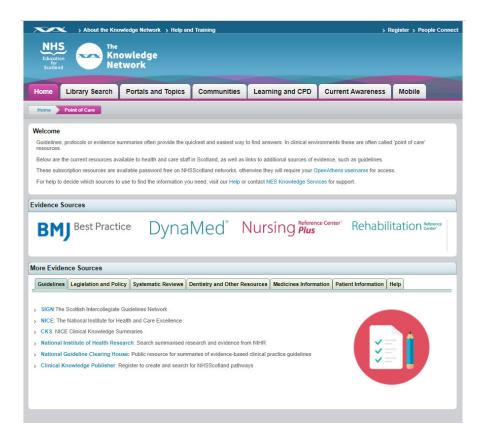
This is a huge challenge for all and access to good quality assured information is vital at point of care.

The **Knowledge Network** provides health and social services in Scotland with access to the most up to date research, evidence and guidance needed to support policy, practice and every day decisions. It is delivered by NHS Education for Scotland (NES). This year NES spent £3.2million on subscription resources which include evidence summaries, databases such as Medline and the Knowledge Network library to access journals, articles and e-Books.

Evidence Summaries

Evidence summaries are a good place to start when looking for information. Services such as **BMJ Best Practice** and **Dynamed** outline the current evidence related to a clinical condition and recommend actions to take in practice. They are produced by experts after reviewing all the available information from research and experience and are designed to provide quick answers to questions at the point of care. Many are available as Apps for your mobile, so you can access them offline.

Using the Knowledge Network



- Visit the Knowledge Network: www.knowledge.scot.nhs.uk
- Select Find the Evidence to see the range of services: www.knowledge.scot.nhs.uk/pointofcare
- Try BMJ Best Practice and DynaMedPlus in the first instance
- Use the Help pages to find out more about the differences between the services

Digital Library

When you need information on a topic or to explore a topic in more depth it's a good idea to look in books and journals and databases. An ideal starting point is the 'Library Search' on The Knowledge Network:

www.knowledge.scot.nhs.uk.

From here you can find all the journals, articles, books and e-Books available to health and care staff in Scotland.

You can access many resources password free if you are on NHSScotland premises. Otherwise you will need to use your NHSS OpenAthens username for full access. It's quick and easy to register and you can sign up at:

www. athen s registration. s cot.nhs. uk

We provide free training on how to use the library services and offer this webinar for nurses: **Knowledge Network for Nurses.** A live demonstration of the key features of the Knowledge Network, to help you navigate to the areas of most use to you and to highlight tools to make finding information easier. Session lasts for approximately 1 hour with a chance to ask questions. Find out more **here**.

We are also available to provide bespoke face to face training for teams, contact the NES Knowledge Services Help Desk: **knowledge@nes.scot.nhs.uk** or your local **NHSScotland library service**.



Following on from the **CILIP, Right Decision campaign**, NHSScotland librarians are collating resources each month on different topics relevant for staff working in primary care and community care settings. The summaries include resources for staff and patients.

Topics so far have focused on:

- Lyme Disease
- Contraception
- Anxiety Disorders children

Over the coming months we will focus on alcohol misuse disorder, HIV, food allergies and ovarian cancer. You can read the latest summary on the Knowledge Network home page — **announcements**.

Janet Crozier, Knowledge Manager, Knowledge Services, NESDigital, NHS Education for Scotland

To keep up to date, follow us on Twitter and sign up for our Knowledge Nuggets newsletter.

@

► Knowledge Nuggets newsletter

Care & Support Planning in Action — The Way Forward for Improved Outcomes

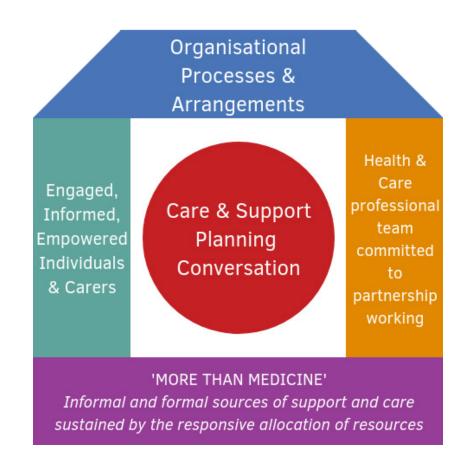
My previous articles have centered on the House of Care person-centered model of care and my own personal journey. This article will focus on how Care and Support Planning (CSP) conversations can help change the lives of others and the positive impact of powerful conversations we can have within primary care.

