

NHS Education for Scotland

Co-ordinated Learning and Development Network for General Practice Nursing

Newsletter Autumn 2014



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Editor's Review

Welcome to our autumn edition of the NES Co-ordinated Learning and Development network GPN newsletter. I have found this a really interesting newsletter to edit and hope you all find it useful to read. As always any feedback is welcomed.

The new GP contract aims to reduce bureaucracy and increase the professional input into patient care. There will be more stability too with a longer term three year agreement instead of having to adjust to a new contract each year. You may want to read the Scottish General Practitioners Committee Chair Alan Mcdevitt's speech to the Scottish LMC conference 2014, in which he encourages general practice and primary health care teams to work together professionally to deliver high quality care and create a positive future for general practice. As general practice nurses the opportunities to develop our role within these teams are huge. With the "Public Bodies (Joint Working) Bill" now passed by the Scottish Government Alan McDevitt urges GPs to get involved with consultation about this "new future" for the NHS in Scotland at a health board level. As general practice nurses we should also explore how we can be involved and contribute. His speech can be found at:

<http://bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee/scottish-general-practitioners-committee/slmc-conference-speech-2014>

As a nursing profession another important change on the horizon is revalidation. Cathy Montieth and Ruth Aird have both written informative and inspiring articles on how we can begin to embrace the changes required. A pilot project for revalidation is due to begin in Scotland in the spring.

This issue also includes an update on the cervical screening programme, advise about where to access equality and diversity training and information about EPiC (Equal Partners in Care) and how this is being applied in practice.

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

If you have feedback on this we would love to hear from you.

I hope you enjoy our newsletter and I look forward to writing again in Spring 2014.



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

A View from NHS Education for Scotland

Is General Practice Nursing increasingly recognised?

Yes, I think it is. NHS Careers has a new modern profile to encourage nurses to consider General Practice Nursing as a career

<http://www.nhs.uk/careers/explore-by-career/nursing/careers-in-nursing/general-practice-nursing/>

A resource site called, 'Extraordinary everyday' by NES Nursing and Midwifery has a video of one of the NES Education Supervisors talking about how she progressed from working in the treatment room through to becoming an Advanced Nurse Practitioner. These examples show that to progress in our roles we require to work hard and have a lot of commitment.

What about leadership?

First I would personally like to pay tribute to Gillian Haliburton who recently retired. As the first practice nurse advisor to NHS GGC she could leave knowing she made an amazing difference in her field of work. Due to her success and initiatives she influenced some of the general practice nursing recommendations in the HIS / RCGP Developing a Quality Framework for General Practice in Scotland document

http://www.healthcareimprovementscotland.org/our_work/primary_care/programme_resources/gp_quality_framework.aspx

With Health and Social Care legislation now passed primary care needs strong clinical leadership. In recognition two senior general practice nurse leaders attended a high level NHS national leadership short course, Playing to Your Strengths. This is indeed improvement. Finally thank you to those who completed the NES QuestBack questionnaire on leadership and as a result we are planning a short course for team leaders in the spring.



The NES GPN team research on practice nursing peer appraiser was published (see Ruth Aird's article). In an editorial comment Paul Sackin stated, "Why should practice nurses be treated any differently from, say, salaried GPs?" Some would say access to a trained appraiser and cost prevent this but at last this is being taken seriously. Our NES GPN team plan to distribute a national questionnaire on appraisal in January to identify your needs so that we can offer support to you when the new NMC revalidation process begins.

The NES General Practice Nursing Programme is going well.

The second year group is completing and the new group starting so this is a busy time. We are exploring how to increase our intake numbers while maintaining quality. If you know of a nurse new to general practice nursing do suggest to them to consider applying for a place in May 2015 (email medicalpracticenurse@nes.scot.nhs.uk).

The GPN Learning and Development Network.

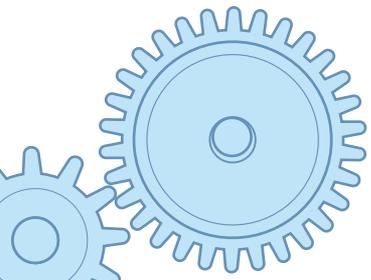
We have a new member to the Education Advisor team from the Borders, Clare Fernandez. Sadly Moira Dowden from Dumfries and Galloway has stepped down. She was a great asset to us. We are currently advertising for a replacement. The advisors continue to offer appraisal and advice on educational matters. Their Practice Based Small Group Learning tasters seem to have been successful.

