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Practice Nurse Newsletter

Issue: June 2017

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Topics covered in this Issue. . .

Introduction

I have been in post as Nurse Adviser at Wessex LMCs now for over a year and I can confidently say that each day is never the same, frequently inspiring and on some occasions challenging. Very similar to some of the same issues we all face working in practice.

The NHS and general practice frequently gets some negative press and I think we lose sight of the fact that we do a 'damn good job'! I have met some amazing people over the last 16 months and have been fortunate to be involved in a number of exciting projects which hopefully will come to fruition to provide support for us working in primary care.

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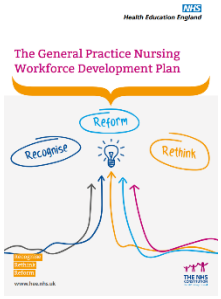
Issue: June 2017

The General Practice Nursing (GPN) Workforce Development Plan



The General Practice Nursing (GPN) Workforce Development Plan was published in March 2017 by NHS Health Education England with the three main headings of:

Recognise

Reform

Rethink

The document looks at some of the challenges and recommendations to support and develop the GPN workforce and at future career choices. The report acknowledges the important contribution of GPNs and also addresses issues around recruitment, retention and encouraging nurses to return to practice.

Sue Clarke, Head of Workforce and Education & South Eastern Hampshire and Fareham & Gosport CCG, has kindly agreed to share her summary of the document.

“It is divided into four sections:

1. pre-registration
2. early years (new GPNs)
3. enhancing CPD, ANP, leadership and
4. HCA

In brief the document makes 17 recommendations (pg. 9 - 11).

- Recommendation 1: Raise the profile of general practice nursing careers.
- Recommendation 2: Increase the number of pre-registration nurse clinical placements in general practice.
- Recommendation 3: Introduce quality assurance of the learning environment in general practice for pre-registration nurses.
- Recommendation 4: Increase the uptake of general practice nursing as first destination employment for newly-qualified nurses.
- Recommendation 5: All new entrant nurses and support staff to general practice have access to an approved employer-led induction programme.
- Recommendation 6: All new nurses to general practice must receive a standardised and accredited competency based preceptorship programme to equip them for their general practice nursing role.
- Recommendation 7: GPN educator roles should be developed to cover all CCG areas.
- Recommendation 8: All GPNs should have access to accredited training to equip them for each level of their role.
- Recommendation 9: All GPNs and HCAs should have access to quality assured CPD to support career development and inform revalidation if appropriate.
- Recommendation 10: Improve general practice nursing retention by implementing measures to encourage nurses at all levels to remain within practice.

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- Recommendation 11: Every nurse considering a return to general practice nursing should be offered a general practice specific 'return to practice' programme.
- Recommendation 12: All CCG areas should have identifiable GPN leaders.
- Recommendation 13: Actively promote the development of general practice nursing clinical academic careers

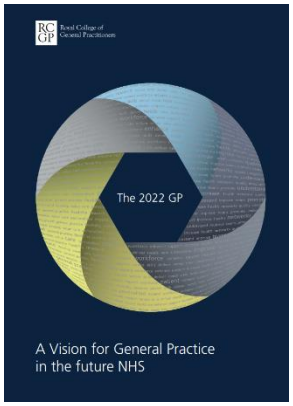
Congratulations to South Eastern Hampshire and Fareham & Gosport CCGs who have been mentioned as a best practice case study on Preceptorship on page 23. As is HEE Wessex on the section of raising the profile of higher education and student placements in GP practices (page 15)

There is already a lot of work taking place across the Wessex region on placing students in general practice and supporting mentors. If you would like to become involved please get in touch with the Community Education Provider Network (CEPNs) in your area.

- Wessex Community Education Provider Network (CEPN)
- http://www.weahsn.net/wp-content/uploads/West-of-England-CEPN-leaflet.pdf

- Wilts CEPN: Denise Moore Denise.Moore7@nhs.net
- Swindon CEPN: Liz Alden e.alden@nhs.net
- BaNES CEPN: Becky Wych becky.wych@nhs.net

Working in General Practice



If you ask most Nurses "why they chose to work in primary care" it is for the variety, small team working, personal continuity of care and favourable hours. The new approach to working at scale may challenge the traditional model of General Practice.

It is worth reading page 14 of the RCGP's "A vision of General Practice in 2020" and their thoughts on what the multidisciplinary team would look like.

In a previous newsletter I wrote about The New Models of Care and how these will only work if we have enough staff that have developed the necessary core and advanced skills with a flexible approach to the delivery of care in a variety of locations. The HEE document which looks at the Education and Career Framework for District Nurses and General Practice Nurses, produced in 2015 attempts to identify the skills needed to ensure we as Nurses are equipped to deliver consistent quality care now and in the future.