Partnership working can enhance the whole individualised journey and is a key element. The CMO's Vision is that by 2025, everyone who provides healthcare in Scotland will demonstrate their professionalism through the approaches, behaviours and attitudes of Realistic Medicine. A CSP approach is a prime example of person-centeredness and making this vision a reality.

Care and Support Planning is a defined process whereby individuals set their own aims and goals with the onus of "what matters" to the individual; the health professional can facilitate the process within a structured approach to help individuals achieve their personal goals.

The **House of Care** is a model whereby the **individual is at the center** of the process, mirroring person centeredness and is a key element when considering "realistic medicine". A link to the summary of "realistic medicine" is below and this link also contains a link to the full report.

https://www.gov.scot/publications/summary-practising-realistic-medicine/



Scotland's House of Care model — each individual is at the centre of a Care and Support planning conversation

Case History — Ann



Taking the time to listen and have a truly shared conversation is invaluable and shared-decision making lies at the heart of CSP. I will discuss a case-study which discusses Care and Support Planning and is a working example of the individualised approach in action.

The patient is called Ann and she is more than happy to share her story as she feels that if even just one person is helped as a result of reading her story this will bring her happiness and contentment. Hopefully her story will inspire others to adopt CSP.

Social History

Widowed in 2008 and lives alone with her beloved two cats. She has a son and a daughter. Retired, she helped her husband run his own business. Wheelchair bound. Lives in a small town with local amenities.

Lifestyle

Tee-total. Long-term smoker 15-20 a day, did stop 1993 but re-started. She has a varied diet. She is limited in exercise due to her diasability. No motivation to stop smoking.

Ann (72) lives alone and I first spoke to her on the phone when I was handling her blood results in the practice. She was diagnosed with diabetes in 1983 and had a left above knee amputation in 2005 and her right leg was amputated 2016. I had never spoken to or met Ann before at this point.

Care & Support Planning in Action

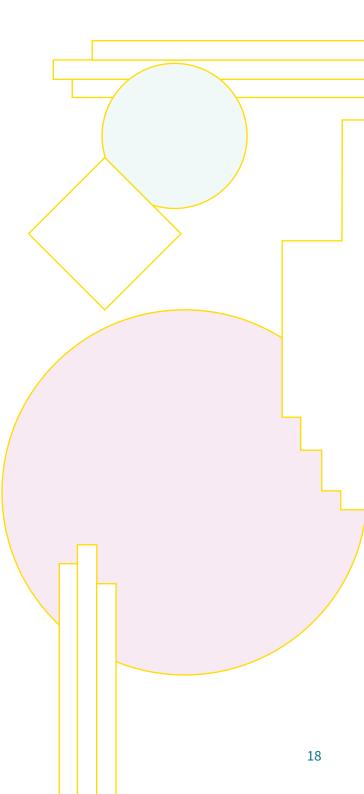
I phoned Ann about her blood results and she sounded low in mood. She had low sombre vocal tones. She said she was fed up she wasn't getting out and about. The thing that was bothering her the day I phoned was the fact she needed an additional aid to help her move about in her bed. So I referred her to the physiotherapist.

The next time I phoned Ann she still sounded low in mood, the aid the physiotherapist had given her was useful and helped her move in her bed but she wasn't getting out and about and had lost her confidence. She felt trapped and isolated in the house.

A Care and Support Planning approach ellicited that it was very important for Ann to get out and about in her wheelchair; she estimated that getting out to a church group scored 9/10 in importance to her. We disussed the little steps that she could take to go back to her church group.

