

Co-ordinated Learning and Development Network for General Practice Nursing



Newsletter • Summer 2014

Sowing Seeds Building Networks



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Editor's Review

Welcome to our **summer** edition of the NES Co-ordinated Learning and Development network GPN newsletter. This newsletter focuses on our Direction of General Practice Nursing event held in Edinburgh on May 6th at the Edinburgh International Conference Centre.

The Direction of General Practice Nursing event presented an exciting and challenging opportunity for considering the future of general practice nurse education in Scotland through networking, learning and sharing ideas. The invited audience consisted of GPNs from a wide range of stage and development in their careers. The audience and speakers also included many involved in GPN training, development and leadership. The programme sparked informal discussion during coffee and lunch breaks with a sharing of ideas between so many people with a passion and drive to lead GPN forward and ensure its full place in a modern community NHS.

The day provided a reflection on the current moment in time for general practice nursing – some of parts of the presentations took us back to where the GPN role had come from and its exponential development and other parts took us forward to glimpse the amazing possibilities for the future. The presentations on the ISD workforce planning survey, NMC revalidation, CPD and being mentors were inspiring and the workshops provided a real opportunity to contribute ideas for developing and moving the GPN role forward at each level of the career framework.

The newsletter includes an evaluation of the NES General Practice Nursing programme, a brief summary of some of the education event presentations and a description of the workshop discussion on general practice nursing careers in the afternoon.



Please contact me about learning issues by
email: medicalpracticenurse@nes.scot.nhs.uk
or tel: **0141 223 1479**

We have an article from the community chaplaincy listening service, a really useful resource which health professionals can use for patients who need someone with time to listen and help them untangle their worries and problems and find a way forward.

There is an article on carers and how we can be more aware of what a valuable resource carers provide for the health service and how we can identify and support them.

Look out for the “boxed updates” designed to give you quick access and awareness of new information and resources.

We have updated our website;
<http://www.nes.scot.nhs.uk/general-practice-nursing/>

If you have feedback, we would love to hear from you.

I hope you enjoy our newsletter and I look forward to writing again in Autumn 2014 when we plan to include an article on health and social integration and a new meet the expert interview feature.

Jaqui Walker, Editor
(GPN Education Advisor)

Update on NES General Practice Nursing Learning and Development Network

At a quick glance at this newsletter anyone from outside our network would think that all our focus has been around the new GPN Programme.

It is true that a great deal of effort and commitment has been put into this by the pilot participants (12 of them), this year's group of 15 new practice nurses and the supervisors. We have two new supervisors in the north, Susie Simpson and Kirsteen Coady, who completed a course on practice teaching at Robert Gordon University in the autumn. You can read all about the experiences of the nurses new to general practice in the fuller report on our website <http://www.nes.scot.nhs.uk/general-practice-nursing/>

I also want to highlight some of the other things that we have been doing since the autumn. We are delighted to welcome Andrea Davidson to Forth Valley as the new NES GPN Education Advisor who will work to support Nan O'Hara. The NES GPN Education Advisors have been involved in continuing professional events either as:

- Study days in conjunction with the RCGP, Health Board or others.
- PBSGL (Practice Based Small Group Learning) taster.
- Representation on development groups at national or local level.



PBSGL is an excellent way to learn for some people but we recognise it is not for everyone, however I would encourage you to try a taster if you are offered. Practice nurses benefit from a 50% reduction of the fee for becoming a member. The NES network has offered tasters to well over 100 practice nurses this year. As NMC revalidation approaches this method of learning, and keeping up to date, may be a good option for you. If you would like to join a group go to their website so the staff can match you to a group <http://www.gpcpd.nes.scot.nhs.uk/pbsgl.aspx>

I went to the Queens Nursing Institute for Scotland (QNIS) conference as they are celebrating their 125th anniversary. Do go to their website <http://www.qnis.org.uk/> as they are encouraging practice nurses to take part in their education and events. I am looking forward to attending the RCGP conference in June to feel the pulse of general practice. It is good that Jenny Wilson, a



Developing Networks

Facilitating Learning

general practice nurse from Lanarkshire who featured in the last newsletter, is now working a day a week for one year at Scottish Government on Productive General Practice. This is very encouraging.

