

Transition to General Practice Nursing

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Section A-Thinking about working in primary care

Chapter 1 -What is General Practice Nursing?

Introduction

The aim of this Chapter is to:

- Provide you with a brief overview of the history of General Practice Nursing in the UK.
- Consider how some of the perceptions of General Practice Nursing reflect the historic development of the role
- Outline the different roles and responsibilities of professionals in the primary care setting
- Consider what skills you may need to work in the primary care setting

Historical Perspectives

General Practice Nursing is a rapidly expanding speciality in nursing, reflecting the shift in health care delivery from secondary to primary care over the last two decades. Initially nurses were said to be attracted to working within General Practice because of the regular hours and flexibility offered because it tended not to involve shift work. Increasingly it is because of the ability to work with individuals and families and to take on a variety of roles and responsibilities.

Following the formation of the NHS in 1948, General Practitioners were appointed as independent contractors and 'gatekeepers' of access to health care. They have been responsible for delivering primary and personal medical care to all those patients registered with them ever since. It was not until 1966 that the first contract between General Practitioners (GPs) and the National Health Service (NHS) was drawn up and funding for ancillary staff, including nurses, was made available. In the very early days nurses were generally employed to work in treatment rooms, carrying out basic nursing care tasks such as weighing patients, testing urine, taking specimens, doing dressings and giving injections and observations such as temperature and pulse (Cartwright and Scott 1961).

The limited range of duties of the General Practice Nurse (GPN) at this time would have been unlikely to exceed the competencies expected of any registered general nurse. This perception, that GPNs were unlikely to require further post registration training or education to fulfil the role, generally persisted up until the late 1980s. With subsequent changes to the contracts that GPs have held with the NHS to provide General Medical Services, both in 1990 and 2004, a greater emphasis has been put on the role of GPNs in the management of long term conditions (LTCs) such as diabetes, asthma and chronic obstructive pulmonary disease and in health promotion. This has resulted in the requirement for specific additional training for nurses working in General Practice.

The public attitude towards GPNs may reflect traditional attitudes towards community nurses such as District Nurses due to the nature of the care that they perform. Community nurses have traditionally had to be creative in the way in which they practice and deliver care in the home setting. They are renowned for being able to 'think on their

‘This perception that GPNs were unlikely to require further post registration training or education generally persisted to the 1980s.’

feet’: to adapt to situations and be resourceful in unpredictable surrounding and situations QNI (2008). Similarly GPNs have responded to a rapid expansion in their role by developing skills, gaining knowledge and maintaining informal networks to disseminate good practice. The Royal College of Nursing (RCN) practice nurse forum lobbied for specialist practitioner recognition from the United Kingdom Central Council (UKCC) and this was achieved in 1994 (UKCC 1994); however this did not result in a recognised qualification.

In addition to their role in the management of LTCs and in the treatment room, nurses in general practice have developed skills in the management of patients with undifferentiated diagnoses and those requiring unscheduled or urgent care. This has led to the development of Advanced Practice Nurses and Advanced Nurse Practitioners reflecting the diversity of opportunities available. The DH Advanced Practice Position Statement (2010) outlines the key element of Advanced Practice which include prescribing and referral.

www.gov.uk/government/uploads/system/uploads/attachment_data/file/215935/dh_121738.pdf

The introduction of Health Care Assistants (HCA) to the Multidisciplinary Team (MDT) within general practice has contributed to this diversification. The role of the HCA in General Practice tends to involve tasks such as simple dressings and the administration of injections under Patient Group Directives, but is still relatively new and varies from practice to practice.

The Shape of Caring review (2015) chaired by Lord Willis outlines its intention to improve the capabilities of Health and Social Care Assistants and for Health Education England (HEE) to promote structured career development for these increasingly important members of the workforce. The introduction of the Care Certificate to be completed by all new HCAs during their induction is the first step. The Care Certificate is a first level introduction to the fundamentals of care and consists of 15 standards that are assessed ‘in house’ during the first 12 weeks of employment.

Below are links to the Shape of Caring Review and to further information on the Care Certificate.

- <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/03/2348-Shape-of-caring-review-FINAL.pdf>
- www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx

Definition of a General Practice Nurse

General Practice Nurses work as part of a Multi-Disciplinary Team (MDT) within GP surgeries and assess, screen and treat patients of all ages. In addition to providing traditional aspects of nursing care such as wound care, immunisations and administration of medicines, they run clinics for patients with Long Term Conditions such as asthma, heart disease and diabetes. They also offer health promotion advice in areas such as contraception, weight loss, smoking cessation and travel immunisations.

Role of general practice nurse

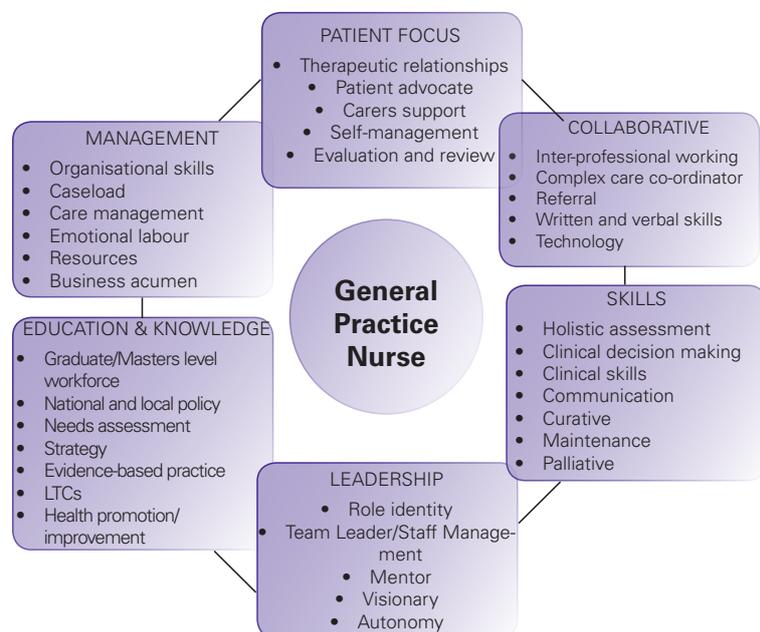


Figure 1. Created by Sharon Aldridge-Bent (2012)

The Future

The Health and Social Care Act (2012) primary care saw the introduction of Clinical Commissioning Groups led by GPs responsible for the commissioning and delivery of health care. As a result many GP practices are working closely together to redesign primary care services and consider how the MDT might work in different ways.

‘The Five Year Forward View’ (2014) stresses the need to change the way in which health care is delivered and suggests ways in which health and social care organisations might change. As a result it is predicted that General Practice Nurses’ and community nurses’ roles will continue to change in response to the demands and challenges presented by an ageing population with complex physical and mental health needs.

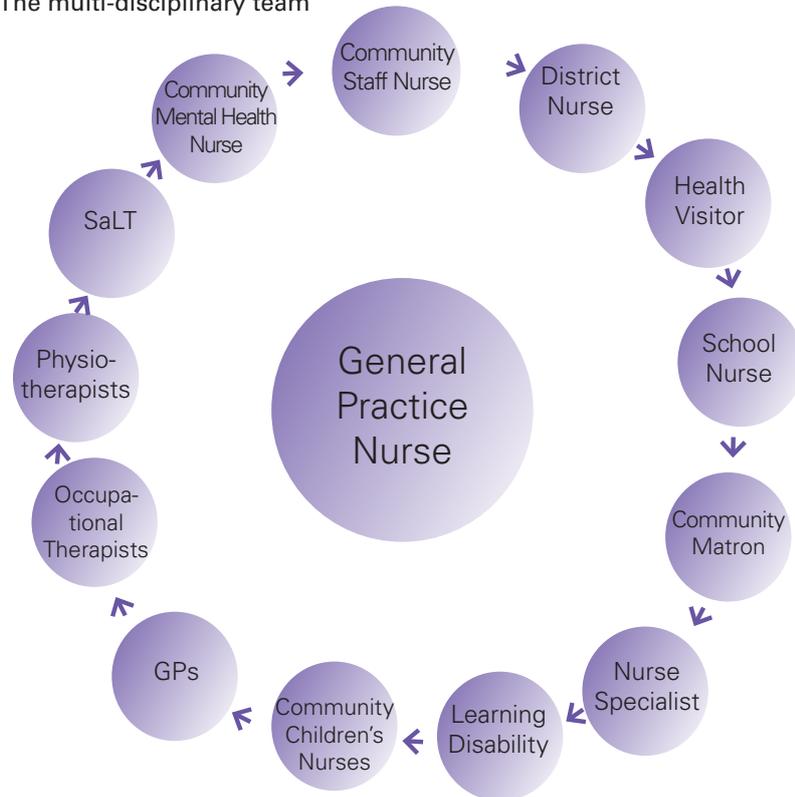


It is likely however that nursing in general practice will continue to offer a diverse range of career options.