As part of the learning network we are offering a CPD course on initial training for cervical screening for general practice nurses on 12th November. If this is popular we intend to extend this approach with other topics.

Where are your ideas or your stories for this newsletter?

Please share your successes with others, just remember to have written consent from the practice or patients (we can give you a form for this).

Susan Kennedy NES National Co-ordinator for General Practice Nursing



Health care staff urged to protect themselves and their patients from flu

Scotland's Chief Medical Officer is calling on all healthcare staff across Scotland's NHS boards to take up the offer of the free flu vaccine to protect themselves, their families and vulnerable patients.

The call to action is being made to ensure that healthcare workers are safe from the detrimental impact of flu.

Although all healthcare professionals are eligible for the vaccine, patient-facing staff are particularly advised to get the vaccine to reduce the spread of infection to others who could be vulnerable to the virus. This includes anyone who works in a GP practice, pharmacy, dental surgery or hospital staff, particularly those working in areas where patients may be at greater risk such as paediatric wards, cancer centres, intensive care units, care of the elderly wards or emergency facilities.

It's important to get vaccinated each year as the flu viruses can change and this also protects against waning immunity. The vaccine only takes a couple of minutes but will protect you for around a year. It takes about ten days for you to be protected against flu after you are vaccinated - so there's the chance you could catch flu before you are fully protected. That's why it's best to get the vaccine as early as possible, before there are lots of viruses circulating.





Scotland's Chief Medical Officer Dr Aileen Keel said,

“NHS Scotland cannot function without front-line staff who form the backbone of the organisation.”

“Patient health and safety is at the forefront of our system so it's important that healthcare workers protect themselves and their patients by receiving the flu vaccine. Those who are not immunised risk passing on the virus to their patients, many of whom have pre-existing illnesses and are more likely to suffer serious complications from flu.

“It only takes a few minutes to receive the vaccine, but this will protect you for around 12 months and reduce the potential spread of the virus to vulnerable patients.

“I want to urge all patient-facing staff to take up the offer of the flu vaccine and play your role in ensuring Scotland's healthcare system remains healthy over the busy winter flu season.”

If you have not been vaccinated as yet discuss with fellow staff on how to get protected.

For further information on the flu vaccine, log on to www.nes.scot.nhs.uk/flu/hcw or contact NHS Inform on **0800 2244 88**.

Volunteering at the Commonwealth games

Several members of our NES GPN team volunteered at the Commonwealth Games.

Below they share their experiences.

Fiona Love, Practice Nurse in East Renfrewshire was based in the Polyclinic and says:

"I was working towards the end of the Games when demand was lower since most people had already competed. Most of the interactions were for relatively minor injuries or conditions and, unlike a typical GP practice population, the patient group did not have significant co-morbidities. However, patient interaction is the driving force of my Practice Nurse role and similarly with the Games patient group. For me, the value of my volunteering was an increased awareness and respect for the roles of my medical colleagues. Within the polyclinic we had emergency nurse practitioners, emergency medical consultants, pharmacists, dentists, podiatrists, optometrists, physiotherapists, sports medicine practitioners to mention but a few! The essence of the Commonwealth Games experience was one of teamwork, with an attitude of determination to help the athletes and teams and make Glasgow 2014 a fulfilling experience."

Gill Dennes, Practice Nurse, Oakley Health Centre, Clinical Lead, Fife Respiratory MCN wrote the following on being a part of the Commonwealth Games – Glasgow 2014

"At first I was rather disappointed to be allocated to the satellite shooting range at Barry Buddon (Carnoustie) and somewhat alarmed to be assigned 'First Aider' as I have no formal qualification in first aid (and kept muttering this at every training day.) However, I had an excellent if remarkably relaxed week pottering around the shooting range with my first aid kit, chatting to spectators, athletes and other volunteers and generally soaking up the wonderful atmosphere. Patients were few and far between and mostly consisted of blisters and sun stroke (who'd have thought it?!), but in fact the first aiders were slightly busier than the doctors, nurses and physios out in the field who had no patients at all.