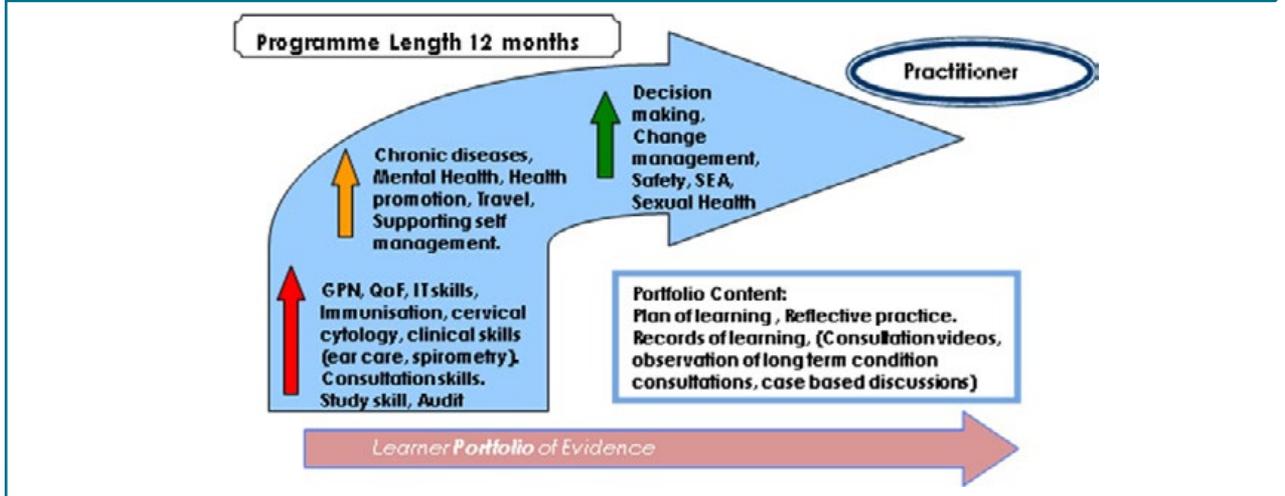
We agreed to send a survey on behalf of NES and RCGP on leadership education. We have about 100 replies but hopefully we will get more before this closes. Leadership is different from management and is one of the pillars of nursing practice. It would be good to know how practice nurses view their opportunities to lead in their sphere of professional practice. At our education event in May I met three practice nurses who are either partners or associate partners. Have you ever thought about this or been offered this opportunity? If so perhaps we can put you in touch with one of them for advice.

Some of us recently attended the SPNA conference which was well attended this year. I was so impressed by the initiative of two Lothian nurses, Pauline Waugh and Anne Ritchie, who have started a singing group to improve outcomes for people with long term conditions who would benefit from breathing exercise, such as COPD. Pauline has some funding from QNIS to evaluate this. I have also heard that there are two nurses in Argyle who are leading on a family planning project with young people. We want to hear more about this type of thing and other initiatives in the next newsletter. So if you have started something new and different please do get in touch with me so we can share your successes.

Susan Kennedy (NES National Co-ordinator for GPN)

An evaluation of the Pilot NES General Practice Nursing Programme

Figure 1: Pilot GPN Programme Content



The aim of the pilot General Practice Nursing (GPN) Programme was to deliver subject-related knowledge and clinical skills training to develop an autonomous nurse who can provide person-centred care with specific problem-solving skills in the context of General Practice Nursing at level 5/6 of the Career and Development Framework (NES 2011) www.mnic.nes.scot.nhs.uk/media/52579/gp_nursing_framework_final.pdf

The pilot GPN Programme was delivered nationally and funded by NES. 12 nurses new to general practice and employed for ideally 20 hours plus / week were selected for a 12 month programme of blended learning in 2012 / 2013. It was set at *Practitioner* Level 5 of GPN Framework and *Academic* Level 10 of Scottish Credit & Qualification Framework and supported by a NES Programme Board and Leader, Supervisors and Practice Preceptor. The content is shown in figure 1.

16 practice nurses were nationally selected to complete a practice teacher module at masters level and NES preparation to become NES GPN Education Supervisors. The supervisor's employers were reimbursed (£4000/ year) for time to deliver 39 tutorials (2 hrs each) in the participant's or their own practice setting. After selection each pilot participant was geographically matched with one of the NES Supervisors. All participants were female with a range of ages and from a wide geographical spread across Scotland with different types and sizes of practices. The majority were community nurses in their last post with others from a variety of past professional experience, except for two who were newly qualified nurses. Time from nurse registration ranged from three months to 20 years (average 6.8 years). The average

An evaluation of the Pilot NES General Practice Nursing Programme

length of time employed in practice was five months. The hours worked in the practice ranged from 16 to 38 / week (average 27.5 hours).

11 participants completed all practice and taught learning events and nine satisfactorily completed all clinical and academic elements of assessment with one having an extension and another completing the practical portfolio. In 2014 the GPN Programme was credit rated at SCQF level 10 with 60 credits.

The Pilot Evaluation used surveys (online questionnaires and telephone interviews) to collect data to assess the reaction to the GPN Programme learning and the learners' needs, behaviours, experiences and results.

The New World Kirkpatrick model (<http://www.kirkpatrickpartners.com>) was used to develop the pilot GPN Programme evaluation questions:

- What was the feasibility of delivering the pilot GPN Programme within the predetermined timescale and adhering to NES quality standards? (Level 1: Reaction to GPN Programme)
- How well were learners' needs met during and at the end of the Programme? (Level 2: Learners' Needs)
- What were the behaviours and experiences of the learners participating in the GPN Programme? (Level 3: Learners' Behaviour and Experience)
- Did the General Practice Nursing Programme achieve its aim? (Level 4: Results)

Level 1: Reaction to Learning

Practice based learning, delivered as tutorials, was evaluated using two questionnaires at two points in the programme to both participants and supervisors. When

the rated statements were averaged (see details in box 1) this highlighted the least useful topics e.g. computing and those that had too little time allocation e.g. long-term conditions. The participants found it challenging to move onto a new topic before consolidating learning from the previous one. Most agreed that the content within the timeframe was too great.