Different roles in the community

General Practice Nurses work with a wide range of health and social care professionals. Trying to identify and establish all the different roles will seem quite daunting to begin with. Here is a brief overview of the roles to get you started:

The multi-disciplinary team



General Practitioners (GPs) - provide a complete spectrum of care within the local community: dealing with problems that often combine physical, psychological and social components. Most GPs are independent contractors to the NHS. This independence means that in most cases, they are responsible for providing adequate premises from which to practice and for employing their own staff.

District Nurses - are qualified and registered nurses who undertake further training and education to become specialist community practitioners. They visit people in their own homes or in residential care homes, providing care for patients and supporting family members. As well providing direct patient care, district nurses also have a teaching role, working with patients to enable them to care for themselves or with family members, teaching them how to give care to their relatives.

Health Visitors- also known as a Specialist Community Public Health Nurse (SCPHN) - Health Visitors work with families with children under the age of 5 years. They support families and children in issues such as growth and development, post natal depression, breast feeding and weaning, domestic violence and bereavement. They also play a role in safeguarding and protecting children from harm.

School Nurses - also known as a Specialist Community Public Health Nurse - (SCPHN). School nurses work primarily with children in the

'There are many specialist nurses working in the community setting.'

school setting. They offer a wide variety of services including health and sex education, development screening, immunisation screening and personal, social and health education across primary and secondary education.

Community Children's Nurses - provide holistic care to sick children by providing nursing care in the community setting, empowering and enabling the child, family/carers to become more competent in the management of the child's condition, thereby reducing the need for hospital admissions or enabling early discharge. Community Children's Nurses provide nursing care to children and young people with a life limiting, life threatening condition, complex disability, long term conditions such as asthma, eczema or allergies as well as palliative and end of life care.

Community Matrons - are usually deemed to be working as advanced nurse practitioners. These highly-skilled nurses have a variety of tasks and responsibilities, including: carrying out treatment, prescribing medicines, or referring patients to an appropriate specialist. They plan and provide skilled and competent care that meets patients' health and social care needs, involving other members of the healthcare team as appropriate

Specialist Nurses

There are many specialist nurses working in the community setting and they play a key role in the management of patient care. Working closely with doctors and other members of the multidisciplinary team, they educate and support patients, relatives and carers from a variety of specialties e.g. Tissue Viability, Palliative Care, Diabetes, Parkinson's, Continence Advisors and Coronary Heart Disease.

Community Mental Health Nurses - A Community Mental Health Nurse (CMHN), also sometimes known as a Community Psychiatric Nurse, is a registered nurse with specialist training in mental health. Some CMHNs are attached to GP surgeries, or community mental health centres, while others work in psychiatric units. CMHNs have a wide range of expertise and offer advice and support to people with long-term mental health conditions, and administer medication. Some CMHNs specialise in treating certain people, such as children, older people, or people with a drug or alcohol addiction.

Learning Disability Nurses - provide specialist healthcare to those with a range of learning

disabilities. They also offer support to their families. Learning disability nursing is provided in settings such as adult education, residential and community centers, as well as in patients' homes, workplaces and schools.

Pharmacists - are experts in medicines and work to ensure the safe supply and use of medicines by the public. Pharmacists register with the General Pharmaceutical Council (GPhC) following completion of a four-year Master of Pharmacy degree from a UK school of pharmacy. They then work for at least a year under the supervision of an experienced and qualified pharmacist, either in a hospital or community pharmacy such as a supermarket or high street pharmacy. Around 70% of pharmacists work in the community preparing and dispensing prescription and non-prescription medicines in premises on local high streets.

Occupational Therapists - work with people of all ages to help them overcome the effects of disability caused by physical or psychological illness, ageing or accident. The profession offers enormous opportunities for career development and endless variety.

Physiotherapists - A physiotherapist's core skills include manual therapy, therapeutic exercise and the application of electro-physical modalities. They also have an appreciation of psychological, cultural and social factors influencing their clients. Most physiotherapists work in the community and a growing number are employed by GPs. Treatment and advice for patients and carers take place in their own homes, nursing homes, day centres, schools and health centres.

Rapid Response or Integrated Care Teams - are multidisciplinary health and social care teams made up of physiotherapists, occupational therapists, support workers and nurses. The service aims to prevent unnecessary patient admission to hospital. These teams provide short-term support and rehabilitation in the home.

Speech and Language Therapists (SaLT) - assess and treat speech, language and communication problems in people of all ages to help them better communicate. They'll also work with people who have eating and swallowing problems.



Exercise

What personal skills are required to work in the community?

In some instances a SWOT analysis is a good way to establish insight into your own abilities. Take a sheet of paper and divide it into four cells and label them 'strengths' 'weaknesses' 'opportunities' and 'threats'. Under each heading within each cell write down as many things that you can think of that relate to your role as a nurse. You can then ask yourself, 'What are the threats that the weaknesses expose us to?' and 'What opportunities arise because of your strengths?'. By doing a SWOT analysis it allows you to become critical of and to reflect upon your own behaviour. This can sometimes be a step towards changing and developing as a result both personally and professionally.

Diagnostic self-assessed identification of leaning needs for community based practice:

Strengths	Weaknesses
Opportunities	Threats

Example of a completed SWOT

Strengths	Weaknesses
Excellent clinical skills Good communication skills Enthusiastic Like being able to make decisions	Have not worked in the community before Lack confidence Worried about additional skills needed Not confident to teach others Lack of knowledge of a wide range of LTCs Lack of clinical skills
Opportunities	Threats
Working in a team Change in career pathway Support from my mentor Opportunity to do the course	Not sure if primary care nursing is for me Working on my own Safety Making the right decisions

'When I first moved to the community I wasn't aware that I would have so much to learn.'

Having completed your SWOT, it will be clear that you possess many transferable skills from your present position that can be used in a different setting. It may also allow you to realise that working in the community is not for you, or perhaps there are areas you need to develop before deciding upon a move.

In a recent QNI (2013) community survey, 58% of all nurses identified lack of clinical skills as one of their main concerns when starting a career in the community.

'When I first moved to the community I wasn't aware that I would have so much to learn. I thought that the skills I had as a qualified nurse would be all I needed- Oh how wrong I was!'



Exercise

Now consider what additional clinical skills do I need to work in General Practice? Make a list of them here:

Additional clinical skills needed may include:

- Wound and leg ulcer assessment and management including: use of Doppler, wound products, compression bandaging.
 - Ear irrigation
 - Venepuncture
 - Management of Long Term Conditions e.g. diabetes and asthma
 - Childhood immunisations
- (This list is not exhaustive).

General Practice Nurses' Quotes

What do you most enjoy about working in General Practice?

'Patient contact - in our practice we do get to know patients and their families.'

'Being able to use all of my nurse skills to deal with acute and chronic presentations.'

'Helping patients achieve their goals. Optimising care and encouraging self- management.'



Chapter Summary

This Chapter has looked at the history of General Practice Nursing in the UK and some of the public attitudes towards community nurses. It has identified the distinct role of the General Practice Nurse and the importance of developing a clear understanding of all the other health care professionals that provide care to people in the home.