I thought it would be interesting to ask some colleagues why they do the job they do! Thank you to: Sarah Harrison (ANP/Nurse Partner), Clare Saunders (PN), Sarah James (HCA), Julia O'Mara (ANP/CCG Lead Nurse) & Ed Waldren (ANP) for completing the Q&A's

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Issue: June 2017

Sarah Harrison Q&A Clare Saunders Q&A Sarah James Q&A

Julia O'Mara Q&A Ed Waldron Q&A

Spirometry

Spirometry is an essential diagnosis to assess the severity in people with COPD and other respiratory problems. There are also significant variations in care and outcomes within the UK and internationally and COPD accounts for around 115,000 emergency hospital admission each year.

In September 2016 a new competency framework was published Improving the Quality of Diagnostic Spirometry in Adults

Professor Sue Hill in her forward in the new guide for performing spirometry writes that:

- 835,000 people in the UK have been diagnosed with COPD
- 2.2. million have COPD and have not been diagnosed
- 25% of people in a practice who have a diagnosis of COPD may be receiving inappropriate medication and treatment

The document looks at the establishment of a national register of 'certified healthcare professional and operators.' The purpose is to ensure that staff operating, performing and or interpreting diagnostic spirometry hold a valid and current certificate of competency. All healthcare professionals have until March 2021 to ensure they have been assessed and are on the register. The document is quite detailed and I would encourage anyone involved in Spirometry and COPD to have a read.

Implementation of the recommendations

To allow sufficient time for the necessary training, assessment and certification infrastructure to be set up, it is proposed to phase the implementation of the recommendations over the four year period

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from 1 April 2017 – 31 March 2021. As a practitioner you will eventually need to re-register every three years.

This Register will have three categories of certification:

I. Foundation (=Performing Only)
II. Full (=Performing and interpretation) or
III. Interpretation Only:

I. **Foundation:** those who have been assessed as competent to perform safe, accurate and reliable spirometry tests without interpretation This could be a HCA/GPN and or GP who has completed a course in performing spirometry.

II. **Full:** those who have been assessed as competent to perform and interpret spirometry in terms of physiological changes. This is likely to be GPNs, a respiratory nurse specialist, physiotherapists (especially respiratory specialist) and GPs who have undertaking a recognised ARTP Full Certificate of Competence in performing and interpreting diagnostic spirometry. Before undertaking the Full Spirometry certificate, practitioners will need to have undertaken an ARTP Full Spirometry course.

III. **Interpretation Only:** Those who have been assessed as competent in interpretation only (i.e. those with no responsibility/ requirement to perform spirometry but who do have a requirement to interpret accurately the results of spirometry). To be included on the register this individual will need to achieve the ARTP Interpretation Only Certificate of Competence. Some prior knowledge of spirometry interpretation is advisable (refreshers courses are likely to be made available by a variety of organisations). The document states that there is no observed practical assessment at this level. A portfolio of 10 tracings that the individual has interpreted is required, plus a written assignment.

Training

If you are an experienced practitioner you can update your knowledge and skills by accessing a refresher training course http://www.artp.org.uk/en/spirometry/refresher-course.cfm

Education for Health also modules, via eLearning and study days:
www.educationforhealth.org/spirometry

Having your name on the Register

If you have been performing diagnostic spirometry for a number of years you will not necessarily have to undergo any further training to have your name placed on the register. The Experienced Practitioner Scheme enables experienced individuals to undertake an assessment of competence without attending any specific training.http://www.artp.org.uk/en/spirometry/exp-pract-scheme.cfm

Here is a really useful link that should address any questions you may have around the guidance:
https://www.educationforhealth.org/wp-content/uploads/Spirometry-FAQs.pdf

Practice Nurse Newsletter

Issue: June 2017

Nurses & Research – How can we become more involved?

We are bombarded daily by emails, documents and magazines encouraging and advising us to ensure the care we provide is based on best practice and guidelines. As part of revalidation and ongoing professional development we are also encouraged to reflect on the care we provide and consider "could we have done things differently and if so why?"

In an ideal world, we would all like to reflect on what we are doing and use evidence based practice to look at ways we can make changes to improve the care we provide to our patients. This is often where our motivation can 'slip', collating and collecting evidence can take time. The management of leg ulcers is a really good example. It has been estimated some nurses in general practice spend anything between 30-50% of their time on providing care to this group of patients. We all need to ensure that a) the care we are providing is based on evidence b) the most appropriate clinician is undertaking the 'task' c) effective care is provided and d) we promote self-care in patients.