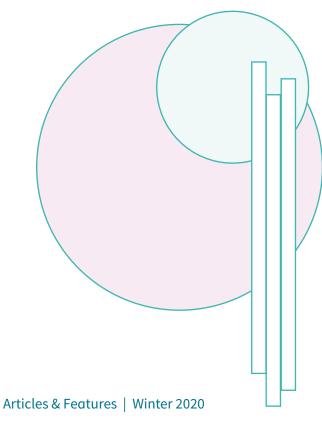
- 1. The first step was to phone her friend for support and see if she would attend with her. She did not want to go alone.
- The second step was to arrange a date to go — she decided a date after her family had been visiting. She identified the second week in July (this was 2018).
- 3. The third step was to attend the group with her friend for support but she would ensure the group was still up and going.

However, on questioning Ann score was only 4/10 for confidence that she could actually do this. With "high importance" and "low confidence" people, our roles as health care professionals is to help people to build upon their confidence. As the community HCSW Louise knew Ann very well; I liased with her and she brought the CSP summary to Ann and helped her confidence incrementally by putting Ann's wheelchair to the door initially; so that Ann could see birds and the blue sky. Ann loves nature and this helped her condidence. Gradually she ventured further with the HCSWs support. Ann's ramipril was being titrated at the time and Louise was making contact for BP and bloods — this seemed to help the relationship and Ann's support network and confidence.



Ann reached her goal of attending the church group on the second week of July as planned. When I spoke to her after that (when handling results) she said "there is no stopping me now!". Her voice was cheery and not the voice I initially encountered. Her vocal tones where now chirpy. Louise the HCSW reported a big differnce in Ann's morale and well-being too.

Although social isolation is most common in the elderly, younger adults (e.g. housebound and disabled) may also be affected by both social isolation and loneliness. Reduced social contact, being alone, isolation and feelings of loneliness are associated with reduced quality of life which



indeed initially Ann had. Those who work within primary care are in a unique position to identify people who may be lonely such as Ann. General Practice Nurses and Community Nurses are in contact with the three groups most at risk 1) very old people 2) bereaved people, and 3) people with disabilities, such as Ann. An excellent resource can be accessed below.

https://patient.info/doctor/social-isolation-how-to-help-patients-be-less-lonely

Care and Support planning conversations whether face-to-face or on the telephone can help identify a multitude of problems such as social isolation and GPNs and Community Nurses as well as other members of the Primary Care Team are in a core position to signpost individuals and help them plan their own goals and signposting others to services that may help; signifying the "more than medicine approach".

Ann's goals were SMART

S — SPECIFIC

M — MEASURABLE

A — ACHIEVABLE

R — REALISTIC

T — TIMELY

The mnemonic above is very helpful when having care and support planning conversations as SMART objective goals are easier to attain.

Another outcome with Ann getting out more and being more active is that her August 2018 HbA1c level reduced to 56 compared with a level of 59 in May 2018. For Ann the beneficial outcome is that she feels much better and feels happier within herself. She is going from "strength to strength". Ann, this year (2019), has also went on to successfully complete Reiki training (levels 1, 2 and 3) — by home tuition. This was a thing she always aspired to do — but now had the confidence.





Conclusion

Identifying what "really matters" to individuals when we communicate can get to the core of how an individual feels. Conversations can become more meaningful and nurses report increased job satisfaction. "I now feel I am making a difference" was a comment from one of our nursing team. Involving the whole team is crucial and this example also illustrates partnership working. In Ann's case she had a strong bond with Louise the HCSW, and I was a facilitator in the Care and Support Planning process. It was Louise who helped build upon Ann's confidence to help her reach her goal. Care and Support Planning can take many shapes and forms – the emphasis is on the individual at the centre of their own care with health care professionals being catalysts to help others plan and achieve their own goals and live fulfilled lives.

Partnership Working

Please be in touch if you need any further information about the "House of Care" and "Care and Support Planning" or you have any questions or comments.



