NHS Education for Scotland

Co-ordinated Learning and Development Network for General Practice Nursing

Newsletter | Autumn 2011

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Editor's Review

Welcome to this my first edition of a twice yearly newsletter to provide Scottish nurses employed by General Practice with an informative update. In my new role as NHS Education for Scotland (NES) National Co-ordinator for General Practice Nursing I intend to bring you regular features such as General Practice Nursing (GPN) news and clinical articles as well as features such as *Meet Me* and *International Networks*.

My role is to support Scottish General Practice Nursing (GPN) learning and development. So far I have met with many who share a real enthusiasm for GPN. Nurses working in urban, rural and remote general practices tell me about their challenges and also their rewards. In my first month I accompanied Jane Harris, who is leading on the Modernising Nursing in the Community project for NHSScotland, to London for a roundtable discussion with the Nursing Midwifery Council. We heard about their commitment to GPN and we told them about our vision for community nursing and initiatives planned for GPN (See our section on What's New in GPN). Recently I attended a meeting at the RCGP headquarters to hear about their Foundation Standards for GPN, produced in collaboration with RCN. By becoming involved and sharing information about all of these activities NES is extending the co-ordinated learning and development network for GPN begun by Fiona Bell. I am sure we all wish Fiona well and thank her for establishing this network.

In this edition of the newsletter there is an article on the 11 experienced GPNs recently recruited to undertake sessions for NES to form a co-ordinated learning and development network across the Health Boards. There are a few Health Boards still not covered so if you would like more information on your Health Board please email me at susan.kennedy@nes.scot.nhs.uk

Another new development is to provide a national education programme to become a General Practice Nurse. Over 50 Scottish practice nurses have met with me in small groups to hear and guide me on its design. In the next newsletter I will be able to tell you more. However this year there will be funding to support 12 nurses newly employed as practice nurses to attend established introduction to practice nursing courses. If you think you might qualify for this funding please let me know.

In this issue there are clinical articles discussing important issues on patient education in diabetes, NICE hypertension guidelines, and the new drug dabigatran. Updates on learning opportunities include how to access free online resources (HAIs and Effective Practitioner). Readers can link to nurses with international nursing experience.

I hope you enjoy this twice yearly newsletter. If you wish future editions sent to you directly please send me your email address. Also I would like to hear from you so please send me your information about:

- courses you found helpful
- projects that changed your practice
- GPN learning issues.

Thank you to everyone for making me so welcome. In the challenging times ahead it will be invaluable to have so many good contacts. You can contact me about educational issues by email: susan.kennedy@nes.scot.nhs.uk or tel: 0141 223 1479

What's New in General Practice Nursing?

Career and Development Framework for General Practice Nursing

What is this about?

General Practice Nursing (GPN) continues to evolve to meet the complex needs of a changing primary care service. At first nurses were employed by GPs to undertake mostly treatment room tasks and health promotion skills. Although this model still exists in some practices, general practice nurses (GPNs) usually provide a service that includes decision making on long term condition management, minor illness and health improvement. Increasingly GPNs are completing education so as to complete physical assessments and prescribe. Some are leading nurse teams and managing service delivery for patient groups. There are a few nurse partners or associate partners. Today's opportunities therefore make becoming a GPN an exciting career opportunity.

However it can be a daunting and long process for nurses to develop the knowledge and skills needed to replace a highly experienced and well qualified GPN. GP employers and practice populations need to be confident that their nurse is fit for purpose and is delivering safe, effective and person-centred care. A document to guide employers and nurses on the recommended education needed to extend levels of nursing care from the point of registration is needed.

Do we not have a Framework for GPN?

In 2004 the innovative Framework for Nursing in General Practice was published (http://www.scotland.gov.uk/Publications/2004/09/19966/43287). This provided guidance on:

- Knowledge and skills required of a GPN.
- Education requirements in preparing for a GPN.
- Employing registered nurses in General Practice.

As a result important changes followed. There are posts to support GPN in approximately 50% of Health Boards. A GPN Appraisal Handbook was distributed. Courses to prepare registered nurses for GPN were developed. Further UK resources include the GPN Toolkit (WiPP), now hosted on the RCN website. This mapped GPN competencies to the 'Modernising Nursing' levels of practice. The NHS Education website (e.g. Effective Practitioner (http://www.effectivepractitioner.nes.scot.nhs.uk/) see page add and Knowledge Network on Non-Medical Prescribing (http://www.nes.scot.nhs.uk/prescribing/index.html) both support GPN. So yes things are definitely improving however some things are out of date or need further developed.

Why Write a Career & Development Framework?