It has challenged you to consider if primary care nursing is for you and also to think about your own clinical skills and what additional skills you may need to work in general practice.

Web Resources

- www.qni.org.uk - The Queen's Nursing Institute
- www.nhscareers.nhs.uk - NHS Careers
- www.bupa.co.uk/buildingthecase - BUPA
- www.rcn.org.uk/development/nursing_communities/rcn_forums/practice_nurses - RCN
- www.practicenursing.co.uk - Practice Nurse's Association
- www.rcgp.org.uk/membership/practice-team-resources/~media/1E0765D171B44849876EA38FC97E96F1.ashx - RCGP GPN competencies
- www.rcn.org.uk/__data/assets/pdf_file/0003/146478/003207.pdf - RCN ANP Competencies
- www.6cs.england.nhs.uk/pg/cv_content/content/view/149160/129853 - DH Visual
- www.gov.uk/government/publications/advanced-level-nursing-a-position-statement - DH Advanced Nursing Practice position statement

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Section A-Thinking about working in primary care

Chapter 2 - Making the transition from hospital to primary care

The aim of this Chapter is to:

- Develop an understanding of primary care as a work environment
- Identify the support available to you as a General Practice Nurse and whilst going through this resource
- Introduce 'Reflection' as a learning tool and consider some models of reflection
- Start to think about how you would like to record your reflections whilst doing this online resource.

Introduction

When making the transition from the hospital to primary care there are many practical aspects that may need to be taken into consideration. General Practices mainly operate as small business units, as most GPs are independent contractors to the NHS. You may also need to familiarise yourself with the geographical area to understand the environment in which your patients live and to begin to understand the profile of your practice population. One way of doing this may be by spending some time either walking, cycling or driving around to get your bearings and to consider some of the below:

Housing

- What type of housing is in the area?
- Is there a mix?
- What condition are the houses in?

Environment

- Cleanliness of the streets / graffiti
- Parks and green spaces

Facilities

- Primary Schools?
- Secondary Schools?
- Are there local shops?
- Is there a pharmacist?
- Is there a supermarket nearby?
- Post Office?
- Where are the local GP Surgeries?
- What District General Hospital serves this area?
- Residential Homes?
- Elderly Day centres?
- Community Centre and Library?
- Location of Local Social Services, chiropody, physiotherapy etc?

Transport

- What public transport is available?
- Are there frequent services?
- What else can you tell about the area?

By doing this fact finding exercise you will develop a wider understanding of the community in which you are going to be working and this local

'It will not be your role to make judgements on the way in which people choose to live their lives.'

knowledge will be invaluable when delivering care to your patients.

Consider your working environment

Many nurses are attracted to General Practice because of the opportunities to work with patients on a one to one basis, often over a prolonged period of time in which significant relationships may be formed.

You will also be exposed to the way in which many of your patients may choose to live and this may also influence your relationship and your approach in delivering care. It will not be your role to make judgements on the way in which people choose to live their lives. It will require you to apply the same anti-discriminatory practice and behaviour that you would have practiced in other settings.

This shift in the balance of the relationship cannot be underestimated. You will need to develop skills in managing relationships with patients and carers and ensuring that these relationships are positive. This may be achieved by spending time to understand their individual needs and build a trusting relationship. It will also be about how you advocate for the patients you care for. This relationship is unique and will require you to maintain a professional relationship that protects both you and the patient.

Managing your time

Another challenge will be to manage your time effectively when working within appointment systems. Whilst wanting to spend time building up a relationship with a patient and their carer which is vital, you will also need to keep to a schedule and balance the time spent with all of your patients. Over time the experienced GPN can hone the required consultation skills in order to ensure enough time to see to all her patient's needs, whilst keeping to time.

Many nurses new to primary care also highlight the isolation they can experience as an autonomous practitioner, having come from a ward environment where there is always someone to talk to and ask for advice. It will be important that you identify your sources of support very early on so that the feeling of isolation can be minimised. Good practice would be to be able to identify a support contact person whilst working. Check with your local Clinical Commissioning Group (CCG) to identify your local nurse and find out about any local GPN forums. Your local education and training board (LETB) may have a GPN lead who is involved with advising on training and development issues. In some areas the

Local Medical Committee (LMC) fund and organise Education and Training.

The wider General Practice team will be key in assisting you to make the transition and at times will feel like a 'lifeline' to assisting you to make the change. Effective primary care is built on the foundations of good partnership and team working.

What support is available in general practice?

It is advised that you identify a mentor or facilitator who can support you whilst going through this online resource.

Ideally this person would be a qualified nurse and trained mentor who has had experience of working in primary care. Here is the link to the NMC guidance on standards expected for those supporting learning and assessment in practice:

www.nmc.org.uk/standards/additional-standards/standards-to-support-learning-and-assessment-in-practice/

The main role of your mentor will be to assist with your development, both in terms of making the transition to the community setting and identifying any additional support you may need.

Ideally you should try and meet with your mentor weekly to reflect upon your week's learning and to get an experienced community nurse's perspective on the challenges you may face.

If you are maintaining a e- reflective journal it may be helpful to invite your mentor into your journal so that he or she can see how you are getting along.

You may find it helpful to use nationally agreed GPN competencies to identify areas where you have gaps in your knowledge or skills. E.g. RCGP GPN competencies: www.rcgp.org.uk/membership/practice-team-resources/~media/1E0765D171B44849876EA38FC97E96F1.ashx

Preceptorship

If you are a newly qualified nurse the NMC strongly recommends that all 'new registrants' have a period of preceptorship on commencing employment (2008).



The role of the 'preceptor' is to:

- Facilitate and support the transition of a new registrant.
- Facilitate the application of new knowledge and skills.
- Raise awareness of the standards and competencies that the new registrant is required to achieve and support to achieve these.
- To providing constructive feedback on performance.

This is a crucial area of support, as the first year in practice is often a stressful time. The learning that has occurred at university in order to develop a level of knowledge and proficient skills in nursing produces highly motivated and professional individuals. It is acknowledged that the realistic nature of practice with all its resource issues and other frustrations can lead to a demoralised nurse very quickly. A good preceptor will be someone who will support the consolidation of knowledge and skills, be a listening ear and be positive in their approach to ensure that there is a low attrition rate. In some areas, courses that are aimed at nurse new to General Practice may fulfill the requirements for your preceptorship year. www.nhsemployers.org/campaigns/care-makers/the-care-makers-hub/learning-and-development/preceptorship

Clinical Supervision

In some areas you may have regular clinical supervision sessions. Clinical supervision in the workplace was introduced as a way of using reflective practice and shared experiences as a part of continuing professional development (CPD). It has the support of the NMC and fits well in the clinical governance framework, whilst helping to ensure better and improving nursing practice. GPNs may find that most of their clinical supervision is done informally and possibly in a group, for example at a GPN Forum.

The RCN have developed guidance on clinical supervision:

www.rcn.org.uk/_data/assets/pdf_file/0007/78523/001549.pdf

Traditionally clinical supervision may not have been accessible to practice nurses due to the nature of their employment, often as the only nurse in the practice. However the Care Quality Commission may seek to establish that nurses have access to clinical supervision during their inspection process. You should contact your Clinical Commission Group lead nurse or equivalent for further advice.

Introduction of the Reflective Journal

Whilst completing this resource we recommend that you use reflection as a tool to assist your learning. To reflect means to evaluate, consider carefully, weigh up, ponder, contemplate or think purposefully about something. The effect of doing this is to heighten your awareness of what it is you are thinking about. You may be familiar with reflection in your previous studies.

In March 2015 the NMC published their intentions for registered nurses to undergo Revalidation. This is a new process by which you demonstrate that you practice safely. All nurses and midwives are currently required to renew their registration every three years. Revalidation will strengthen the renewal process by introducing new requirements that focus on:

- up-to-date practice and professional development
- reflection on the professional standards of practice and behaviour as set out in the NMC Code, and
- engagement in professional discussions with other registered nurses or midwives

'Reflection without action is wishful thinking.'