Shifts were very amenable – I worked 12ish to 7ish every day – and as I was camping nearby I had the whole morning and plenty of evening to enjoy Carnoustie on my bike and go for a quick swim/beach yoga, much to the amusement of local dog walkers.

The best aspect though was being part of a fantastic event and the wonderful camaraderie with other volunteers. The amazing weather was the icing on the cake!"
Sister Sheena Edwards BEM Advanced Nurse Practitioner and NES GPN Education Advisor for Highland said;



Volunteering at the Commonwealth Games

"I would echo what Fiona has said. I worked 17 shifts over the three weeks at the medical Polyclinic, some were busier than others, especially in the evenings. It was interesting learning from other colleagues and two way learning about each other's roles."

Seeing an athlete unwell or injured, and helping them recover enough to go out and compete, some even winning medals, was exciting, and made one realise the good we were doing. For some of the athletes and team officials from countries with minimal health care provision, there was a huge role in lifestyle advice and information giving, with the time to do this effectively on a one to one - very satisfying.

I was also part of the Clydesiders Chorus - we had many rehearsals in advance, some throughout the country - London, Bristol, Stirling, Edinburgh, wherever there was a group who could get together. Our repertoire had Scottish, English, Irish, Welsh, Australian, New Zealand,

Ghanian and Indian songs. We sang at venues across Glasgow and for the Athletes Parade in George Square. We are still singing, meeting to rehearse and record a CD late October, and then filming with the BBC in November for part of a Hogmany special."

Sheilagh Macfarlane Senior Practice Nurse and GPN Education Advisor in Tayside said;

"I firstly was not sure what to expect as training was so generic. However it ultimately was an incredible experience and I met and worked with so many people. I would definitely do it again. I didn't enhance my professional skills but used all my managerial and people skills so I was glad to be able to adapt to my role within the team. Recommend it to everyone!"



In practise for the up-and-coming cervical screening changes in Scotland

From 1 April 2016, Scotland will see changes in the cervical screening programme. The age range for women will change from age 20-60 years, to 25-64 years plus 364 days.

The frequency of cervical screening will continue to be every three years from age 25 to 50, but will change to every five years for women from age 50 to 64 plus 364 days.

Women on non-routine screening (where screening results have shown changes that require further investigation/follow up) will be invited up to age 70 years plus 364 days (a change from current arrangements up to age 68).

Carol Colquhoun, Programme Director: National Co-ordinator Screening Programmes said:

'For nurses, it will mean no day-to-day change to the test itself, however you have an important role in explaining the changes to the women you look after and in particular to ones directly affected by the change. We have developed a question and answer sheet for professionals and would recommend you have a look at it. It is available from NHS Health Scotland and NHS Education for Scotland.'

The changes are coming about following the report of the Scottish Expert Review Group and in accordance with the recommendations of the UK National Screening Committee. The recommendations are based on strong evidence and align with established practice in the rest of the UK.



In practise for the up-and-coming cervical screening changes in Scotland



Carol Colquhoun, continued:

'There are a number of sound reasons for women being screened from age 25 instead of 20. Cervical cancer is extremely rare in women under 25 and the data shows that the changes will have little or no impact on invasive cancer rates up to the age of 30; plus in England, where the same changes were introduced, there has been no increase in cancer morbidity in women 20 – 25.'

'In women under 25, changes in the cervix are very common, with a 1 in 3 chance of being detected through screening. The vast majority of these changes will clear up of their own accord and screening can lead to unnecessary investigation, treatment and anxiety. Finally, the human papilloma virus (HPV) vaccination programme is offered to all girls aged 11 to 13 years old (before they become sexually active). It vaccinates against two high- risk types which are known to be the cause of over 70% of HPV cases.

The HPV immunisation programme has a high participation rate and protection from the HPV vaccination is long lasting.'

'For women over 50, five-yearly screening offers similar protection to three-yearly and the natural history and progression of cervical cancer means it is highly unlikely that women aged 65 or over who have attended screening regularly would go on to develop the disease.

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

For more information and full question and answer sheet visit <http://www.healthscotland.com/topics/health-topics/screening/cervical.aspx>

www.nes.scot.nhs.uk

or contact the screening coordinator in your NHS Board.