You may have heard about some others on, for example, Sexual Health and Advanced Practice. A series of Career & Development Frameworks are being produced for nurses as part of the Modernising Nursing in the Community (MNiC) Project. The purpose of this is to provide national aspirations for levels of nursing practice within the community nursing workforce to meet the challenges for delivering a modern NHS community service. GPN leaders in Scotland believe there should be a Career & Development Framework for GPN also. This is now supported by the MNiC Project Board at NHS Scotland.

How is the Career & Development Framework for GPN Being Developed?

The standard method for all Framework development is being used. Following the formal

request from GPN, a multidisciplinary steering group representing organizations with GPN interests met in August. Now a small group is writing a first draft using a template designed by NHS Education based upon the Levels of Practice in Modernising Nursing and the four pillars of the Scottish Advanced Nursing Framework (http://www.advancedpractice.scot.nhs.uk/). The figure below shows Levels 5 to 9 with examples of possible GPN roles.

Three pillars will be the same for all branches of community nursing: Facilitation of Learning, Research and Development, and Leadership. The Clinical Practice pillar is written by and for each community nursing discipline. The pillars and levels contain key issues with examples of practice and education provision.

A draft version will be edited and ratified by the steering group then distributed for consultation. The final document will be published online using a standard design, with an unique GPN colour in 2012.

How will the Career & Development Framework be Used?

GPNs will be able to map their nursing care against that described in the aspirations for nationally recognized levels of practice. Similar to other community nurse branches the type and level of care may vary depending on specific roles. For example some GPNs will provide autonomous practice, for example in COPD management, but deliver supervised care to individuals with epilepsy. The Framework will help describe these levels of nursing and then provide GPNs with national guidance on the type and level of post registration education and / or continuing professional development needed to undertake these levels of care. To assist there will be an online NES MNiC Toolkit with detail on how to find specific educational courses, care pathways and evidence based practice.

What will it not be?

It is not designed to be used for determining banding for the Knowledge and Skills Framework (KSF) pay scales. Nurses who are employed independently by General Practices have individual contracts of pay and conditions. However the Framework could be useful for employers to determine the levels of nursing expected to meet individual practice's nursing needs and the recommended education to achieve competence.

Susan Kennedy (NES) Nan O'Hara (GPN), and Allison Tait (GPN)

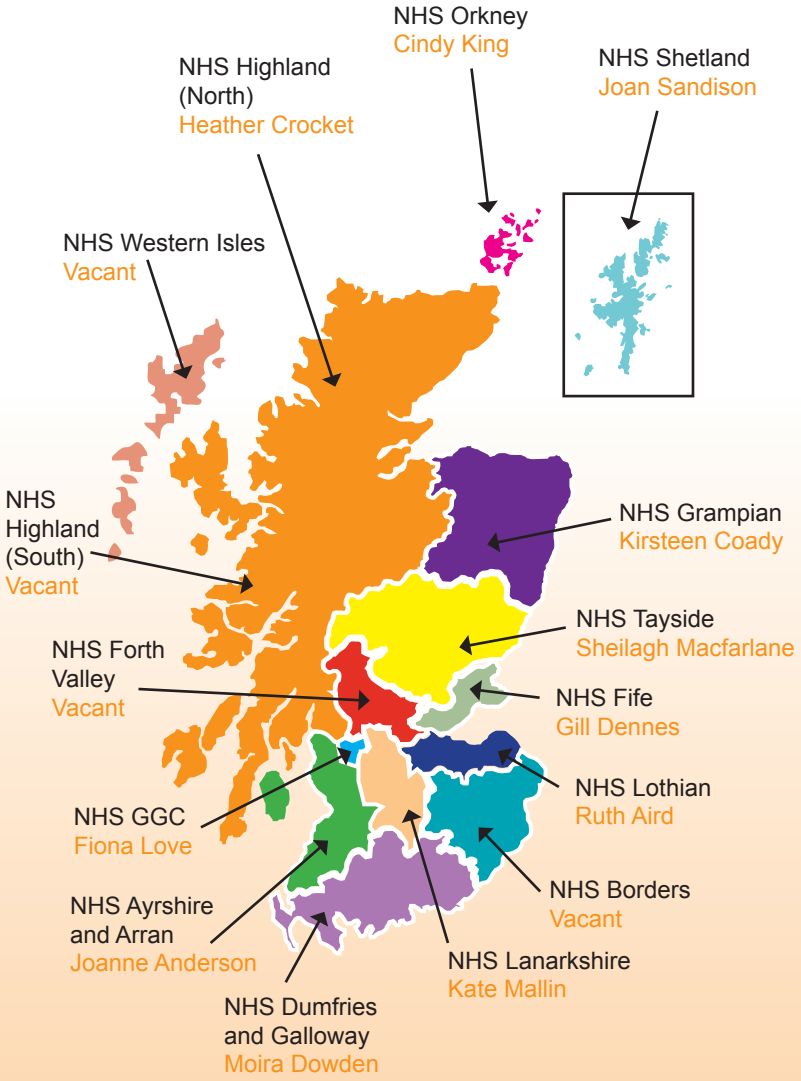
Welcome to the NES GPN Education Advisers