Here is the link for details on the new requirements for Revalidation: www.nmc.org.uk/standards/revalidation/

Writing a Reflective Journal

If you decide to hand write your journal then we suggest that you record your thoughts and feelings about the learning gained from the resource in your daily professional practice. Consider using a hard backed notebook that you can take with you on a daily basis to record your experiences.

We would also like you to consider using an e-journal by clicking on the link below to develop a more permanent professional journal as a way of recording your learning and development journey.

<https://exchange.bcuc.ac.uk/exchweb/bin/redirect.asp?URL=https://sites.google.com/site/appstepbystepuserguide2011/creating-your-portfolio-using-google-sites>

In both instances it will be crucial that you share your journal with your mentor so that the experience does not become a 'solitary' exercise and you gain from the reflective conversation and receive feedback from your colleagues and mentor. You will be required to have completed five reflections that you have discussed with another NMC registrant as part of Revalidation. This activity may count towards this requirement.

Confidentiality

Confidentiality and data protection are important aspects of professional practice but now you must consider how this will apply to you as a GPN. Think about the differences such as working in a practice local to where you live and what information might be shared with colleagues, such as receptionists.

The Data Protection Act has eight principles that must be upheld. It is crucial that you familiarise yourself with these principles as well to ensure that you maintain your accountability to your profession and your employer.

Department of Health (2003) NHS Code of Practice: Confidentiality. www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf

www.gov.uk/government/uploads/system/uploads/attachment_data/file/200147/Confidentiality_-_NHS_Code_of_Practice_Supplementary_Guidance_on_Public_Interest_Disclosures.pdf

Nursing and Midwifery Council (2015) The Code: Professional standards of practice and behaviour for nurses and midwives www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/revised-new-nmc-code.pdf

Information Commissioners Office

- <https://ico.org.uk/for-organisations/guide-to-data-protection/data-protection-principles/>
- www.gmc-uk.org/guidance/ethical_guidance/confidentiality.asp

Reflection (guided dialogue)

In all professional roles it is important to reflect upon a situation whether it is deemed as positive or negative. Reflection is seen as a theory of critical thinking and is a process of reviewing an experience of practice in order to describe, analyse, evaluate and so inform learning about practice (Boud et al 1985). Invariably it is human nature to reflect upon an occurrence when 'something has gone wrong' (Taylor, 2006). Reflective practice advocates that we should also reflect upon good practice as a way of enhancing and reinforcing this practice and also as a quality control mechanism.

There are many models of reflection that can be used. Models may be viewed as academic exercises that at times are poorly implemented and poorly understood by practitioners (Quinn, 2008). The model that is used is not as important as long as a process occurs. Johns (1992) model of reflection is commonly applied, the basics of which are:

The process of reflection

- Experience
- Perception
- Making Sense
- Principles
- Application

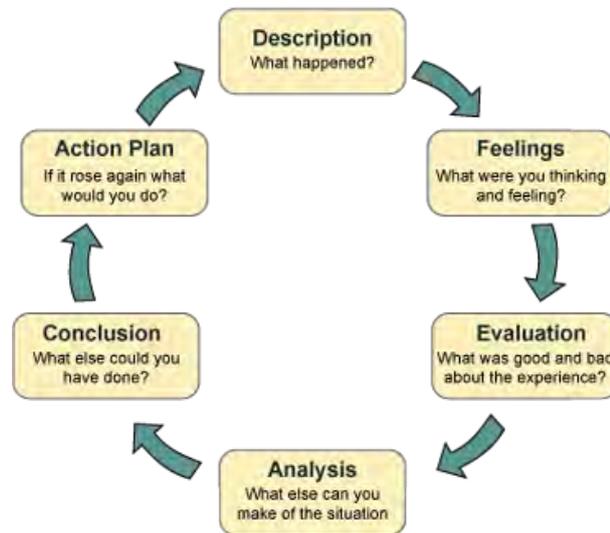
Reflection then becomes more than just a thoughtful practice; it becomes a process of turning thoughtful practice into a potential learning situation (Johns, 1996).

The learning that occurs must be in some way utilised, and if it is viewed that practices or behaviours must be changed then how these changes occur need to be considered: 'Reflection without action is wishful thinking' Freire (1972) cited in Ghaye (2011)



Here are some examples of reflective models that may assist you to reflect.

Gibbs Reflective Cycle



In the 'reflective cycle' (Graham Gibbs, 1992), there are six steps to aid reflective practice:

- **Description:** First you describe what happened in an event or situation
- **Feelings:** Then you identify your responses to the experience, for example, "What did I think and feel?"
- **Evaluation:** You can also identify what was good and bad about the event or situation.
- **Analysis:** The 'Feelings' and 'Evaluation' steps help you to make sense of the experience.
- **Conclusions:** With all this information you are now in a position to ask, "What have I learned from the experience?"
- **Action plan:** Finally, you can plan for the future, modifying your actions, on the basis of your reflections.

Here is a practice example of reflection using Gibbs:

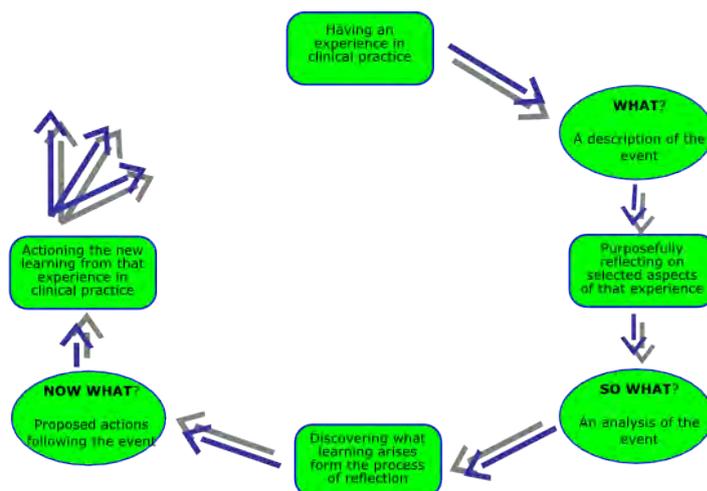
- **Description:** First you describe what happened in an event or situation: A patient attended for a travel vaccination late one afternoon. She appeared nervous and said that she didn't like needles but was keen to have her 'jabs' as she was travelling on her gap year and would be visiting many high risk areas. As soon as I administered the vaccine she stated she felt unwell and then collapsed.
- **Feelings:** Then you identify your responses to the experience, for example "What did I think and feel?" I felt scared as I was alone with the patient with no one to call. I was worried about whether

'The Johari window model explores in depth parts of ourselves that we may not as yet recognise.'

or not I would know what to do and how to treat her. I felt an initial panic come over me and my heart was pounding in my chest as I was unsure whether she had fainted or was having an allergic reaction to the vaccine.

- **Evaluation:** You can also identify what was good and bad about the event or situation. 'The good aspect was that I made the right judgment about her condition and felt in control medically. I acted quickly, called for help and stayed with her until she felt strong enough to get up from the floor and I could assess her condition further. The worrying aspect was that she almost fell off the chair and could have sustained an injury from the fall.'
- **Analysis:** The 'Feelings' and 'Evaluation' steps help you to make sense of the experience. 'I felt happy that I had the ability to rely on my knowledge and skills and made a rapid assessment of the patient's vital signs. I also felt empowered as I felt confident that if it had been a more serious event than a faint that I knew what action to take. The rapid response of my colleagues to my call was also reassuring.'
- **Conclusions:** With all this information you are now in a position to ask "What have I learned from the experience?" I have learnt to trust my clinical judgements more and to realise that I can rely on my ability in this type of situation.
- **Action plan:** Finally, you can plan for the future, modifying your actions, on the basis of your reflections. 'In the future I will always make sure that patients are well prepared for their immunisations and will ensure they are lying down if there is any risk of fainting.'