As nurses we are encouraged to become more involved in research (this is one of the four pillars of advanced practice) and we would all agree that the ultimate goal is to achieve improved standards of care for patients and their families. How can we become more involved? Lucy Clack from Liphook and Liss Surgery has written an article on her role as an advanced practitioner and research nurse in a general practice which many will find interesting.

Antibiotic prescribing and clinical practice

Health Education England (HEE) have recently produced a report recommending that employers and healthcare providers do more to ensure their staff are trained in how to combat antimicrobial resistance. It is also suggested that employers consider organising educational sessions on antimicrobial resistance leadership and training. The attached email sent on behalf of Professor Ged Byrne and Professor Lisa Bayliss-Pratt is worth a read especially the section on the gaps in educational support to prescribers.

ANTIBIOTIC GUARDIAN http://antibioticguardian.com/

Non Medical Prescribers

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Practice Nurse Newsletter

Issue: June 2017

The LMC is working closely with a range of organisations, including nurse prescribers to look at ways of supporting non-medical prescribers in primary care. Hopefully I can provide more information in the next newsletter.

Mental Health

This has been a hot topic over the last few months. The General Practice Forward View and The 5 year Forward View documents stress the importance of improving care and availability of services and support for those people suffering mental health problems.

The aim is to have 3000 mental health therapists based within primary care. The NHS document 'Implementing the five year forward view for mental health' has 12 chapters which focus on:

Ch2	Children and young people's mental health
Ch3	Perinatal mental health
Ch4	Adult mental health: common mental health problems
Ch5	Adult mental health: community, acute and crisis care
Ch6	Adult mental health: secure care pathway
Ch7	Health and justice
Ch8	Suicide prevention
Ch9	Sustaining transformation: Testing new models of care
Ch10	Sustaining transformation: A healthy NHS workforce
Ch11	Sustaining transformation: Infrastructure and hard-wiring
Ch12	Our support offer

A recent article in the Independent Nurse magazine highlights that one in ten people are not followed up following discharge from hospital for a mental health crisis. NHS data indicated that 1 in 2 patients (6.5%) discharged with a mental health problem are re-admitted within 30 days. MIND are asking NICE to update its current guidance and for patients to be followed up after 48 hours.

http://pathways.nice.org.uk/pathways/common-mental-health-disorders-in-primary-care

In July, the Kings Fund are running a one day conference on Mental Health in Primary care and will be sharing examples of 'good practice' from across the UK where integration of mental health services into primary care has been successful. RCN: https://www.kingsfund.org.uk/events/mental-health-primary-care

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Practice Nurse Newsletter

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Homeless

In the last newsletter we had a section on providing care for the homeless and some of the challenges this brings. The Queens Nursing Institute (QNI) are offering 10 nurses funding of up to £5000 to look at developing projects to improve the healthcare of this group of people. Please contact them if you are interested and if you are successful please let us know so we can feature you in our newsletter! https://www.qni.org.uk/explore-qni/homeless-health-programme/

Credentialing for Advanced Practice

The RCN has now completed the final stages of the credentialing pilot. The purpose of credentialing is for nurses to gain formal recognition of their level of skills, knowledge and expertise. This should also create a better understanding of what advanced practice means for colleagues, employers, patients and the public.

Until December 2020, for those nurses who do not have a full Master's but are currently working at an advance level, transitional arrangements are in place. You do not have to be a member of the RCN to be assessed. I have recently been appointed as an assessor but thought it would be a worthwhile exercise to put myself through the credentialing process - I passed! If anyone is considering being 'assessed' and I can help, please get in contact. The following website answers most of the questions re the process. https://www.rcn.org.uk/credentialing

Are we really working in a team?

Some nurses have commented that they can feel isolated within their roles and I am sure we are all more than aware that working as part of a team has some real positive benefits. Being creative and making use of different thoughts and ideas often provides solutions. Sometimes what we miss or forget to include is that element of fun!

Different people have different skills and interests, utilising these thoughts can create a different perspective when trying to solve a problem, the process can be more creative. You frequently need a variety of skills to complete a task, which can lead to increased engagement, a sense of belonging and ownership. The task can also be completed faster!

A group voice can sometimes be more powerful than a lone voice particularly if there are issues that really niggle everyone. For example; having no time to put stock away, a coffee catch up session, protected time to attend meetings. Support is also vital for those times when things don't quite go to plan. As GPNs we need to feel that if we should make an error or, have any professional worries we can turn to a colleague for advice and support. It is after all about working in a 'no blame culture'

General practice cannot survive without GPNs, we have a key role to play!