Eleven GPNs were selected to undertake reimbursed sessions for NES. The names and Health Board Areas which they represent are shown in the map below. After an intensive process, involving a panel interview and presentation, they were selected for their enthusiasm and expertise in education, networking and clinical areas of GPN. The result is an exciting team who will support the learning and development work of the NES National Co-ordinator for GPN. In Health Boards where nurses are employed to support GPN the NES GPN Education Advisor will seek to work closely alongside them. In other Boards it is hoped that in the future there will be an identified person to provide governance and professional support for GPN.

The new team's vision is:
Uniting a Fragmented Workforce.

One of their aims is support the learning and development needs of GPNs at a national level. Where similar needs are identified across Health Boards the team will consider how to address this. It is likely that many different learning approaches will be taken due to the diverse geography and existing structures for GPN across Scotland. The National Co-ordinator will be able to link more effectively to GPNs in practice using this model. The team will also support primary health care national initiatives.

If your area has no-one yet and you think you could meet our criteria please do contact susan.kennedy@nes.scot.nhs.uk to discuss. Be part of this exciting new network.



NHS Education for Scotland launches *Effective Practitioner*

A new resource is available to practitioners, including General Practice Nurses. On the opening page it reminds us that every interaction with patients, clients and their loved ones is significant. Your care will leave a lasting impression. Be inspiring.

What is *Effective Practitioner*?

It is an initiative to support nurses, midwives and allied health professionals (NMAHP), who are practitioners and senior practitioners, in achieving the best in their work. This website found at http://www.effectivepractitioner.nes.scot.nhs.uk/practitioners.aspx provides the online foundation for wider work-based support.

How can it help me?

Effective Practitioner makes it easy for you to keep up to date and saves you time by directing you to resources which can fill specific gaps in your knowledge. The learning activities have been created specifically for NMAHPs at your level and many will help with your KSF Development Review, Personal Development Plan and revalidation. The resources can support you 24 hours a day, 365 days a year - to suit the way you work.

The website is open access so you don't need a log-in to use it. But there is an option for you to personalise the Effective Practitioner site using My Resource Space. This does require a password but it is easy to set up and use. You can then save and tag the resources that you find useful.

Where should I start?

There is no right or wrong. It is up to each individual to choose what they would like to do but a good first step is to check how effective you are, in a simple self assessment.

You may then like to consider some of the work-based learning activities which address some of the learning needs which may arise for you after completing the self-assessment tool. Both of these can help you to prove your effectiveness to others through your KSF and PDP and revalidation. There are also links to lots of other resources on this resource website.

Clinical Issues

Supporting Self Management: Helping People Help Themselves

What is Self Management Support?

The key to successful management of long term conditions ultimately rests in the hands of the person who lives with the condition and their ability and aspiration to care about themselves. However they may require support to self manage, this is not simply about educating people about their conditions, it is about developing the confidence and motivation of people to take effective control of their lives by developing their own skills and knowledge. Support can come from a variety of places including:

- The voluntary sector;
- Unpaid carers;
- NHSScotland; and
- Local authorities.

Support for self management is about supporting people in the decisions they make to manage their long term condition. It is also about offering individuals the right information and support at the right time, and empowering them to take a more active role in their health and well-being in order to improve their quality of life. Equally it's about the relationship between the person living with a long term condition and the person giving support.

Support can be viewed in two ways:
'…..as a portfolio of techniques and tools that help patients choose healthy behaviours; and a fundamental transformation of the patient–caregiver relationship into a collaborative partnership.'

(Bodenheimer et al 2005).

Does Self Management Work?

It is widely acknowledged that many healthcare professionals are questioning the evidence that self management support works. The Health Foundation has responded to this by comprehensively reviewing the benefits of self management support. The full report *Evidence: Helping people help themselves. A review of the evidence considering whether it is worthwhile to support self management* can be found on their website at http://www.health.org.uk/publications/evidence-helping-people-help-themselves/

The Health Foundation's findings suggest that supporting self management works and can have positive benefits for people, although they acknowledge that it is a relatively new area of research. Amongst their key findings they found that there are general elements that work well to support self management, including (The Health Foundation 2011):

- involving people in decision making
- emphasising problem solving
- developing care plans as a partnership between service users and professionals
- setting goals and following up on the extent to which these are achieved over time
- promoting healthy lifestyles and educating people about their conditions and how to self-manage
- motivating people to self-manage using targeted approaches and structured information and support
- helping people to monitor their symptoms and know when to take appropriate action

Supporting Self Management: Helping People Help Themselves

- helping people to manage the social, emotional and physical impacts of their conditions
- proactive follow up – providing opportunities to share and learn from other service users.