Revalidation

The Nursing and Midwifery Council (NMC) is developing a model for revalidation that will replace the current re-registration arrangements from the end of December 2015.

The case for more robust arrangements for demonstrating continuing fitness to practise were initially made during the inquiry into the harm done by Harold Shipman, and subsequent reports into healthcare failings have echoed calls for better ways to ensure that all healthcare professionals remain safe, effective, compassionate practitioners.

The NMC has been consulting on how to develop a model that will work for all nurses and midwives regardless of the setting in which they work. Alongside this, the NMC has also been consulting on a revised Code (The Code: Standards of conduct, performance and ethics for nurses and midwives, NMC, 2008). The final part of the consultation closed in August; the findings have not yet been published. The NMC Council will consider a final model for revalidation in December 2014 and pilots will start in selected areas in early 2015 to ensure that the model does actually work in all settings. You can keep up to date with progress on revalidation through the NMC website (www.nmc-uk.org).

The NMC intends that revalidation will build on and enhance the current arrangements in order to protect the public, increase public confidence in nurses and midwives, and to help nurses and midwives to meet the standards required of them and to demonstrate this more explicitly. Revalidation is also intended to improve the quality of care, help promote a culture of

professionalism and accountability through ongoing reflection on the Code and NMC standards.

Revalidation will require nurses and midwives to declare that they continue to remain fit to practise, have met the requirements for practice hours and continuing professional development (CPD), reflected on the practice based elements of the Code, have sought and used third party feedback to inform their reflection and have sought and received third party confirmation that they are fit to practise. The NMC has stated that it intends to select some nurses and midwives to audit the evidence that has informed their revalidation declaration.

How might practice nurses prepare for revalidation? Although the new scheme will not be in place until the end of December 2015, and the detail is not yet clear, some of us will be amongst the first to go through the new process so preparation and planning will be essential. To assist us, the NMC has stated that draft guidance and tools will be available early in 2015. Practice nurses are renowned for responding to change in pragmatic ways and are eager to share information with colleagues; I hope this will include conversations about how we are each keeping logs of evidence of feedback and how this has enabled us to reflect on the revised Code and our own practice. We will each find our own path through the revalidation process when our time comes but the support of others might just help show the way more clearly.

Cathy Monteith, Practice Nurse, Newburgh Surgery

Where can I access equality and diversity training online?

This is a question which comes up quite frequently. Some health boards and local authorities offer online equality and diversity training. These programmes are often induction or mandatory training programmes, and you may wish to learn more or develop your skills in new areas. The good news is that there are some specific learning resources to support self-directed learning which are freely available online.

Start by reflecting on what you want to learn. Some learning resources are generic, and are about basic principles of equality. Some are about values-based practice or person-centred care, with equality embedded in the programme (programmes vary on how explicitly they treat equality and diversity. The ones listed below include specific E&D modules).

NES's 10 Essential Shared Capabilities, which is a values-based reflective practice learning programme, has a specific module on equality and diversity, but E&D is embedded throughout. This is a resource which has specifically been developed with nurses in mind, and you can download the modules from the NES website: <http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/communicating,-connecting,-caring/developing-self/thinking-about-your-values/the-10-essential-shared-capabilities.aspx>

There's a good equality and diversity module on the Effective Practitioner site (again, freely available and targeted for nurses, midwives and allied health

professionals). <http://www.effectivepractitioner.nes.scot.nhs.uk/Default.aspx>

For newly qualified nurses, Flying Start also has an E&D module. <http://www.flyingstart.scot.nhs.uk/>

These are all examples of blended e-learning programmes which incorporate reflective practice. They will take you beyond the basic awareness of mandatory training programmes and provide a useful approach to reflecting on equality and diversity in your practice and your own workplace.