There are various models for reflection that you may be aware of and use to reflect on practice. Some GPNs use Driscoll (2000) in particular for reflection in practice:



Taken from Driscoll (2007) p44

Johari Window (Luft and Ingham 1955)

When making the transition in to a new working environment a model such as the Johari Window might help to raise your self awareness, personal development and group relationships. This can be useful as working within a General Practice is very different from working in an NHS Trust. Your relationship with your colleagues and employer may feel very different.

Johari Window

1 Known self	2 Hidden self
Things we know about ourselves and others know about us	Things we know about ourselves that others do not know
3 Blind self	4 Unknown self
Things that others know about us that we do not know	Things that neither we nor others know about us

The Johari window model explores in depth parts of ourselves that we may not as yet recognise. The challenge is to explore and understand a little bit more about ourselves through a window framework:

1. **Known self** - these are things that you know about yourself and that you may consciously present to others
2. **Hidden self** - these are things that you know about yourself but you choose to hide from others



- 3. Blind self**- these are things about you that others can see but are unknown to you
- 4. Unknown self** - these are feelings and abilities that you are not aware of and which others have not seen

By considering the four domains it should help you to identify what is known by you, what is known by others and what is yet to be discovered. It can assist to get feedback on performance and increase self- awareness of your own practice.

Here is the same practice example of reflection using Johari Window: A patient attended for a travel vaccination late one afternoon. She appeared nervous and said that she didn't like needles but was keen to have her 'jabs' as she was travelling on her gap year and would be visiting many high risk areas. As soon as I administered the vaccine she stated she felt unwell and then collapsed.

- 1. Known self** - these are things that you know about yourself and that you may consciously present to others. I felt happy that I had the ability to rely on my knowledge of travel immunisations and the management of anaphylaxis.
- 2. Hidden self** - these are things that you know about yourself but you choose to hide from others. I felt scared as I was alone with the patient and felt totally responsible for the event. I was worried about whether or not I would know what to do and how to treat her. I felt an initial panic come over me and my heart was pounding in my chest as assessed the patient's condition.
- 3. Blind self** - these are things about you that others can see but are unknown to you. When reporting back to my senior nurse the anxieties I had about this patient and how I acted, I was somewhat surprised at the amount of faith she had in my ability to cope. She stated that she could see how I had developed over previous months and knew that this type of situation 'would not faze me'.
- 4. Unknown self** - these are feelings and abilities that you are not aware of and which others have not seen. As I grow in experience I feel that I am working towards a more senior role within the practice.

How to write reflectively

'It is often difficult for professionals to say or write about what they know and how they use their knowledge.' Fook J and Gardner F (2007) Practicing Critical Reflection McGraw Hill – Open University Press Berkshire

Questions to use when writing reflectively:

- Where the event took place?
- Who was involved?
- What actually happened?
- How you were involved?
- What your feelings were at the time?
- What contribution did you make?
- What happened after the situation?
- What did you learn from this experience?
- New knowledge?
- New skills?
- Professional development?
- Personal development?

'Think of every experience as a learning one.'

Tips on how to maximise learning time:

- Think of every experience as a learning one- 'talk as you go', externalise all your thoughts sharing tacit knowledge.
- Capture all learning opportunities however minor.
- Try to promote professional conversations with the mentor
- Develop 'case studies' that maybe used to promote understanding.
- Try to have a short 'review' and evaluation session at the end of each day.

Example of a reflective account

'Mary came to see me for a blood pressure check because her mother had recently had a heart attack. Although she had recovered well and was now at home the event had prompted Mary to think about her own health. She was aware that cardiovascular disease could 'run in the family'.

I found Mary's blood pressure to be raised and suggested that further review would be required following some blood tests. I then began to talk about some changes that Mary could consider such as a low salt, reduced fat diet but Mary became very upset and anxious about the possibility of her having a heart attack like her mother.

Although she calmed down and agreed to further review I felt I hadn't handled the situation very well because I hadn't anticipated how affected Mary would be about her raised blood pressure. I discussed this with the lead nurse and she suggested we think about how the situation had arisen and try to identify how a similar episode could be avoided in the future. We identified that although Mary had presented for a blood pressure check she wasn't prepared to learn that her blood pressure reading was high. I suggested that if I had raised this as a possibility prior to measuring Mary's blood pressure, I could have explained the possible significance and reassured Mary that this could be managed. She may then have been more receptive to a conversation about making healthy changes to her diet.

After this experience I plan to structure my consultations differently and check my patient's understanding prior to undertaking any investigations.'

General Practice Nurses' Quotes

'I had to learn to respect how other people choose to live and not judge them.'

'It can be lonely at first but you are not on your own, there is always a senior member of staff to help. This will be an exciting challenge in your professional life.'

'It will be completely different to anything you have done before be prepared for a long and steep learning curve - but it will be very worthwhile.'

'It is totally different to working in a hospital and/or nursing home environment so be prepared for a shock however it's well worth the transition.'

'If you like working independently, like to see a variety of patients, from babies to the elderly, and want to build relationships in the community, practice nursing is the job for you.'

'Use the practice nurse forum and network as much as you can with other practice nurses. They're an invaluable resource when you need to know something quickly and don't know where to find the answer and for support in an otherwise often isolated job.'



Chapter Summary

This Chapter has highlighted some of the differences of working in a hospital setting to primary care. It has started to get you to recognise some of the personal challenges and changes in working in General Practice how to access support and the importance of working as part of a team.

Finally it has recommended a reflective journal as an aid to learning whilst doing this online resource and given you some ideas on how to reflect.

Web Resources

- www.neighbourhood.statistics.gov.uk
- www.census.gov.uk
- www.direct.gov.uk
- www.marmotreview.org
- www.nmc.org.uk/standards/revalidation/

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Section B - Working in General Practice

Chapter 3 - Working safely

The aim of this Chapter is to:

- Explore some of the legislation that protects nurses working in General Practice
- Consider your own and your patient's personal safety when working in general practice

Whilst working in general practice there is legislation that exists to support and protect you in this environment and your employers, usually the GPs, are bound to ensure that measures are in place to prevent or minimise risk.

Some Legislation that protects working in general practice:

- Health & Safety at work Act (1974)
- Management of Health & Safety at Work Regulations (1999)
- Manual handling Operations Regulations (1992)
- Control of Substances Hazardous to Health Regulations (2002)
- Personal Protective Equipment at Work Regulations (1992)

Health & Safety at Work Act (1974) – section 7: the two points below particularly relate to general practice nursing:

1. To take reasonable care of their own health and safety and any other person who may be affected by their act or omissions
2. To co-operate with their employer so far as necessary to enable that employer to meet their requirements with regards to any statutory provisions

For specific guidance on safety in General Practice follow this link:
www.england.nhs.uk/ourwork/patientsafety/general-practice

Find out if your practice is 'Signed up for Safety' one of a set of initiatives to help the NHS improve safety; you can also sign up as an individual.

The five 'Sign up to Safety' pledges

1. **Putting safety first.** Commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans
2. **Continually learn.** Make our organisation more resilient to risks, by acting on the feedback from patients and staff and by constantly measuring and monitoring how safe our services are
3. **Being honest.** Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong
4. **Collaborating.** Take a lead role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use
5. **Being supportive.** Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate progress

Here is the link for further information:
www.england.nhs.uk/signuptosafety

'In some cases there may be situations where the patient or relative are unhappy with you or what you represent.'

Looking after yourself

It is acknowledged that working as a nurse comes with its own set of risks, while the nature of practice nursing does reduce the risk of musculoskeletal injury it is important to remain mindful of the principles of safe moving and handling of patients. For example assisting elderly or frail people prepare for examination or certain procedures that may require them to get up on a couch.

- Do the couches have facility to adjust in height?
- Think about how you might react if a patient collapsed and you were on your own in the room.
- Do you have personal alarms or the means to call for help urgently?
- What emergency equipment do you have and how is it maintained?
- What would you do in the event of a needlestick or body fluid splash?
- What potentially harmful substances might you be working with and what are you and your employer's responsibilities regarding safe storage and usage?