For further information on the NES Self Management work stream contact:
Audrey Taylor, Educational Projects Manager – LTC, 0131 313 8110 Audrey.Taylor@nes.scot.nhs.uk or

Cheryl Harvey, Educational Projects Manager – LTC, 0131 313 8114 Cheryl.Harvey@nes.scot.nhs.uk

References

Bodenheimer T, Macgregor K, Shafiri C (2005). Helping patients manage their chronic conditions. California: California Healthcare Foundation.

The Health Foundation (2011). Evidence:Helping people help themselves. A review of the evidence considering whether it is worthwhile to support self-management. London: The Health Foundation

NICE Guideline on Hypertension: clinical management of primary hypertension in adults

Measuring blood pressure (BP) to manage hypertension is one of the commonest activities that general practice nurses undertake. SIGN publications provide guidance on how to interpret the BP readings to diagnose and manage high blood pressure. These are SIGN no.103 (CKD), 116 (Diabetes), 108 (stroke), and the cardiovascular / CHD collection (No. 93, 95, 96, 97). On 24th August 2011 the British Hypertension Society provided a statement on their website about the newly published updated guideline on the diagnosis and treatment of hypertension which was developed in partnership with the NHS National Institute for Health and Clinical Excellence (NICE) in England http://guidance.nice.org.uk/CG127

This updated NICE guidance, first published in 2006, contains some changes. Of particular interest to general practice nurses is their recommendation that a diagnosis of primary hypertension should be confirmed using 24-hour ambulatory blood pressure monitoring (ABPM) as gold standard rather than be based solely on measurements of BP taken in the clinic. The main reason for this advice came from a cost effectiveness analysis (Lovibond et al 2011). The guideline also includes a framework for using home blood pressure monitoring (HBPM) as a way to promote patients to become more involved in the monitoring and care of their hypertension.
Other key changes in the Hypertension: clinical management of primary hypertension in adults NICE guidance included prescribing advice and treatment of the very elderly. Information can be found in the NICE Quick Reference Guide: http://guidance.nice.org.uk/CG127/QuickRefGuide/pdf/English and Understanding NICE Guidance: A Summary for Patients and Carers: http://guidance.nice.org.uk/CG127/PublicInfo/pdf/English

In Scotland SIGN Guidelines form the basis of Health Board guidance on managing hypertension in local protocols / care pathways. However there is interest in this new NICE guidance on managing hypertension thus The Scottish Heart and Arterial Risk Prevention group (SHARP) has included this topic area as part of their annual conference programme for health professionals in Dunblane Hydro on 24-25th November. This conference is of interest to practice nurses so there is a £20 reduction for them: Email SHARP@dundee.ac.uk

Reference

Lovibond K, Jowatt S, Barton P et al (2011) Cost-effectiveness of options for the diagnosis of high blood pressure in primary care: a modelling study. The Lancet 378; 9798, 1219 – 1230.

Medicine Update: Dabigatran etexilate (Pradaxa®)

General Practice Nurses will be interested in knowing about the new anticoagulants that are becoming available. Dabigatran etexilate was accepted by the Scottish Medicines Consortium (SMC) in August 2011 for the prevention of stroke and systemic embolism in adults with atrial fibrillation who have one or more risk actors as detailed below. This is important because many nurses monitor patients with atrial fibrillation in their cardiovascular clinics.

SMC has previously accepted dabigatran for the primary prevention of venous thromboembolic events in adult patients who have undergone hip replacement surgery or knee replacement surgery. The medicine, which is in tablet form, now has a licence which allows it to be used for the prevention of stroke and systemic embolism in adults with atrial fibrillation. The SMC website (http://www.scottishmedicines.org.uk/Home) has excellent information on new medicines in both a briefing and detailed format. In the briefing note about dabigatran etexilate it is explained that this new medicine was shown in studies to prevent stroke as well as the current anticoagulant of choice, warfarin. A side effect of all anticoagulants can be unwanted bleeding, however dabigatran etexilate did not lead to an increased risk of major bleeding compared with warfarin. Dyspepsia was significantly more common with dabigatran than with warfarin and nurses should be aware of this potential disadvantage.