NES quality standards in the GPN Programme processes and administration were followed. The evaluation suggests that supervisor recruitment and retention was feasible as all supervisors continued into the second year. The assessment format allowed the examiners and Programme Board to evaluate participant progress and achievement of learning outcomes.

Box 1: In participant and supervisors surveys the respondents rated 5 statements on 33 tutorials

In participant and supervisors surveys respondents rated 5 statements on 33 tutorials		
Statements	Overall Average Rating	
	Supervisors	Participants
Usefulness of the tutorial	1 (not useful) to 5 (very useful) 4.25	1 (not useful) to 5 (very useful) 4.25
Your pre tutorial preparation	1 (not helpful) to 5 (very helpful) 3.9	1 (not helpful) to 5 (very helpful) 3.9
Time spent on tutorial topic	1 (too short) to 5 (too long) 3	1 (too short) to 5 (too long) 3
Topic content	1 (poor) to 5 (excellent) 4.1	1 (poor) to 5 (excellent) 3.9
Your supervisor (for participants)	1 (not helpful) to 5 (very helpful) 4.2	
Your participant (for supervisor)	1 (not engaged) to 5 (very engaged) 4.4	

An evaluation of the Pilot NES General Practice Nursing Programme

Level 2 Learners' Needs

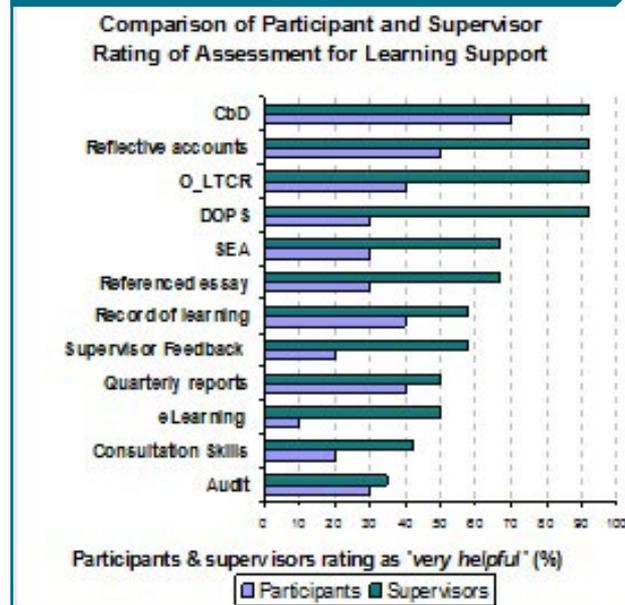
Although the participants' confidence in their role grew over the first six months of the pilot GPN Programme there remained high levels of anxiety. The results indicated that there was a need for good learning support which the participants mostly felt they had from all involved with delivery of the programme.



Participants were asked to rate assessment types for helping them to complete the programme, and the supervisors were asked how they perceived the assessment helped participants to learn. The results were compared and found to be different especially for rating of 'very helpful'. Case based Discussion (CbD) was considered 'very helpful' for most supervisors and participants (see figure 2). Other types of assessment such as observed long term condition review (O_LTCR), significant event analysis (SEA), and direct observation of procedural skills (DOPS) were felt to be less helpful by the participants compared to the supervisors. This needs to be further explored.

When asked about the need for academic accreditation nine participants and eight supervisors stated it was 'very important' to have this for the GPN Programme.

Figure2: Assessment of learning support



Level 3: Behaviours & Experiences

In ten telephone interviews with participants two major themes emerged:

Aspects of the programme - *"I think the supervisor work and the work-based learning - was absolutely superb [...] it allowed me an opportunity to actually visually see what all this theory was and how you would bring it into play"* GPN

Outcomes - *"So it's benefitted me not just in my work but in my own personal confidence as well. It was a lot of hard work but it was so worth it."* GPN

The experience overall was mostly positive but the amount of learning and adjustment to the role of a general practice nurse was clearly a challenge for

An evaluation of the Pilot NES General Practice Nursing Programme

them. The time pressure to complete assessments and consolidate practice was a difficult experience but one which most were able to meet. The participants valued the knowledge provided by the programme and especially the support given in the regular practice based tutorials.

Level 4: Results

As a result of participating on the pilot NES GPN Programme the nurses indicated they had increased their roles in many of the curriculum topic areas (table 2). This is supported by the online questionnaire and telephone interviews. The supervisors also felt this through their observation of practice and conducting formative assessments. It is of note that consultation type skills were considered by nearly all to have increased greatly. In the areas where there had been little or no change reasons could be identified and most often this was due to the participant's employer not utilising these new skills. Limited knowledge and understanding was only given as a reason for this a few times.

Table 2: Increased roles for participants following the GPN Programme

Comparison of participants' & supervisors' considered increase in own (or participant's role) at programme end	Combined Rating for 'a great deal' and 'quite a lot'	
	Participants (%)	Supervisors (%)
travel health	60	33
contraception	80	50
immunisation	40	58
sexual health	90	59
quality improvement	50	67
LTC review	80	75
self-management	100	75
cervical cytology	60	83
practice team	80	83
consultation skills	100	92

The full evaluation report can be found on the GPN website: <http://www.nes.scot.nhs.uk/general-practice-nursing>

The Way Ahead

Delivery of the programme is feasible and changes were made to shorten the curriculum, extend the length of the programme to 15 months, and reduce assessment. The programme is costly therefore improved efficiency will enable increased numbers for this annual NES National GPN Programme. In future the programme will seek application in May for selection to this funded annual NES GPN Programme for nurses new to general practice employment.