Another option is to consider learning in relation to specific aspects of equality and diversity where one wishes to reflect on and develop practice. This is a particularly useful approach for someone who has a good foundation and wants to develop further knowledge and skills in working with specific populations. Examples of resources here which might be of interest are:

- Stonewall Scotland's e-learning resource on good practice for working with lesbian, gay, bisexual and transgender people. This is designed for staff across public services and it includes health scenarios: <http://www.lgbtgoodpractice.org.uk/>
- There are some very good learning resources available through the Portals and Topics section on the Knowledge Network: <http://www.knowledge.scot.nhs.uk/home/portals-and-topics.aspx> (look at the box on the right hand side, which gives you a list of specific portals and communities). The dementia and learning disabilities portals link to some good information and learning resources



Where Can I Access Equality and Diversity Training Online?

which support better access and outcomes for groups who often experience particular challenges.

- The learning resources under Equal Partners in Care, which embeds E&D throughout, are an excellent basis for developing approaches to working with carers from diverse backgrounds. <http://www.knowledge.scot.nhs.uk/home/portals-and-topics/equal-partners-in-care.aspx>
- The Literacies Portal, which is new, includes materials on working to support patients with literacy difficulties. <http://www.literaciesportal.nes.scot.nhs.uk>.

Increasingly, people are thinking about good equality and diversity in the context of a human rights based approach to health and care. The Care about Rights resource, although originally developed for the care sector, is also quite relevant for health, especially as health and social care are increasingly integrated and working collaboratively. This can be accessed through the website of the Scottish Human Rights Commission, at <http://www.scottishhumanrights.com/careaboutrights/>.

Whatever path you take to equality and diversity learning, it is useful to link reflective practice and discussion with your manager and teams to e-learning. This is the process which enables us to move from principles to practice.

Dr. Kristi Long
Equality & Diversity Adviser

NHS Education for Scotland, Westport, 102
Westport,



Positive Peer Appraisal for General Practice Nurses

“It’s that time of year again!”

Appraisal can summon up two kinds of emotions. First comes a feeling of dread, because writing reflection on practice, a learning profile and a development plan is hard work. Secondly there is anticipation, being able to discuss your professional role within a designated time is a rare happening. Performance evaluation is emotional: Have I done enough to be valued? Will I have to over perform in order for anyone to notice me?

The Nursing and Midwifery Council (NMC, 2014a) describe appraisal as the regular evaluation of an employee’s performance through a process designated by the employer that develops career progression. This description is a combination of performance management and personal development. Employers are responsible for recognising and reinforcing good performance, and also identifying and dealing with poor performance. The employer is responsible for the skills and knowledge levels of staff, ensuring that appropriate education is made accessible in order to fill the gaps. But it is the nurse who is accountable for ensuring practice is current and is competent to practise.

In the NMC draft proposal on revalidation (2014) it is suggested that appraisal can be used to link confirmation of fitness to practise by a third party. This implies that appraisal should provide enough information to a third party so that they are able to make an informed decision on a nurse being fit to practise.

Two areas in particular would be addressed in this way:

- The nurse or midwife’s practice in relation to the NMC code
- The nurse or midwife’s reflective accounts of feedback.

This will require a skilled appraiser that knows the NMC Code and can encourage reflection so that the outcomes can be integrated with the three yearly revalidation process (Griffiths 2013).

Should peer appraisal be considered?

Peer appraisal gives and receives constructive feedback, allowing for reflection with a purpose (Nutbrown 2006). As the appraiser gives feedback, further reflection is encouraged free of bias, prejudice and maintaining confidentiality. Performance appraisal can inform knowledge gaps, but peer appraisal increases responsibility for continued lifelong learning.



Positive Peer Appraisal for General Practice Nurses

The process requires a trained appraiser as a poor appraisal is worse than none. A study exploring the experiences of General Practice Nurses to become peer appraisers found that the appraisees highly valued the reflective and measurable style of appraisals provided (Ferguson and Kennedy 2014 in press).

A postal questionnaire of GPs appraisal found that confidence in practice was increased because continuing professional development was positively encouraged, which in turn gave better performance from the GPs (Finlay and McLaren 2009). Constructive discussion led to meaningful outcomes when the appraisal was with a respected peer.

Issues

The GP experience of revalidation highlights some issues with linking appraisal to revalidation; treating the process as a 'paper exercise', using inadequately trained appraisers or those who may have a conflict of interest with the appraisee carrying out appraisals (Finlay and McLaren 2009). As a result appraisers are independently appointed and funded. Although such an approach would be challenging for primary care contractors, it becomes a possibility by using links across practice teams.