SMC accepted dabigatran etexilate for this new indication because it is effective, offers reasonable value for money and may allow service improvements to be made since patients do not require to have their blood monitored after receiving this medicine.

Following the SMC decision to accept dabigatran for use in NHS Scotland, a national meeting of NHS boards, healthcare professionals and patient representatives, hosted by Healthcare Improvement Scotland, has agreed a plan to support the safe use of the medicine to ensure that the medicine reaches the most suitable patients.

An output from this meeting will be a Consensus Statement to support patients, general practitioners (GPs) and hospital specialists in local clinical decision making around the safe and effective use of dabigatran. This will be issued through the NHS Board Area Drug and Therapeutics Committees by the end of October 2011.

The evidence shows that, for the majority of patients who are well controlled on their current warfarin medication, then warfarin is likely to remain their treatment of choice.

An article by Dr Peter MacCallum (2011), Clinical Senior Lecturer in Haematology, discusses the pros and cons associated with the newer anticoagulants and predicts that it will be many years before, if ever, warfarin is replaced.

Medicine Update: Dabigatran etexilate (Pradaxa®)

SMC ADVICE: following a full submission

dabigatran etexilate (Pradaxa®) is accepted for use within NHS Scotland.

Indication under review: For the prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation with one or more of the following risk factors:

- previous stroke, transient ischaemic attack, or systemic embolism
- left ventricular ejection fraction <40%
- symptomatic heart failure, ≥ New York Heart Association (NYHA) Class 2
- age ≥75 years
- age ≥65 years associated with one of the following: diabetes mellitus, coronary artery
- disease or hypertension

Dabigatran etexilate was at least as effective as standard oral anticoagulation at preventing stroke or systemic embolism in one large, open-label study in patients with atrial fibrillation and at least one risk factor for stroke (Wallentin et al 2010). This was not associated with an increased risk of major bleeding. The economics case made supports the use of the proposed sequenced dosing regimen (whereby the dose is reduced from 150mg twice daily to 110mg twice daily in patients aged ≥ 80 years). This applies whether the alternative treatment is warfarin, aspirin or 'no treatment' (i.e. neither warfarin nor aspirin). (Source: http://www.scottishmedicines.org.uk/files/dabigatran_etexilate_Pradaxa_FINAL_May_2008_for_website.pdf)

Dosing guidance can be found in the Summary of Products Characteristics (http://www.medicines.org.uk/emc/medicine/20759/SPC). In addition the evidence behind the SMC decision on dabigatran is detailed by the SMC at: http://www.scottishmedicines.org.uk/SMC_Advice/Advice/672_11_dabigatran_Pradaxa/dabigatran_Pradaxa [accessed October 2011]

References

MacCallum P. (2011) Focus on anticoagulants. BHF Heart Matters. 39, 36-37.

Wallentin L, Yusuf S, Ezekowitz MD et al. (2010) Efficacy and safety of dabigatran compared with warfarin at different levels of international normalised ratio control for stroke prevention in atrial fibrillation: an analysis of the RE-LY trial. Lancet 376, 975-83.

Delivering quality education to people with diabetes in Scotland

In response to the Scottish Diabetes Action Plan (2010) a national education co-ordinator (NEC) has been appointed for diabetes, based within NHS Education for Scotland as a one year secondment. The NEC is working with the educational leads in the Diabetes Managed Clinical Networks in the implementation of the education strategy developed by the Scottish Diabetes Education Advisory Group (SDEAG http://diabetesinscotland.org.uk/Groups) and within the patient education framework for people with type 1 diabetes (Bath 2009). A similar educational framework is being developed for those with type 2 diabetes.

One of the key outcomes from the educational strategy is to record on SCI-DC those people who have been offered and, those who have attended structured education. Hence it is the aim of the NEC and educational leads to apply the NICE criteria for structured education (NICE 2003) to those courses that are currently offered to people with diabetes throughout Scotland. It is acknowledged that some courses currently meet the NICE criteria for example, DAFNE, DESMOND, X-PERT patient. However, several Health Boards have developed their own programmes to meet local needs and these will be assessed according to NICE criteria.

Coupled with this, the SDEAG have agreed three levels of education for people with diabetes according to type that will be recorded on SCI-DC. They are:

Type 1
- Level 1: Core skills at diagnosis
- Level 2: Living with diabetes update
- Level 3: Structured intensification of insulin training

Type 2
- Level 1: Core skills at diagnosis
- Level 2: Living with diabetes update
- Level 3: Structured education within 3 months of diagnosis

There are two key aspects that will relate to Practice Nurses. The first is the knowledge and skills to deliver diabetes courses. TREND-UK (2011) recommends an accredited course in diabetes is undertaken as well as demonstrating experience in diabetes care. The second aspect relates to the NICE criteria that people delivering structured education are trained educators. We are therefore exploring what this means to identify gaps in

professionals' current knowledge, understanding and skill set and recommend ways to meet the needs. The skill set needed to be a trained educator are transferrable to caring for people with other long term conditions and making life style changes.