Further information and resources can also be found at:

- The Health Foundation has a good resource on Person Centred Care and Self Management: http://personcentredcare.health.org.uk/
- The Coalition for Collaborative Care in conjunction with NHS England have produced a handbook for care and support planning: http://coalitionforcollaborativecare.org.uk/news/personalised-care-and-support-planning-handbook-launched/
- 3. The Year of Care Partnership has a valuable resource and for practitioners wishing to find out more: http://www.yearofcare.co.uk/
- 4. RCGP also has an excellent resource including a YouTube video on Care and Support planning: http://www.rcgp.org.uk/clinical-and-research/clinical-resources/collaborative-care-and-support-planning.aspx
- The Kings Fund has a nice critique of the House of Care from Angela Coulter http://www.kingsfund.org.uk/blog/2013/10/supportingpeople-long-term-conditions-what-house-care
- 6. https://patient.info/doctor/social-isolation-how-to-help-patients-beless-lonely
- 7. https://www.gov.scot/publications/summary-practising-realistic-medicine/

Kirsteen Coady

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Intelligent Kindness



Tommy Whitelaw

BCAh, Hon, Master, Open University, Health, Social Care & Policy. Project Lead Carer Voices Health and Social Care Alliance Scotland (the ALLIANCE) In Autumn 2018, the Dementia Carer Voices team at the ALLIANCE had the great honour of joining NHS Education, Lynne Innes (National Coordinator for General Practice Nursing and GPN Programme Leader at NHS Education for Scotland), Jennifer Wilson and colleagues on the GPNs tour across Scotland. On this tour we shared messages from our 'You Can Make a Difference' campaign.

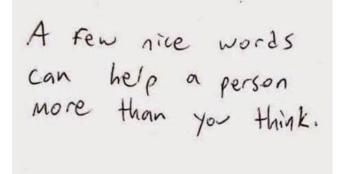
The tour across Scotland celebrated the very essence of our talks — that it is indeed people who make a difference. The kindness I was shown was matched by the commitment and passion from the team and all who attended.

Many studies reveal that rooting our interactions with others in kindness supports us to be more productive. Research also states that when healthcare professionals are compassionate, those receiving care heal better and faster, and the healthcare professionals are happier and less burned out.

This is reflected in so many of the letters the Dementia Carer Voices project has received and continues to receive. An analysis of the letters have revealed that during difficult times, kindness from nursing professionals and colleagues stands out; this includes practicing active listening with an open heart and mind and taking the time out to ask what really matters to people.

As a campaigner, I continue to try and raise awareness about the power of understanding people. All too often on my personal journey with my mother's health, we felt lost, lonely and isolated but looking back, my heart can sometimes smile, and I believe it is because of the kindness I received from special people we dealt with.

I distinctly remember the District Nurse who put her arm around me one day when I was in tears and said, "You're doing ok, Tommy, you're doing OK." Those few words were exactly what I needed to hear at the time. I was scared of what was happening and terrified of letting my mum down and those few words made all the difference to me.



I also distinctly remember the Nurse who provided support in the last few months of my mum's life when she could no longer swallow. My mum had been in the hospital for a few days and when returning home, I struggled to get my mum to eat or take fluids; the nurse saw my struggle and said 'Call me if you have any problems' which I did. The fact that she took the time to pass by after work, sit down and show me what to do and held my mum's hand put us both at ease.

There is an important lesson here — people can change lives through their help, kindness and understanding. It is important to celebrate this so that others can take notice and follow. A big part of my public speaking and various talks is celebrating the people who made mine and my mum's experience better, even if was just for a day. I have

since had the opportunity to meet other amazing carers and families who have shared their life stories and remain the inspiration behind my campaign.

Over and above policies, strategies or reports, it is people who have the potential to transform lives and I am testament of this. I still smile to think of the special people who helped me and the thousands out there helping others in the same manner.

As we approach the end of 2019, kindness as a trait and as a behaviour should never be underestimated but the starting point must be with ourselves. Working in demanding careers, we don't always prioritise taking the time to be kind to ourselves and this has an impact on how we thrive and engage with others.