Physical risks

- Musculoskeletal – a quarter of all nurses have at some time taken time off as a result of a back injury
- Stress- work related stress accounts for over a third of all new incidents of ill health
- Slips and trips- two thirds of all major injuries

Health and Safety Executive (2007)

What to wear?

In some practices it will be employer policy to wear a uniform and this is provided. In other areas it may be policy not to wear a recognised uniform. It should be noted that there are advantages and disadvantages of wearing a uniform in general practice.

When wearing a uniform you are easily recognisable and some patients relate well to this. It allows you to 'set the scene' early on and boundaries are clearly identified. It also allows patients to understand the different roles within the practice.

Sometimes a uniform can be viewed by the patient as a 'barrier' and they feel more comfortable with a nurse if they are wearing their own clothes.

Whether wearing a uniform or not you will be acting in the role of a nurse and it will be essential that you remain professional in both your appearance and behaviour regardless of uniform.

Remember, regardless of whether you are expected to wear a uniform or not, you must use appropriate personal protective equipment such as disposable gloves and disposable aprons. It is the duty of your employer to provide such equipment.

Violence , Aggression or Harassment

Whilst in most situations patients and their relatives are pleased to have the opportunity to receive care from a nurse, in some cases there may be situations where the patient or relative are unhappy with you or what you represent. Remember as a practice nurse you will be working alone but not in isolation. Often emergency call alarms are discretely placed so that help can be summoned quickly if required. Please be mindful of the following:

- DO NOT suffer in silence – communicate and document any fears you may have to your manager **immediately**. This may ensure the safety of colleagues or the wider healthcare team so timely reporting is invaluable
- The potential for an outburst is a very real one
- Try to avoid vulnerable or volatile situations at all times
- Be aware that relatives can be unpredictable at times
- Have a clear understanding of your practice policy on Violence , Aggression or Harassment
- Employers must take steps to keep staff safe at all times
- Aggressive behaviour from patients toward staff is unacceptable and may sometimes lead to the patient's removal from the General Practice list.

In some instances you may find it safer to see patients with another member of staff or chaperone. The assessment resulting in this decision would normally have been discussed within the practice team and it will be down to team members to adhere to this plan of care.

As part of your learning for this Chapter it is recommended that you read your practice policy on Violence and Aggression or Harassment.



Action: read your practice policy for chaperoning.

Medicines Management

The way in which medications are administered and managed is different in the General Practice setting and again it is about you becoming familiar with the differences. The same rules apply in terms of the safe administration and monitoring of medicines, however within the General Practice environment more emphasis is placed upon other factors such as risk, storage and disposal of drugs. Here are some helpful tips:

- Make sure that you have seen a copy of the NMC (2010) Standards for Medicines Management (NMC London)
- Know your practice policy on the storage administration and management of medicines
- Some practices stock controlled drugs. Ensure you know the procedure for the management of controlled drugs, including issuing prescriptions for CDs.
- Some general practice nurses and community nurses are independent prescribers (V300 NMP, prescribe from the whole formulary)
- Others may prescribe working in partnership with GPs under 'Patient Group Directives' e.g. immunisations
- Some medications are administered under 'Patient specific directives; eg B12 injections.

Ensure you are clear about the legal definitions of these different ways of administering medicines.

Here is the link to NICE guidance on medicines management and the use of PGDs: www.nice.org.uk/guidance/mpg2

The British National Formulary (BNF) is compiled with the advice of clinical experts and is an essential reference providing up-to-date guidance on prescribing, dispensing and administering medicines. The online version is usually available to GPNs in the practice.

The Green Book has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK and is available online: www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

- Get to know your local pharmacist who will be invaluable for information and advice
- Ask if your mentor if you are unclear.

Some practices dispense medicines for their patients, usually if there is no local pharmacy nearby. You will need to familiarise yourself with the arrangements for your practice as there may be special rules around dispensing.



Action: read your practice policy on Medicines Management.

Infection Control

As part of your learning for this Chapter it is recommended that you

'An increase in reporting patient safety incidents is a sign that an open and fair culture exists, where staff learn from things that go

read your Practice policy on Infection Control and any local CCG policies.

The Care Quality Commission is the independent regulator of health and adult social care in England. It is responsible for ensuring that all health and social care services provide people with safe, effective, compassionate, high-quality care. They monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish their findings including performance ratings to help people choose care.

There are 16 standards that services are required to meet: the specific standards that relate to providing a safe environment are:

Outcome 8: Cleanliness and infection control

People should be cared for in a clean environment and protected from the risk of infection. Be mindful that infection control procedures may be different in general practice to hospital e.g. the management of a patient with MRSA.

Outcome 10: Safety and suitability of premises

People should be cared for in safe and accessible surroundings that support their health and welfare as is the case in hospital.

Ensure that you are up to date with mandatory training regarding fire safety.



Action: consider what the policy is in your practice on managing needle stick injury.

- You must consult local infection control guidelines and seek local microbiology advice with respect to local management policies for MRSA.

Duty to report incidents

It is your professional duty to act to preserve safety (NMC 2015) and to 'act without delay if you believe that there is a risk to patient safety or public protection' (p12).

The National Reporting and Learning Systems (NRLS) state that 'an increase in reporting of patient safety incidents is a sign that an open and fair culture exists, where staff learn from things that go wrong.'

In February 2015 a general practice e-form was launched; the eform can be copied onto your desktop or accessed here: https://report.nrls.nhs.uk/GP_eForm

Further resources can be found here:

www.england.nhs.uk/wp-content/uploads/2015/02/gp-nrls-rep-guide.pdf

Safe Working Activity

Think about your own day to day practice:

- When have you felt at risk?
- Have you ever performed a risk assessment?

A risk assessment is simply a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm. Workers and others have a right to be protected from harm caused by a failure to take reasonable control measures.

- Whose responsibility is it to risk assess?

The management of risk is considered one of the fundamental duties of every member of staff and it will be part of your role to familiarise yourself with the risk factor

- Do you have a policy of safe practice e.g. when finishing at the end of the shift- how do colleagues know you are safe?

Case scenario

1 – Safe working

An elderly male patient attends the practice regularly for dressings to his leg ulcers. On occasions he seemed to be over friendly, asking the female nurse some personal questions. On one occasion he attempted to kiss the nurse before leaving the treatment room. There was no reason to believe he was suffering from a mental health issue or lacked the mental capacity to be responsible for his behaviour. The first time it happened she tried to avoid the subject but when he increased the intensity on the second visit she brought it to the attention of her Practice Manager/GP.



Reflection:

- What would you do in a situation like this?
- Does your practice have a policy that would relate to such an incident?
- What legislation if any could protect you as a worker from this situation?

Possible action:

- Challenge the man if you feel able and inform him that his behaviour is not appropriate
- Inform the man of the possible implications of his behaviour
- Most definitely inform your mentor and manager and document both incidents



- Ensure that you feel supported before you see this patient again
- Adhere to your Practice Policy on this type of behaviour
- Most practices will have a policy on the use of chaperones; ensure you are familiar with this policy. How might this be relevant to this scenario?
- Consider whether this is sexual harassment?



Reflection Trigger point – What would you do if?

These reflection triggers are for you to get together with your mentor and if appropriate other team members to debate possible solutions. They could be used as a basis for a discussion or even a teaching session. We are aware that the solutions to these triggers may vary from Practice to Practice according to local policy and procedure. We are also aware that there may be no 'right or wrong' answers to how certain situations might be tackled and therefore it will be for you as a qualified nurse to apply your thinking within the parameters of your own professional practice.

General Practice Nurses' Quotes

'... To understand that the risks in a community setting are different and you need to be able to manage those risks differently.'

'If you feel vulnerable and are not sure of what you are doing please ask!'



Action

- Read your practice policy on infection control
- Read your practice policy on Incident Reporting
- Familiarise yourself with the Mental Capacity Act and ensure you understand its principles.



Chapter Summary

This Chapter has introduced some of the key issues of safe working in the primary care setting. It has explored the key legislation that protects general practice nurses.