These are busy and exciting times so please watch this space for further developments!

Joan McDowell
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Mobile: 07768 626 030

References

Bath L (2009) Short Life working group of type 1 diabetes. Scottish Diabetes Group, Edinburgh http://diabetesinscotland.org.uk/Publications.aspx

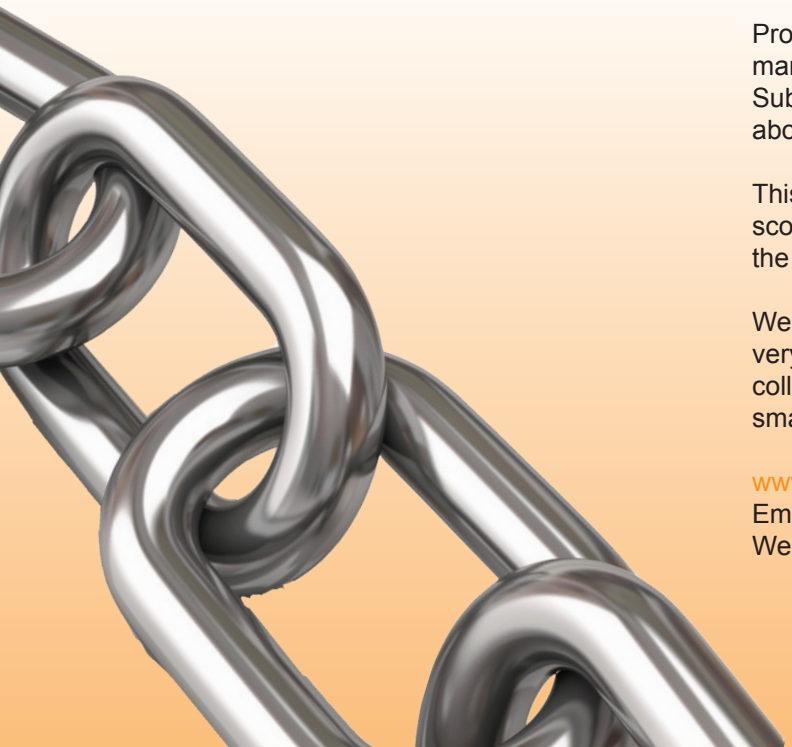
NICE (2003) Guidance on the use of patient education models for diabetes. Technology Appraisal 60. NICE, London

Scottish Government (2010) Diabetes Action Plan 2010. The Scottish government Edinburgh http://diabetesinscotland.org.uk/Publications.aspx

TRENDUK (2010) An integrated career and competency framework for diabetes nursing. 3rd edition SB Communications Group, London www.trend-uk.org

International Links for General Practice Nurses

The RCGP is undertaking a survey of primary health care team staff on their international activity. We know that there are GPNs out there who have International Links e.g. visiting South America, Romania or telephoning nurses in practices in Africa. If this is you then please take part in this survey (information below). If you are planning or doing any nursing abroad please contact Ruth Aird who is a practice nurse with international interests (ruth.aird@lothian.scot.nhs.uk). We hope to develop links for GPNs to allow them better networking and support. In the next issue we intend to have some examples of this work.



Are you or members of your primary health care team involved in Sub-Saharan Africa?

RCGP Scotland is now actively involved in taking forward work in relation to Sub Saharan Africa as part of the RCGP International Strategy.

Professor Phil Cotton from the Academic Unit of General Practice, Glasgow University, is the Africa lead on the RCGP International Committee and Dr John Gillies, Chair of RCGP Scotland, has set international work as one of the priorities of his chairmanship, building on his extensive experience of working in Sub Saharan Africa.

Professor Cotton and Dr Gillies both believe that many GPs and practices in Scotland have links with Sub Saharan Africa and would like to find out more about this work.

This survey is the first stage in a Scotland-wide scoping exercise, the purpose of which is to identify the extent of this ongoing work across Scotland.

We would be grateful if you could complete this very short survey to let us know about you or your colleagues' interest and activity - however big or small.

www.survey.bris.ac.uk/rcgps/subsaharanafricalinks
Email: ebailey@rcgp-scotland.org.uk
Website: www.rcgp-scotland.org.uk

A Day in the Life of a Practice Manager

A police friend once told me that he would never apply for promotion in uniform as, en-route to the cushy numbers at the top, there had to be spell as desk sergeant – the worst job in the police force. Worse still, you could end up getting stuck there. The desk sergeant got all the flak from above and below and was held responsible for everything. This seems so reminiscent of the role of the practice manager but with one significant difference. Jobs that are not clearly defined in anyone else's job description suddenly become that of the PM making a "normal" working day the atypical one.