I'd like to end by thanking you for getting up yesterday to make it better for others, getting up today and even when it feels hard, doing it all again tomorrow. But please be kind to yourself because you do really matter and that's the starting point.





Courses, Online Learning & Funding Opportunities

Coaching is available and being offered to GPNs through the Scottish Coaching Collaborative. Information is available at:

https://workforcescotland.com/workstream/scc/

Details of all educational opportunities can also be found on the NES NMAHP site. https://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, menopause, blood results and other learning programmes please visit the portal:

Booking Details

To book this course please visit 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.

Practice Based Small Group Learning (PBSGL)

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

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HIV: Recognition & Diagnosis in Primary Care Settings

Health
Protection
Scotland

Monday, 3rd February 2020 13:00–16:30 (Inc. Lunch) NES office, Rooms 1 & 2, 102 Westport, Edinburgh, EH3 9DN

This half-day programme in HIV: Recognition & Diagnosis in Primary Care Settings, facilitated by NHS Education for Scotland, will be delivered by Dr Ewen Stewart and is aimed at primary care staff. We are particularly looking for GPs, GP trainers and trainees as well as Practice Nurses although the training may be of interest to other practitioners.

The aim of the programme is to increase recognition and diagnosis of HIV in Primary Care and will cover:

- Latest HIV Epidemiology
- Who to test for HIV and how to raise HIV testing with people you see
- Clinical presentations of undiagnosed HIV
- Antiretroviral therapy

The programme will be interactive using small group working. The group work will be practical and aims to give people skills and resources that they can take back to use in their own work setting.

Target Audience

We would welcome applications from those interested in supporting facilitation of this resource, using small group teaching opportunities for example practice meetings or tutorials. Applications are also invited from those who do not consider themselves experts in this field and are keen to learn more about the recognition and diagnosis of HIV in the Primary care setting.

This training is free of charge and places are limited. It is very important that we have maximum attendance on the 3rd February 2020 so please ensure that if you apply for a place you can come. Note your interest as soon as possible by completing the online form at:

https://response.questback.com/nhseducationforscotland/hivearlydiagnosis

Closing date for registrations is Friday, 3rd January 2020.

Places will be confirmed by e-mail, week commencing Monday, 6th January 2020.

Any queries please contact:

Elaine.thompson@nes.scot.nhs.uk

Hepatitis B & C: Detection, Diagnosis & Management

Health
Protection
Scotland

Monday, 10th February 2020 09:30–16:30 (Inc. Lunch) NES office, Rooms 1 & 2, 102 Westport, Edinburgh, EH3 9DN

This one-day programme in Hepatitis B and C: Detection, diagnosis and management facilitated by NHS Education for Scotland will be delivered by Dr Ewen Stewart and is aimed at primary care staff including GPs and nursing staff although other practitioners may also find it of use.

The programme will cover:

- recognising who is at risk of viral hepatitis
- · identifying and testing those at risk
- interpreting and giving test results
- management of viral hepatitis in the community & specialist settings
- prevention of hepatitis (including hepatitis B immunisation)

The day will be interactive using small group working with expert facilitators. The group work will be practical and aims to give people skills and resources that they can take back to use in their own setting.

It would be helpful for delegates to access and complete the RCGP E – Learning Module available at: https://elearning.rcgp.org.uk/course/view.php?id=279 before attending this day.

The module to be completed, which takes approximately three hours, is: Hepatitis B and C: Detection, Diagnosis and Management and is free of charge.

If you have never registered with the RCGP Online Learning Environment, you should register by selecting the link option:

https://www.rcgp.org.uk/my-rcgp/registration.aspx in order to have access to the e-module.

Once you have successfully registered, or, if you have previously registered, please visit the Online Learning Environment website and enter your registered email address and password to access the e-module.

The day is free of charge and places are limited so early registration is advisable by completing the online form at:

https://response.questback.com/nhseducationforscotland/hepatitisbandc

Closing date for registrations is Friday, 10th January 2020.

Places will be confirmed by e-mail, week commencing 13th January 2020.

Any queries please contact:

Elaine.thompson@nes.scot.nhs.uk