Conclusion

How appraisal is conducted for registered nurses could be increasingly in the spotlight as the NMC's final proposal for revalidation and their new Code is published at the end of 2014. Those of us employed by independent contractors in general practice will require to be more proactive in our engagement with appraisal as it will be more closely linked to how we reflect on practice and are assessed on our fitness to practise.

Ruth E. Aird
Senior General Practice Nurse
NES GPN Education Advisor for Lothian

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Equal partners in care (EPiC)

We are aware of the important role of practice nurses and how well placed they are to assist in identifying and supporting unpaid carers. Indeed the General Medical Services Contract Agreement in Scotland for 2013-14, included transfer of the carers indicator into core stating:

“The practice has a protocol for the identification of carers and a mechanism for the referral for social services assessment”.

With the flu vaccine season underway, you will undoubtedly have met with many carers in your practice. The flu campaign, like many, is a valuable opportunity to identify and support carers. To assist you with this I am taking the opportunity to remind you of EPiC. This is the set of Core Principles for Working with Carers and Young Carers, developed to underpin workforce learning and development. The core principles are divided into three levels Carer Aware - Caring Together - Planning with Carers as Equal Partners. The Carer Aware level is live as an e module and covers the core principles. You can access the module at: <http://www.knowledge.scot.nhs.uk/epic/elearning>.

We are in the process of developing other learning related resources and we will soon be offering Carer Aware workshops for staff. If you would be interested in attending a workshop or wish further information please contact) marion.mcparland@nes.scot.nhs.uk

Good practice example

One large Dumfries practice (Gillbrae Medical Practice) is involved in a “Hub” project, co - located with social services, and has developed a close working relationship with the Carers Trust. The practice is able to offer the services of a Social Worker and an Occupational Therapy Assistant for their patients who are carers. The practice has held open days with various agencies at the practice providing information, and they also have a carers focus group with whom they meet on a quarterly basis. Marion Mc Parland, Project Lead. NHS Education for Scotland

Gillbrae Medical Practice won the 2013 Caring for Carers Award sponsored by The Royal College of General Practitioners, The Princess Royal Trust for Carers in Scotland and Carers UK in recognition of the work undertaken by the practice in recognising, valuing and supporting unpaid carers.

The practice expressed gratitude to its patients who nominated them for the award and said ;“ The identification and support of unpaid carers is work in progress for us and an aspect of our patient care we hope to continue to improve on in the future. We are very aware that carers are crucial to the wellbeing of family and loved ones and are often taken for granted. We want to at least recognise their role as carers and help them access the various support agencies and groups to assist them.”

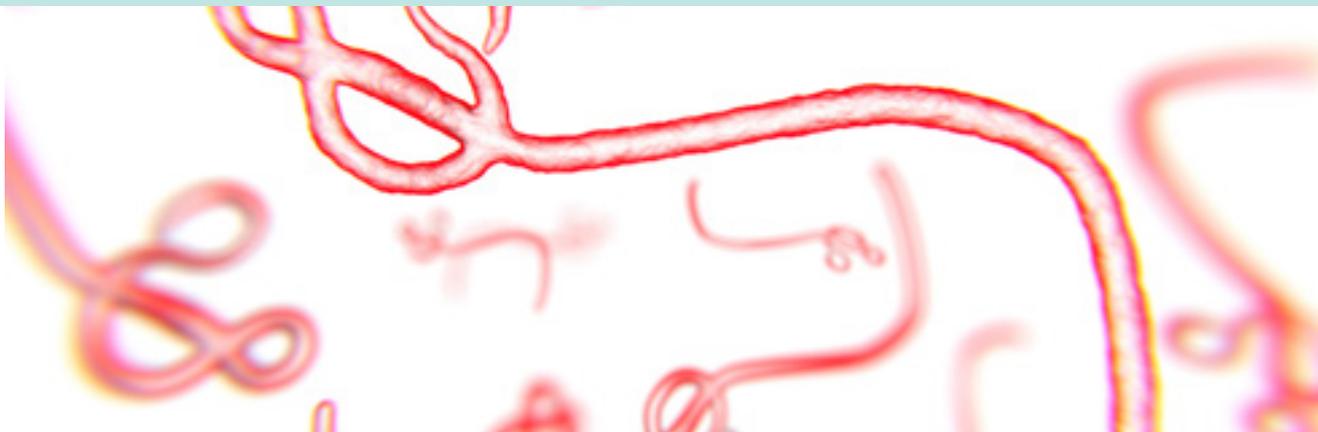
The practice has an active and productive Carer Focus Group, and has recently introduced a page for Carers on its website, which offers links to the various support agencies. The practice also thanked the various support agencies such as the Princess Royal Trust, Food Train, and Royal Voluntary Services as well as the work undertaken by the Putting You First Project and Social Work colleagues who are now co-located at the practice.