My first task in the working day is to check what is in the diary. Today I had two meetings – one to discuss appraisals with a GP and the other to explain the pharmacy minor ailments scheme, the practice methadone script request protocol and coding of breast cancers to staff. It should have been easy! All that was required was a quick read of the appraisal and revalidation folder before meeting one, and a bit of fact checking before meeting two. I should have plenty time left in the pm to work my way through the e-mails and that "to do" list. THEN we have a plumbing problem.

Several buckets of water later and a realisation that this problem is beyond me, I call in the cavalry in the form of the plumber husband of our practice nurse. He identifies the problem and I leave him to get on with the job. However, the problem is bigger than expected so assistance is required. Wearing my janitorial hat, I switched on as many taps as possible then ran outside to stand at the next manhole cover down from where he was working to let him know when the sewerage started to flow. When it started to come, it came with a blast. Unfortunately, a "backdraft" was created and sewage started spitting out from our infection control approved, plugless consulting room sinks causing a bit of a mess and a stench right through the building. The project leader (the plumber) instructed me to stop the spit by filling the stopperless sinks with water. Using my initiative, several bedrolls later, the situation is under control and the smell is waning. The only problem is that, as the cleaners don't arrive until the evening, somebody needs to wash the sewerage splattered floors. This task is definitely not in anyone else's job description so guess who is doing the mopping up.

In the meantime, the "to do" list is extended as, whilst dealing with the plumbing problem, the staff have taken messages including a complaint from a patient about the local chemists, the accountants urgently looking for a particular GP's car expenses, the Health Board urgently requiring us to send an appeal to the Council for a reduction in our rates and the primary care manager requesting a breakdown of our minor surgery activity. The good news is that there are only three meetings in my diary tomorrow – it should be a normal day and I will get cracking on that list!

Jane, Practice Manager, Dumfries & Galloway

Interview with SPNA Chairperson

Rhona Aikman is the current Chairperson of the Scottish Practice Nurse Association (SPNA). The SPNA provides a forum for the dissemination of information on developments in the area of practice nursing. The committee and its members hope to be a strong voice for nurses working in general practice in Scotland committed to the development of practice nursing. Their aim is to make sure that when it is needed practice nurses have a voice at all levels. Membership has increased since the abolition of the membership fee. To become a member Email: spna@rcgp.org.uk for information on how to do this.

Rhona Aikman
Chairperson, SPNA

Rhona, can you tell us a little bit about your experience working as a GPN?

I have been a GPN for 20 years and the job has changed beyond recognition. I feel fortunate, as to some extend, I can influence the direction it takes. Prior to GPN I was a diabetes specialist nurse and when offered the GPN post I was lucky to continue my interest in diabetes and combine this with working with varied patients and conditions in primary care. It is difficult to get bored as a practice nurse as the work is so varied! As a GPN I have grabbed opportunities such as 3 months as an expedition medic in Namibia, 2 weeks on the Amazon in Peru as part of a multidisciplinary team providing care to indigenous communities and also a trip across the channel with Diabetes UK supporting channel swimmers including 3 with Type 1 Diabetes. I have met some inspirational people through these experiences.

For you what is the most rewarding aspect of nursing in General Practice?

It is the relationships that have developed with many of my patients. They come to see the PN not because they cannot get an appointment with a GP but because it is appropriate and convenient. Sometimes they will come with problems which do need a GP but they want to discuss it with a nurse first. Nurse prescribing has probably been the single thing that has enhanced my role and changed the way patients can access care for minor ailments.

How would you describe a career in GPN to a newly qualified nurse?

It is a bit like embarking on a merry-go-round when you start as you spend several years gaining the skills, doing courses etc and then spend the rest of your career keeping these skills up to date. Every day is different and if you asked 10 practice nurses to describe their job the variety would be vast.

How long have you been involved with the SPNA?

I was a member of the SPNA for several years before joining the committee six years ago. I was Treasurer for a couple of years before taking over as Chairperson last year.

Interview with SPNA Chairperson

What do you find is the best thing about being a member of the SPNA?

I really enjoy meeting other nurses who are passionate about what they do. It is a great support network too, if you need help/ information etc there is usually someone who can provide it.

In your opinion what is the SPNA's greatest achievement to date?