Susan Kennedy (NES National Co-ordinator for GPN)



Highlights from the General Practice Nursing Educational Event



The Direction of General Practice Nursing

This meeting gave an exciting insight into the direction of general practice nursing with a variety of speakers from across the UK. The slide presentations are available on the website along with a meeting report summarizing some of the key points from each speech:

<http://www.nes.scot.nhs.uk/general-practice-nursing/>

Jane Harris, Programme Director, NMAHP, NHS Education for Scotland gave an overview of General Practice Workforce Planning. She drew on the 2013 Primary Care Workforce Survey and provided a look back and a look forward in GPN workforce. She encouraged everyone to be involved in the 2015 survey and help ensure a good response rate. In the 2013 survey 631 practices responded (64%) and they provide care to 68% of the registered population. The more data the better the business case for GPN in the future perhaps to tailor education for better prepared nurses. The figures



confirmed that the nursing work force is getting older an issue which highlights the importance of resourcing and preparing a new generation of GPNs.

Mike Sabin, Associate Director, NMAHP, NHS Education for Scotland took delegates through the challenges and opportunities of revalidation for nurses. Mike encouraged the audience to feed into the NMC. He emphasised that revalidation is something the NMC really want to hear from GPNs about.

Nurses and midwives need to take responsibility for their own revalidation. In the proposed revalidation, nurses and midwives to confirm that they:

- Continue to remain fit to practice
- Have met the requirements for practice and continuing professional development
- Have sought and received third party feedback which has informed their reflection on their practice. This feedback could be from patients, carers, students (for educators) or peers
- Have sought and received third party confirmation that they are fit to practice. A third party (likely to

be a manager, another registrant or a supervisor) will need to confirm that the nurse or midwife is adhering to the code and standards and is fit to practice

By the end of 2014 there will be a revised code and standards and revalidation is due to be introduced by the end of 2015. The challenges of revalidation may include;

- Should revalidation be linked to appraisal
- accessing CPD
- identifying an appropriate person to act as the confirmer (they need to be familiar with the NMC code and standards)
- gathering feedback
- collecting, collating and reflecting upon a portfolio of practice, learning and development.

Stuart Cable, Assistant Director of Education and Development, NHS Education for Scotland presented on Learning from the past: Lessons for the future of professional development. He stated that community nurses have tremendous opportunities for the future as healthcare shifts from secondary to primary care. Student nurses have strong hospital based preceptors but there is a need to shift this as the community becomes increasingly important.

There is a need to change the culture of professional education and shift from;

- provision to promotion
- projects to enablement
- "education" to "lifelong learning"
- inputs to outcomes
- "servicing" NHS to NHS learning culture creation
- roles to needs
- increase patient/public engagement and develop "mutuality" and co-production

Highlights from the General Practice Nursing Educational Event



The audience were encouraged to think about the next steps needed to develop coherent and tailored professional development for GPNs. What innovative approaches to GPN education they may have introduced that could be shared, what they were willing to commit to doing and to reflect on what they planned to do in the next week, month, and year?

Next, Gill Dennes, GPN, Oakley, West Fife, NES GPN Educator Advisor (Fife) and Alison Jackson, Nurse Lead, Barnsley Advanced Training Practice shared their experiences of GPN mentorship of undergraduate nurse students. This is an important way to inspire nurses at the start of their career to consider general practice nursing – they are the GPNs of the future. In terms of the government's 2020 vision to shift care from hospitals to the community there is a great need to get student nurses interested in general practice nursing. Registered nurses working in general practice have an interesting role with a lot to offer students. Mentorship gives students a good insight into this role, offering students varied and interesting placements with a team approach. GPNs can benefit from closer working with

district nurses and opportunities to reflect on their own practice. Funding is an issue due to GPNs being employed by GPs.

Alison Jackson discussed the Barnsley Advanced Training Practice Scheme which develops and provides clinical placements for preregistration student nurses in general nursing. Yorkshire and Humber have a vision for health education;

"Every student nurse has opportunity for placement in a general practice setting"

Currently there are 80 practices involved in the scheme providing 187 student placements each of a minimum of 6 weeks. The target by 2016 is that 200 practices will be involved and 700 placements provided.

Student nurses were extremely positive about the placement with nearly all feeding back that it had made it more likely that they would pursue a career in general practice. The nurse mentors in general practice all found it enjoyable and worthwhile. Most thought GP practices

Highlights from the General Practice Nursing Educational Event

should continue to support students in the future and felt they had been able to further their own professional development through mentoring students. The scheme was funded and the audience felt it would be difficult to get a scheme like this working across Scotland without funding.

All these topics provided food for thought and helped the delegates to consider how to better support learning to provide more opportunities for a career structure in GPN. This is discussed in the article on the Direction of Careers in General Practice.