How Gillbrae Practice supports carers

- Carers are recorded as such to help identify their role to all in the practice
- A half hour health check is offered with the Keep Well Nurse
- A Drop in Carers Workshops is held at the surgery with the local Carers Centre, Food Train, Local Authority Tele Care assessor and Royal Voluntary Services all offering advice or assistance.
- Signposting to Carer Support Groups
- With permission of carer a E KIS summary is submitted to out of hours services advising them the patient is a Carer
- A Carers Page on the practice website
- An Active Carers Focus Group who have assisted in the development of the practice to take better account of Carers issues



Boxed Items



You cannot fail to be aware of the current Ebola situation in West Africa. The Viral Haemorrhagic Fever (VHF) has claimed the lives of more than 3 000 people including senior doctors in both Liberia and Sierra Leone. Guidance for general practice, published on the Health Protection Scotland (HPS) website (www.hps.scot.nhs.uk/travel/viralhaemorrhagicfever.aspx) stipulate, **"In preparation GP surgeries must ensure all staff know that if a patient phones the surgery seeking an appointment and are reporting fever and relevant travel history then they are advised to stay at home and await a return call from a member of the clinical team who will assess them."**

At this busy time of year is it possible that this could be missed and patients could be simply told they have a "flu-like" illness. Ebola is headline news but other causes such as Malaria and Dengue are also important to consider.

Your reception staff are the most important people in your practice: please take a few moments to tell them about Ebola (and Malaria, Dengue etc.) and the importance of asking about a history of travel, especially to West Africa. Patients should also be advised at their initial pre-travel risk assessment to report to health care staff that they have recently travelled if they fall ill on their return.

The 07 October 2014 webinar on Management of the Febrile Traveller by Dr Alisdair MacConnachie, NHS Greater Glasgow & Clyde is a useful resource a recording of the presentation can now be accessed on the NES website at:

<http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/blood-borne-viruses/viral-haemorrhagic-fever.aspx>

Conferences and Courses

There is a new Hot Topics day
Topics include:

- **What's new in diabetes?**
- **Managing cardiovascular problems**
- **Vitamin D**
- **Rheumatology problems**
- **Dermatology**
- **Respiratory problems in adults**
- **Asthma and wheeze in children**
- **Current issues in dementia**

Date: Saturday 29 November 2014 09.15 – 16.30

Location: Queen Margaret University,
Queen Margaret Drive, Musselburgh EH21 6UU
Cost: £135 including lunch and refreshments

To book a place go to: <https://www.portal.scot.nhs.uk/>
Registration deadline: Sunday 16 November 2014.

SHARP Annual Scientific Meeting 20th/21st November 2014
Hilton Dunkeld House Hotel

“New developments in arterial and venous disease”

Contact Miss Victoria Kirkwood | Division of
Cardiovascular & Diabetes Medicine | University of Dundee
Tel: 01382 383399 | Fax: 01382 383598
Email: v.p.h.kirkwood@dundee.ac.uk

Productive General Practice for General Practice Nurses

Dates: 4th December 2-4pm in NES Offices, 3rd Floor, 2
Central Quay, 89 Hydepark Street, Glasgow G3 8BW and
dates in the new year for Dundee / Inverness venues



Interested in becoming more involved in the Quality and Safety domain for QoF? This two hour session will discuss how the improvement tools contained within Productive General Practice can be implemented to support General Practice Nurses to make sustainable change to improve quality of care for their practice community. Please email medicalpracticenurse@nes.scot.nhs.uk if you wish to register for the Productive General Practice meeting stating which venue you would like.



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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