Their involvement in lobbying for PNs to be part of the NHS superannuation scheme was one of the greatest achievements. However from a broader perspective the SPNA is instrumental in driving forward GPN as a new discipline with its own qualification putting it on a par with other community disciplines. The SPNA demonstrated that practice nurses can organise and lobby for change.

As Chair of the SPNA what is your main objective?

It has got to be lobbying for GPNs to be treated fairly with terms and conditions on a par with our NHS colleagues. I feel strongly this is essential if we are to retain highly skilled and experienced nurses and ensure that GPN continues to be a desirable career path attracting high calibre nurses.

The Chair of the SPNA is a member of the Scottish General Practice Nurse Leads Group. What has been the most useful thing you have learned by being part of this group?

I have met with this group three times now, most recently at a meeting with Ros Moore, Chief Nursing Officer in Scotland. The meetings highlighted the variation across Scotland with GPN Leads ranging from full time to two sessions a week and there are still some areas with no-one. I was also very interested in Ros Moore's observation asking if the group was being ambitious enough with their objectives?

Finally have you a message you would like to send to Scottish GPNs?

There is a need to continue to work together to ensure we have a voice and ensure that any changes taking place do not affect the high quality of patient care. As the balance of care continues to move into primary care we need to ensure we do not get left behind. Please do not rely on others to do all of this get involved yourself.

Learning Opportunities

NHS Education for Scotland (NES) Healthcare Associated Infection team have available a number of educational programmes and online short courses that may be suitable for Practice Nurses.

Cleanliness Champions Programme
The programme has two main themes namely safe practice and safe environment. It is suitable for those working in the hospital and community setting. A mentor is required to support you when undertaking the course.

Decontamination Programme
This programme is designed to educate healthcare staff in the practice and principles of decontamination in the primary care setting.

HAI Mandatory Training
This course can be used for induction training on recruitment of new staff or for staff to update themselves on infection prevention and control policies and practices.

Promoting Hand Hygiene
This self directed resource is suitable for all healthcare staff to update, refresh or challenge hand hygiene knowledge and practice.

Multiple Resistant Gram Negative Bacilli (MRGNB)
MRGNB present a serious challenge in healthcare in the hospital and community setting. This self directed resource examines the control measures and includes implications for antibiotic prescribing.

There are also a number of micro-organism specific self direct resources such as:

- MRSA online tutorial
- MRSA online clinical scenario
- Clostridium difficile online tutorial
- Clostridium difficile clinical scenario

HAI
Education for Infection Prevention and Control

Full details of all educational materials can be found at http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections.aspx

It is also now possible to access some of the online learning materials free by using the LearnPro community access (for example MRGNB).

"Getting to the Point" Immunisation Study Day
Monday 28th November 2011 House for an Art Lover Glasgow (£150)
This new 1 day course is designed to meet the National Minimum Standards for Immunisation Training guidance, and will be suitable for those providing UK schedule immunisations and advice to adults. (It will not include travel vaccine)
TREC Travel Health 2 Day Courses (£280)
Glasgow - 24 / 25 November 2011
Edinburgh - March 2012

TREC Further Study Days (£140)
Edinburgh - 18 November 2011 (update day for previous students only)

Royal College of Physicians & Surgeons - 2nd Triennial Conference + Travel Medicine symposium.
www.rcpsg.ac.uk
November 10 - 11 2011
SECC - Glasgow (Open to non members)
TREC - 01360 770829
admin@TRECtravelhealth.co.uk
http://www.trectravelhealth.co.uk/

Glasgow Caledonian University Modules

Contact Bonnie McDowell 0141 331 3152
Bonnie.McDowell@gcu.ac.uk

When: January - June 2012

Module: **Advanced Assessment and Management of Asthma in Primary**

Module: **Introduction to General Practice Nursing**

Module: **Advanced Assessment & Clinical Decision Making in Primary Care**

Module: **Advanced paediatric practice in primary care**

When: January – April 2012

Module: **Chronic Disease Management**

Module: **Improving Health in the 21st century**

School of Health Sciences

MSc Health Improvement and Health Promotion
Are you looking to enhance your career in health promotion?

Given the changing roles and the growing need for evidence of competencies in health improvement and health promotion, staff in the public health workforce are increasingly looking for CPD opportunities for career progression.

Further CPD modules which we offer are Promoting Health in Practice and a range of Behaviour Change modules are available from level 7-11. These modules ca be studied via distance learning, with the use of interactiv online activities and discussion forums.

Applications are now being welcomed for our **Masters in Health Improvement and Health Promotion** course, which will start again in **January 2012**. You can complete single modules as part of your CPD or progress towards the Postgraduate Certificate, Postgraduate Diploma or th complete MSc.

For more information, please visit the links on the right or contact me at g.barton1@rgu.ac.uk

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