Jaqui Walker NES Education Advisor



Productive General Practice for Practice Nurses

The General Practice Nurse community is aware of the growing demands of General Practice. With increasing consultation rates, an aging population and complexity of care, demand will continue to rise. The Productive General Practice programme has been designed to help General Practice and Practice Nurses to deliver high quality care, while meeting increasing levels of demand and diverse expectations.

Improvement tools linked to Productive General Practice modules provide a structured process with questions to help Practice Nurses and teams consider the key aspects of testing and implementing change.

If you are currently using Productive General Practice and have good examples of implementing change within your Practice please contact Jennifer Wilson, Practice Nurse Improvement Advisor, at jenniferwilson10@nhs.net. It is hoped that these examples can be shared with the Practice Nurse community in order to support practice nurses to make sustainable change to improve quality of care for their practice community.

The Direction of Careers in General Practice Nursing

In the afternoon of the Direction of General Practice Nursing event, after hearing about the careers of individual nurses at different levels of the GPN Career and Development Framework, delegates took part in one of a number of table group discussions to give their views on the opportunities and barriers to the direction of GPN careers. These views on GPN education may not represent those of all practice nurses so we are keen to hear from readers so please send comments to medicalpracticenurse@nes.scot.nhs.uk

Please note NES can help with education opportunities not terms and conditions as on the whole general practice nurses are employed by independent contractors.

The nurses were able to choose a group based on the levels in the Career and Development Framework for General Practice Nursing either:

- Practitioner in General Practice Nursing (Level 5)
- Senior Practitioner in General Practice Nursing (Level 6)
- Advanced Practitioner in General Practice Nursing (Level 7)
- Partner in general practice/Consultant Practitioner (Level 8)

The facilitator on each table supported the groups to discuss the following three parts:

- The nurses' and their own experience and reflections for the level of the General Practitioner Nursing on their table e.g. Practitioner.
- Barriers and opportunities for learning that should be further explored to support this role



- Recommendations for general practice nursing education and development to support a changing primary care.

This provided an excellent opportunity for the nurses to reflect on the presentations they had heard from the day's speakers and feed in their own views and ideas. The groups had thirty minutes to complete their work

Practitioner in General Practice Nursing (level 5)

Before being employed as a general practice nurse at any level some of the participants said they were unaware of what the role involved. It was noted that there is a myth that you need two years' experience in hospital before applying for a GPN role. However the GPN job was better than expected.

The Direction of Careers in General Practice Nursing

Some of the participants from the GPN programme were involved in these discussions and they felt that without the GPN programme it would take years to reach the level of competence they are at now. Those who had not participated in the GPN Programme said they learnt as they went along, starting with women's health / immunisations and built their competencies from there.

Barriers:

- Lack of opportunity to network with other nurses employed in general practice
- Working in isolation
- Lack of supervision to enable professional development
- Difficult to access CPD

The group agreed the GPN role is a "fabulous extended, expanded role" but one view was expressed that there was concern around salary not increasing as a result of gaining knowledge and skills. This could lead to a lack of motivation to invest time and effort in developing professionally by undertaking courses such as independent prescribing. Others in the group supported this attitude but the nurse leaders present suggested that GPNs make a business case for pay to reward their skills.

Opportunities:

- Being employed in a good learning environment supported by fellow professionals
- e learning
- NES GPN network for learning and development
- Practice Based Small Group Learning

Recommendations:

- Promote the GPN Career and Development Framework with Higher Education Institutions (HEIs)

- Increase awareness of GPN as a career
- Better recognition of development by employers that reflect the Career and Development Framework
- Provision of GPN nurse advisor within each Health Board
- Improve communication links for GPN within each Health Board e.g. dedicated website

Senior Practitioner in General Practice Nursing (level 6)

The group members mostly expressed the view that reaching this level was often a result of personal drive rather than any formal structure. The motivation is to be better at what they do rather than the structure of the GPN Career and Development Framework. However they felt it was useful to have such a framework to help them progress, to use to align to job descriptions. They also felt that appraisal should inform career progression.

Barriers:

- Unequal accessibility to learning resources
- Lack of study time
- Lack of recognition of the need for inter professional relationships

Opportunities:

- Career progression
- Professional development at appraisal
- Employment of GPN educators who are clinically active
- Recognition of the importance of the GPN role in delivering safe, person centred and effective care to patients



Recommendations:

- Advertise and promote the Career and Development Framework to GPs and PM
- Increase Health Board involvement
- Improved links with Higher Education Institutions (HEI)
- Facilitate formal accreditation for mentoring and teacher role
- Enable mentoring of under-graduate nurse students to formalise undergraduate placement as a resource in general practice

Advanced Practitioner in General Practice (Level 7)

In the group discussion there was concern around the use of Nurse Practitioner (NP) title which is often confused with the title of Advanced Practitioner. While organizations such as RCN and NES have produced standards for this there is no NMC recognition or clarity. Sometimes it is viewed simply as a clinical role but advanced practice also involves other key skills in leadership etc. Accountability around this role is especially important.

Training / education is an important issue as there is a lack of accredited programmes to prepare nurses for this role in Scotland. Although skill mix is important in GPN it can be difficult to find funding for the advanced practice levels.