In particular it has highlighted some of the personal safety issues that need to be taken into consideration when working in the primary care setting.

Web resources

- www.cqc.org.uk Care Quality Commission
- www.suzylamplugh.org The Suzy Lamplugh Trust
- www.rcn.org.uk RCN
- www.unitetheunion.org Unison & CPHVA/Unite

Legislation Links

Health & Safety at work Act (1974) www.legislation.gov.uk/ukpga/1974/37

Management of Health & Safety at Work Regulations.(1999)
www.legislation.gov.uk/uksi/1999/3242/contents/made

Manual handling Operations Regulations (1992)
www.legislation.gov.uk/uksi/1992/2793/contents/made

‘The risks in a community setting are different and you will need to be able to manage those risks differently.’

Control of Substances Hazardous to Health Regulations (2002)

www.legislation.gov.uk/ukxi/2002/2677/contents/made

Personal Protective Equipment at Work Regulations (1992)

www.legislation.gov.uk/ukxi/1992/2966/contents/made

Occupiers’ Liability Act (1957)

www.legislation.gov.uk/ukpga/Eliz2/5-6/31/contents

Health and safety Executive

www.hse.gov.uk

Nurse prescriber www.nurseprescriber.co.uk

Standards for proficiency in nurse prescribing

www.nmc.org.uk/globalassets/sitedocuments/standards/

RCN fact sheet Nurse Prescribing in the UK

www.rcn.org.uk/__data/assets/pdf_file/0008/443627/Nurse_Prescribing_in_the_UK_-_RCN_Factsheet.pdf

Medicines and Healthcare Products Regulatory Agency

www.mhra.gov.uk/Safetyinformation/Healthcareproviders/Generalpractice/

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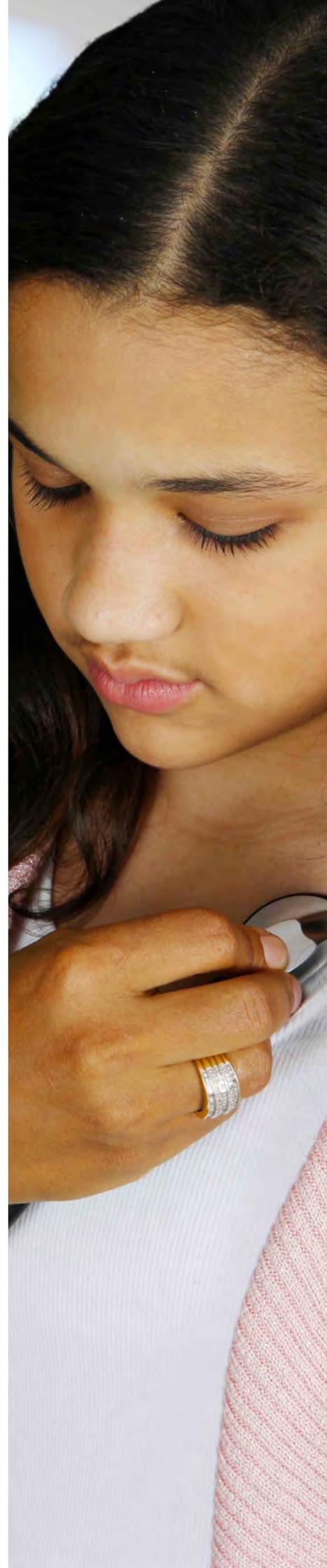
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Section B - Working in General Practice

Chapter 4 - Patient Focus

The aim of this Chapter is to:

- Explain the Quality Outcome Framework, what Local Enhanced Services are and the role of the GPN in achieving targets
- Define Long Term Conditions and their impact on the patient
- Consider the role of the general practice nurse when caring for patients with Long Term Conditions and Palliative care
- Develop an understanding of the resources and networks available for this group of patients

The Quality Outcomes Framework

General Practitioners are contracted by the NHS to provide primary care services to a local population. This is known as the General Medical Services (GMS) contract. The GMS contract was introduced in 2003 and covers three main areas:

1. The global sum – covering the costs of running a general practice, including some essential GP services
2. The quality and outcomes framework (QOF) – covering the two areas of clinical and public health. Practices can choose to provide these services
3. Enhanced services (ES) – covering additional services that practices can choose to provide. ES can be commissioned nationally or locally to meet the population's healthcare needs.

The QOF consists of 'clinical domains' that relate to long term or enduring medical conditions that patients may present with such as diabetes. Practices are required to hold registers of their patients with these specified conditions and to meet specific targets relating to their management in order to achieve the additional funding. There are also public health domains such as the primary prevention of cardiovascular disease.

Each domain is worth a fixed number of points and practices score points according to the level of achievement within each domain. The higher the number of points achieved, the higher the financial reward to the practice. The aim of QOF is to improve standards of care, provide information and to enable practices to benchmark themselves against local and national achievements (The Health and Social Care Information Centre, 2012). The GMS contract also offered practices access to additional funds for local enhanced services. These are also services that may be offered in addition to the general services provided, for example:

- Alcohol-related risk reduction scheme
- Learning disabilities health check scheme
- Facilitating timely diagnosis and support for people with dementia
- Patient participation
- Extended hours access.

In April 2009 the National Institute for Health and Clinical Excellence (NICE) became responsible for managing the QOF clinical and health improvement indicators. As part of this process, NICE, in consultation

'A fundamental role of the GPN is the care of those registered patients that are living with a Long Term Condition (LTC).'

with individuals and stakeholders, prioritises areas for new indicator development and then develops the indicators to be included. The National Institute of Health and Social Care Excellence (NICE) provides information that is used to inform the annual contract negotiations between NHS Employers and the British Medical Association. Therefore the QOF requirements are regularly reviewed in order to reflect best evidence in disease management.

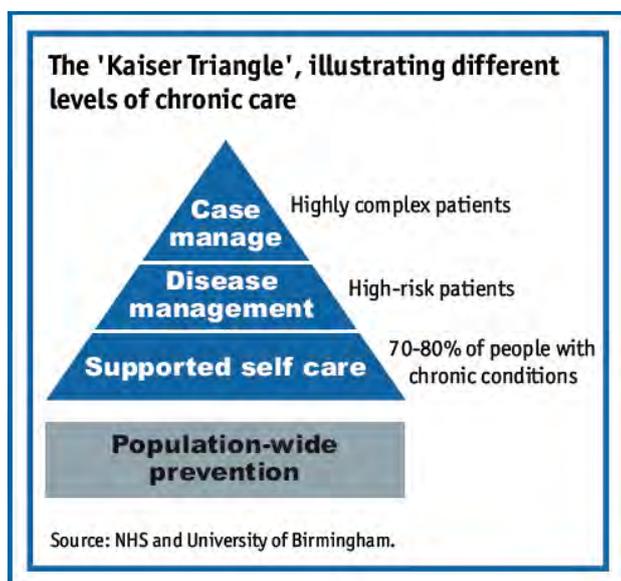
www.nhsemployers.org/~media/Employers/Documents/Primary%20care%20contracts/QOF/2014-15/14-15%20General%20Medical%20Services%20contract%20-%20Quality%20and%20Outcomes%20Framework.pdf

www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/quality-and-outcomes-framework/changes-to-qof-201415

The management of long term conditions has been a key feature of QOF and much of the work of the GPN is crucial in enabling practices to achieve their QOF targets.

Long Term Conditions

A fundamental role of the General Practice Nurse is the care of those registered patients that are living with a Long Term Condition (LTC). LTCs have been at the top of the government's health agenda for many years. It is estimated that fifteen and a half million people in the UK have a long term condition (DH 2008b). The cost of this is significant, with people with LTC's accounting for a large proportion of the



NHS budget (Darzi 2007).

Health policy in the UK has been shaped to an extent by American policy on long term conditions and no explanation of this policy would be complete without reference to the Kaiser Permenante triangle (DH 2005a).

This model acknowledges that people affected or potentially affected by LTC's have differing and complex needs.