Read more: Benefits of teamwork: http://benefitof.net/benefits-of-team-work/#ixzz4fMednXXP

Becoming a Dementia Friendly Practice

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Practice Nurse Newsletter

Issue: June 2017

As nurses, we may be one of the first people to recognise changes in people's behaviour, this could be in a patient, carer or even colleague. The following websites provide useful advice on how organisations and individuals can become more 'dementia aware'

https://www.alzheimers.org.uk/info/20136/resources_for_gps/515/resources_for_gps/4

https://www.dementiafriends.org.uk/

The dementia roadmap provides advice on what is happening and available within your local community. https://dementiaroadmap.info/

Men's Health

Phil Charlton a Nurse Practitioner in Hampshire presented at a recent primary care event on Men's Health and generated a lot of interest in this topic. Phil is keen to try and establish a multi-disciplinary forum for those people who have an interest in this area. If you are keen to become involved then please **contact Phil directly** (phil.charlton@nhs.net). What is the state of the health of our men's health

NHS Choices has a specific page dedicated to men's health with some useful information to give to patients. http://www.nhs.uk/chq/pages/Category.aspx?CategoryID=61

Parkinson's Pathway

Parkinson's is a progressive neurological condition and currently there is no cure. It is more common in people over 50 years of age but younger people can be affected too. The common three signs are:

1. tremor
2. muscle stiffness and
3. slowness of movement.

But not everyone will experience all of these, it is estimated that one in every 500 people has Parkinson's which equates to around 127,000 people in the UK. A recent article in the Nursing Times has a pathway that can provide a useful reference tool for us in primary care.

For additional advice and support for both professionals, patients and carers please refer to the following website. https://www.parkinsons.org.uk/information-and-support

NMC & Registration Fees

I had a call not long ago about a nurse who had not paid her registration fee. Historically the NMC would notify when this was due but that is no longer the case. If your payment is late, you will be automatically taken off the register which means you must stop working as a nurse or midwife until

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you are readmitted to the register and you will need to go through a re-admission process – this can take between two to six weeks.

The NMC has produced a short animation reminding nurses and midwives of the different ways they can pay their registration fee to avoid lapsing from the register.

https://www.nmc.org.uk/registration/staying-on-the-register/paying-your-fee/

Guidance for the Training of Cervical Sample Takers

Those of you who are cervical sample takers should all have received an email from Public Health England re the above. The following abstract on maintaining competence is taken from pages 9-10 of the document.

"Maintaining competence

Sample takers should undertake continuous self-evaluation to help ensure continued competence in accordance with their professional codes of conduct. They should audit and reflect on their own rates of inadequate tests and abnormal test results compared with the rates reported by the local laboratory.

If a sample taker has successfully completed all initial training and assessments but has any extended period away from practice, they should complete a training update in cervical screening to ensure they are familiar with any changes in the programme. The sample taker will need peer review for a short period of time, to cover the initial five samples taken.

Update training

Sample takers should undertake a minimum of one half-day update training every three years. E-learning modules may be used if they fulfil national and local requirements and should equate to three hours of learning. An appropriately regulated higher education provider or similar professional body should deliver quality-assured update training"
NHS Cervical Screening Programme Guidance for the training of cervical sample takers

E-learning: https://pdinet.co.uk

Cytology & Other Training**:** http://www.clinicaltrainingltd.co.uk/

Ear Care Patient Information Leaflet

This is now available on the website for practices to download and amend for use in their practice.
https://www.wessexlmcs.com/earcare

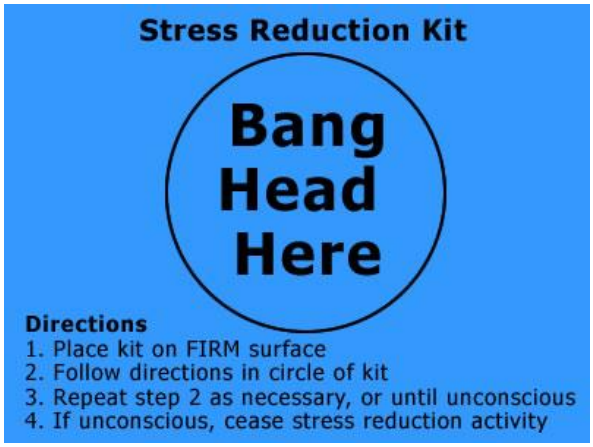
Practice Nurse Newsletter

Issue: June 2017

If you have any suggestions or ideas of things you would like to change within your workplace or develop your role, ideas for the newsletter and training events please let me know.

helene.irvine@wessexlmcs.org.uk Telephone: 02380 253874

Have a great summer and good luck to those of us, who have children sitting exams, I can confirm it is a stressful time!



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