Barriers:

- Lack of funding / finance for this level of practice
- Availability of advanced practice programmes
- Availability of suitable posts
- Needs of practice employer
- Advanced practice in GPN needs wider and better support

Opportunities:

- Development / training is available
- Job satisfaction professional / personal development
- Listening to stories from other nurses
- Development of skill mix Advanced Practitioner / GPN etc.

Recommendations:

- Provide higher education undergraduate student placements to promote GPN as a career option
- Develop better integrated working practice for GPN and community nurses
- Develop criteria for skill mix within a nursing context in primary care
- Examine current policies for recruitment and retention to support GPN careers.

The Direction of Careers in General Practice Nursing

Nurse Partner in General Practice/ Consultant Practitioner (Level 8)

Group members discussed full versus associate partnership for this leadership role in general practice. One person stated, "Primary care should be a multi professional boat with a multi-disciplinary team at the helm - change is needed to reflect this." Ultimately this is a business decision but should it be a reflection of modern primary care to have multi professional team at the helm?

Barriers:

- Difficult to negotiate with employers for this role
- Indemnity issues
- Financial responsibility
- Increased stress
- Lack of availability of information on partnerships for GPN
- Lack of business and human resources skills
- Lack of interest

Opportunities:

- Financial gain
- Poor GP recruitment may offer opening to Partner roles

Recommendations:

- Disseminate information about practice partnership
- Produce an information pack with standards and benchmarks
- GPN leaders to promote GPN partnerships

These discussions and recommendations provide a basis for the future direction of general practice nursing. Although a great deal has been achieved in the past two decades the challenge is to move forward reflecting on some of the recommendations described above.

Jaqui Walker NES GPN Education Advisor

Breast Screening information for healthcare professionals

Three new breast screening briefing sheets have been published by NHS Health Scotland containing the latest information to support health professionals when discussing and answering questions that women may have regarding the Scottish Breast Screening Programme. These professional briefing sheets complement the patient information leaflet which is sent to all women along with their breast screening appointment letter.

The three leaflets available include:

- Breast Cancer in Scotland: Up to date statistics on breast cancer incidence, mortality, prevalence and survival and discussion of the epidemiological risk factors relating to breast cancer.
- Breast Cancer Screening in Scotland: An overview of the Scottish Breast Screening Programme covering how/ where/ when women are invited for screening and an overview of the breast screening pathway.
- Informing Women about the Benefits and Risks of Breast Screening: Discussion of the findings of the Independent Marmot Breast Screening Review.

The leaflets are only available via download at:
[www.healthscotland.com/
breastscreeningprofessionalinformation](http://www.healthscotland.com/breastscreeningprofessionalinformation)

Equal Partners in Care: Are you Carer Aware?



Equal Partners in Care

Working together to achieve better
outcomes for carers and young carers

Caring Together 2010-15, the national carers' strategy, tells us that it's "everyone's job to identify and support carers".

All health workers, from clinical roles, to administration and management, have a responsibility to actively identify carers and offer them support. It is estimated that carers provide almost £10 billion worth of unpaid care per year. Ensuring this contribution is valued and sustained is integral to the work you do every day to improve care and respond to national and local initiatives such as Reshaping Care for Older People, the Dementia strategy, and Person-centred Health and Care.

Carers support people to live well, manage their condition and maximise independence. This reduces the impact on health and care services. Caring can be a hugely rewarding role but it can also take a toll on carers' health and wellbeing. In times of crisis, this can result in two patients instead of one if there is no replacement care for the person they care for. Early identification and support can prevent unplanned hospital admissions through anticipatory care planning.

Sometimes it's obvious who carers are but they often report feeling 'invisible'. It's easy to become so 'patient-centred' that your focus doesn't include the person

Equal Partners in Care: Are you Carer Aware?

standing beside them and their likely caring role. As a practice nurse, you are well-placed to identify carers, offer them appropriate information and support, and involve them as partners in care. But are you as Carer Aware as you could be? Would you know where to signpost carers for support if they need it?

You may feel that with so much pressure on primary care, you are too busy to give carers your attention. But taking the time to engage with them can help you build a fuller picture of your patient's management of their condition. With better information and support, the carer may feel less stressed and better able to care. You may find that developing a 'caring relationship' with the patient and their carer can result in better outcomes for all involved.

'Equal Partners in Care' (EPiC) is a joint project between NHS Education for Scotland and the Scottish Social Services Council to improve workforce education on carers and young carers. We have developed 'Core Principles for Working with Carers and Young Carers' (fig 1). These are supported by a range of learning resources you can access on the Knowledge Network, including a Carer Aware e-learning module.

Useful links:

If you only have a couple of minutes: <http://ow.ly/v40pW>

If you have 30 minutes to complete a Carer Aware module or access other learning resources: www.knowledge.scot.nhs.uk/equalpartnersincare

If you'd like to join our community of practice: www.knowledge.scot.nhs.uk/epiccommunity

If you have a question: carers@nes.scot.nhs.uk

If you tweet: [@EPiCcarers](https://twitter.com/EPiCcarers)



Who are carers?

A carer is someone who provides unpaid support to a family member or friend. They may care for an older person, someone who is disabled, has a long-term illness, mental health problems or is affected by alcohol or drug misuse. Carers can be any age, from children to older people, and from every culture and community.

Fig 1: Core Principles for Working with Carers and Young Carers



Community Chaplaincy Listening



your story. your time. your wellbeing.

Community Chaplaincy Listening Scotland was launched in February 2013, growing out of a two year action research project, where the work of chaplains across eight Health Boards offering this service in 18 GP surgeries was evaluated.

The aim was to provide a patient centred listening intervention in Primary Care settings, where chaplains would use their particular spiritual expertise to encourage individuals to tell their story and talk about those things which were negatively impacting on their health and wellbeing. The results of the research were overwhelmingly positive and so a national programme was launched.

What exactly is offered?

Patients are offered 1:1 sessions of up to 50 minutes by

chaplains within GP practices or other healthcare settings, and are often referred by the GP or the practice nurse or health visitor, when their problem is perceived as one not only needing a medical intervention but also therapeutic listening. Many patients just need to talk and the CCL service seeks to help individuals explore questions and seek meaning in their story as they try to deal with life and its transitions. The therapeutic value of listening to the individual's story cannot be overestimated – it is common for a patient to say on leaving, 'Thank you so much for what you have done' and the chaplain knows that all she has done is listen well, and value the individual through that listening. The patients have as many sessions with the Listener as are needed to tell their story, and find some kind of resolution, or way forward with what is currently happening in their life. Most common presenting reasons are bereavement, relationship issues, unemployment or stress at work, anxiety and loss.

So this spiritual listening is not counselling – patients often only use the service once or twice – but in this short time are enabled to make changes in behaviour which contribute to their increased sense of wellbeing,

and find coping mechanisms for life's difficult issues and circumstances. The Listeners do not have the answers but take seriously the questions people are asking, and can often help the individual to 'hear' what they are saying themselves and thus draw on their own inner resources to find their own way forward, thereby supporting positive self-management and promoting wellbeing. A listening chaplain describes the listening as:

'like taking a ball of wool which has become hopelessly tangled, and enabling the individual to sort out the individual strands, to see which they can do something about to lessen their stress or change their circumstances.'

Who benefits?

The individual patient obviously benefits from being listened to – particularly as it is a completely person centred service, the patient setting the agenda the pace and the outcomes. The research also showed that this service has the potential to reduce the need for GP consultations, to positively affect the subsequent consultations between the patient and GP, and may contribute to appropriate use of medication for depression and subsequent reduction in medication.

What is clear is that having a service which is available – with no long waiting lists as can happen with other talking therapies- and local – in their own community – is very valuable to both GPs and patients.

What do patients say?

These are some of the responses collected from patients: 'Shifted my perspective' 'I'm a stronger person now' 'I went in suicidal and came out with hope' 'Found ability to get on with things' 'Found purpose to go on' 'Felt pointed in the right direction' 'gave me courage to talk to others'



How we are taking the service forward.

The service has already been extended since the initial research and we now have a CCL service in 38 sites across 12 Boards. They are not all in GP surgeries, some are in community settings and other healthcare services eg social prescribing centre in Dundee, the new Health Village in Aberdeen, and the Alzheimer's Carers centre in Kirkcaldy. Our aim is to continue to extend the service into other health and social care contexts as well as third sector organisations.

Obviously there are not enough chaplains to make this service available nationally so we are currently developing a training programme for skilled experienced listeners to become CCL Listeners, supported and supervised by the NHS Spiritual Care Departments. This training will ensure a national service standard and be ready to roll out by the beginning of next year.

For further information please see the website: <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/spiritual-care/areas-of-education/ccl-scotland.aspx>

The Scottish Journal of Healthcare Chaplains volume 12 <http://www.sach.org.uk/journal/journal1201.htm>

National Programme Coordinator: Lynda Wright – email lynda.wright1@nhs.net

Bowel Scope screening – a new way to prevent bowel cancer

Bowel scope screening offers a new way to help prevent bowel cancer by detecting and removing polyps in the bowel that could eventually turn into cancer.

Bowel scope screening is being offered to 20,000 randomly selected men and women aged 60 over a two year period starting from June 2014. It will take place in four NHS Board areas: Tayside, Fife, Grampian and Greater Glasgow.

A new leaflet, 'Bowel scope screening. A new way to prevent bowel cancer' will be mailed with an invite letter to some men and women aged around 60.

The bowel scope screening will be in addition to the home screening kit currently offered. This study will allow NHSScotland to find out whether to offer the test to everyone in Scotland.

For further information, please visit:
www.nhsinform.co.uk/bowel/scope



ALISS

The ALISS (A Local Information System for Scotland) programme is funded by the Scottish Government and delivered by the Health and Social Care ALLIANCE Scotland. ALISS is innovative and unique - it has been designed by and developed with people with long term conditions and professionals from multiple sectors involved in signposting people to support, and offers not only a technology solution but a means of communities working together to gather, maintain and share information.

On the 22 April, we unveiled the new ALISS website and ALISS account holder area and have made improvements to the information sharing tools for sharing ALISS data. We would like to offer you the opportunity to use ALISS to collect manage and share resources in your local area and signpost the people you support to resources in the community.

If you haven't yet, please have a look at our new site:

www.aliss.org or contact us for more information at: aliss@alliance-scotland.org.uk



Conferences and Courses

➔ **Travel Health Study Day**

Where?

Scottish Exhibition & Conference Centre (SECC), Glasgow

When?

Friday 20th June 2014

Organised by?

Faculty of Travel Medicine (FTM), Royal College of Physicians & Surgeons (RCPS), Glasgow

Who should attend?

Anyone interested in learning more about how to advise travellers

What's on offer?

Travel to Extreme Altitude, How to advise travellers with chronic conditions who want to undertake a charity trek, Know Before You Go campaign, Commonwealth athletes in India, Public Health response to Olympic & Commonwealth games, How to spot divers who shouldn't dive, How to advise extreme endurance athletes, Venus Vs Mars: differences between male & female travellers.

How do I find out more?

<http://.aeh2014.rcp.sg>

How much will it cost?

Affiliate membership of the FTM currently costs £20. This then entitles you to register for the Travel Health Day at the Affiliate rate of £30: a bargain at the price!

Will there be more study days?

The next Travel Health Study Day is planned for Thursday 9th October, in Glasgow at the RCPS in St. Vincent Street. Sessions will include: Medical Tourism, Unexpected gifts travellers bring home, Malaria Vaccines, Children who Travel, Travelling with HIV and Sex Tourists.

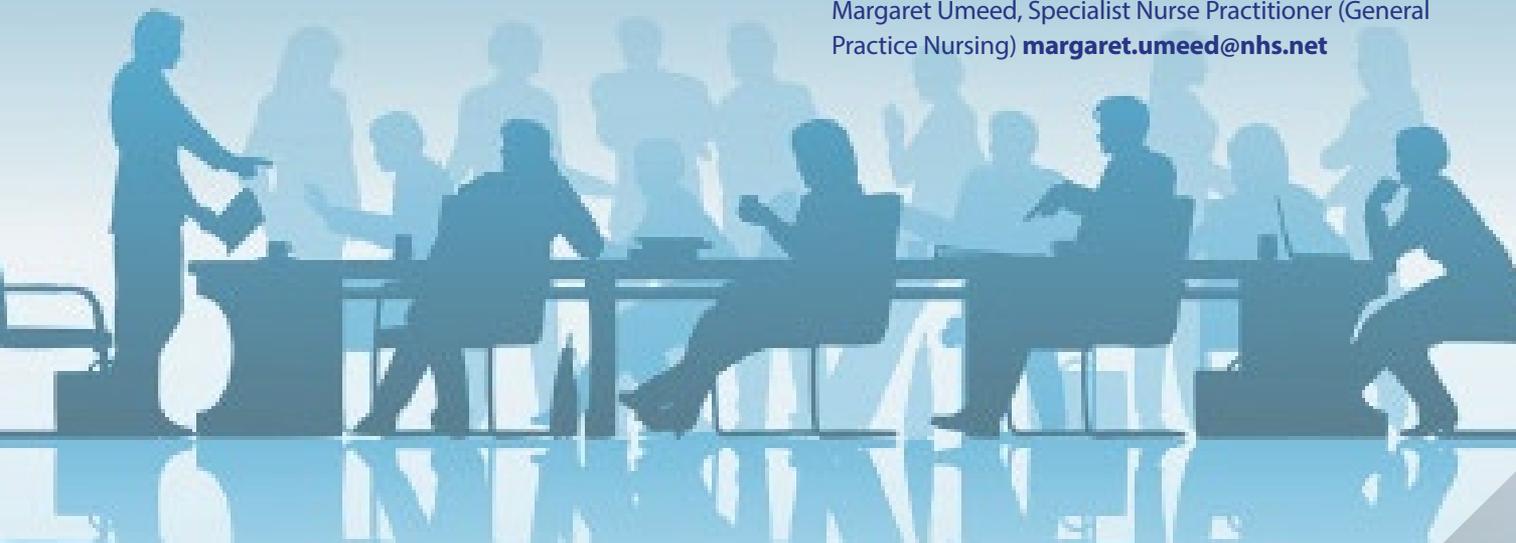
How do I keep up to date?

Affiliate membership of the FTM is open to all nurses. Membership includes reduced rates for study days and access to the FTM Newsletter, Emporiatics. The FTM can also help with online portfolios and e-learning (thinking about revalidation!).

How do I find out more?

www.rcpsg.ac.uk/en/travel-medicine.aspx

Margaret Umeed, Specialist Nurse Practitioner (General Practice Nursing) margaret.umeed@nhs.net



Conferences and Courses

→ **Edinburgh University Cervical Screening**

Edinburgh Napier University's face to face cervical screening update course, is currently being refreshed and will be running the first of several 1/2 day updates at end June/early July 2014. Also, the online version is in progress for development and aims to commence later in 2014. If anyone wishes to be added to a mailing list for either of these courses please email: Dr Roseanne Cetnarskyj@napier.ac.uk or call 0131 455 5713.

→ **COPD Course**

Education for Health has a COPD course running in Stirling starting 18th August. It is over 6 months and costs £685. The full details are on their web page www.educationforhealth.org





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.



Published Summer 2014

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Designed and typeset by the NES in-house design team