Level one refers to 70-80% of the population that self manage their own condition and may require advice on health promotion.

Level two are those with a disease specific unstable long term condition this is the level at which GPNs are mostly likely to be involved.

Level three are those with highly complex multiple conditions that require intense case management and these patients are usually cared for by a community matron or equivalent case management worker.

The ACEVO (Association of Chief Executives of Voluntary Organisations) Taskforce on Prevention in Health was established in 2012 to examine ways to encourage a shift in focus and investment towards preventative health and care provision. They produced a report that called for a fundamental change in behaviour and culture throughout the health and social care system: a 'Prevention Revolution'. It sets out a number of key recommendations aimed at creating the conditions for change to occur. Throughout the report the emphasis is on the role that the voluntary and community sector must play in promoting innovation and transformation throughout health and social care. The report can be accessed at: www.acevo.org.uk/prevention-revolution



Action: consider what voluntary and social care services there are in your area and how you might work together to improve health outcomes for your practice population.

Living with a Long Term Condition

For some people, being diagnosed with an LTC can be devastating and there is a feeling that their life will change for good. Patients may have already lived with the uncertainty of symptoms including pain, discomfort, disability and the anxiety of not knowing what is wrong with them. Features of a LTC include symptoms that have become intrusive, have gone on for longer than six months, multiple pathology and if the person requires medical intervention.



In order to assist these patients as a General Practice Nurse you will be involved in care planning in order to address the range of needs that these patients present with. You will be required to take into account their personal, psychological, health, family, social, economic, ethnic and cultural circumstances. It will be vital for you to understand the need for individualised care planning in order to provide quality care to all your patients. Assessment is a core skill of the General Practice Nurse and you will have the opportunity to learn and develop some of these skills whilst working alongside those GPNs with specialist skills and knowledge in the management of LTCs. It will be your role to provide a person-centred approach to care and assist in some of the decisions made to optimise patient care.

Also important is the notion of self-care, where patients take responsibility for themselves to stay well and maintain their wellbeing by being informed about their LTC. As a General Practice Nurse your role here will be about health education and promotion.

Increasingly GPNs are developing and utilising additional skills like motivational interviewing to assist patients with lifestyle changes, such as healthy eating.

You will also be involved in sign posting patients to the most appropriate source of information to assist them in making the right choices for them. This might include helping patients to develop their own personalised care plans. www.gov.uk/government/publications/improving-care-for-people-with-long-term-conditions-at-a-glance-information-sheets-for-healthcare-professionals



Activity: Think about some of the patients who may have registered with your practice. In what ways might you promote self-care?

- Think about how you could promote your patient's knowledge of health related issues
- How could you direct them to more information and what would be the best source of information for them taking into account the person
- Can you think of where you could access resources to help you to inform them better?

Here is a list of some of the types of LTCs

- Cardiovascular/ circulatory conditions: venous/arterial leg ulcers, coronary artery disease, hypertension, congestive heart failure, valve or arterial occlusive disease.
- Endocrine conditions: diabetes mellitus, hyperthyroidism, hypothyroidism.
- Respiratory conditions: asthma, cystic fibrosis, occupational respiratory diseases, chronic obstructive pulmonary disease.
- Neurological conditions: Parkinson's, Alzheimer's, multiple sclerosis, motor neurone disease.
- Immune and haematological conditions: HIV, hepatitis, haemophilia, sickle cell disease, thalassaemia, rheumatoid arthritis, systemic lupus erythomatosus, iron deficiency anaemia.
- Cancers: lung, colorectal, head and neck, breast, cervical, bladder leukaemia, etc.
- Gastrointestinal conditions: irritable bowel syndrome, inflammatory bowel disease, cirrhosis, chronic pancreatitis, hiatus hernia, constipation, faecal incontinence.

'Being assertive does not always mean you get what you want, but it can help you achieve a compromise.'

- Renal and urological conditions: chronic renal failure, neurogenic bladder, urinary incontinence.
- Gynaecological conditions: endometriosis, fibroids, infertility.
- Musculoskeletal conditions: osteoporosis, osteoarthritis, chronic back pain, scoliosis.
- Dementia
- Spinal conditions

Voluntary Organisations

- Mind www.mind.org.uk
- Age UK www.ageuk.org
- MS Society www.mssociety.org.uk
- Diabetes UK www.diabetes.org.uk
- Asthma UK www.asthma.org.uk
- British Heart Foundation www.bhf.org.uk
- Alzheimer's Society www.alzheimers.org.uk

Practicalities of supporting people with LTCs

There are some fundamental clinical skills that are required when caring for people with LTCs and these will be addressed in Chapter Five. It is also important to assess your own current knowledge and abilities regarding certain conditions either according to their prevalence within your practice or if you have a particular interest in an illness or condition. Some local organisations may be a valuable source for this type of information as they will be current and up to date on treatments and initiatives relating to the national guidelines and strategies.

Advocacy

As a General Practice Nurse you will have to start to establish a personal authority and assertiveness in order to influence other health and social care professionals, colleagues and patients to promote care. Being assertive means respecting yourself and other people, seeing people as equal to you, not better or less important than you. The goal of this assertive behaviour in this context is to stand up for patient's rights and act as an advocate (be careful doing this, it takes time to gain respect and understand all the implications of an LTC on a patient and their family).

Being assertive does not always mean you get what you want, but it can help you achieve a compromise. You will need to develop a deeper degree of self-awareness, self-belief in your ability to convey information with confidence and conviction.

'You need to learn the art of acting, of appearing confident even if inside you are scared.....most important is learning to be confident.' Stewart (1989)

Here are a few articles that you may find useful when considering how to boost your confidence.

- <http://transitionsinnursing.com/9-ways-to-boost-your-confidence-as-a-nurse/>
- www.nursingtimes.net/nursing-practice/clinical-zones/management/boost-your-confidence-to-reach-the-stars/5044830.article
- www.nursingtimes.net/nursing-practice/career-development/boost-your-confidence-and-get-noticed/5039336.article

End of Life Care

As a General Practice Nurse you may get involved with the care of patients at the end of their life. The term 'End of Life Care' (EoLC) is relatively new and includes wider aspects of care of the dying e.g. supportive, palliative and terminal care that could go on for the last years, months or weeks of life. Macmillan nurses and palliative care nurses will be included in the wider multi-disciplinary primary care team and will work closely with GPs and GPNs in sharing expert knowledge and providing support when caring for those patients at the end of life. Caring for someone suffering from dementia at End Of Life can prove extremely difficult without appropriate training; it is a growing area of need in the community also caring for patients at end of life who have learning disabilities is a growing concern.

Dementia Care

There are around 750,000 people living with dementia in the UK. It affects around two thirds of women mainly due to the fact that women live longer than men. Having dementia does not automatically mean you have to go into a care home or hospital. Two-thirds of people with dementia live in the community. With the right support people diagnosed with dementia can remain at home if they wish to (if it is practical and safe to do so).

The government launched a campaign called Dementia Challenge in March 2012. The aim was to drive improvements in health and care, creating dementia friendly communities and better research the condition. It has just published a report a year on: www.gov.uk/government/news/report-marks-progress-in-first-year-of-dementia-challenge

The strategy aims to improve the diagnosis rates of dementia by making sure that doctors give 65 to 74 year olds information about memory services as part of the NHS health check programme, and refer them for assessment if they need it (from April 2013).



In addition a new toolkit to help GPs provide better support is to be launched. www.rcgp.org.uk/clinical-and-research/clinical-resources/dementia.aspx

As a General Practice Nurse you will undoubtedly come into contact with patients and carers with dementia. The symptoms of dementia occur in three domains:

1. Difficulties with activities of daily living- e.g. personal care
2. Behavioural and psychiatric problems e.g. personality and emotional changes
3. Cognitive dysfunction that may affect speech, language, memory and orientation.

Also access www.cks.nhs.uk/home-This is a good source of information on a range of common condition managed in primary care. There are many groups and charities set up to support people living with this condition:

www.nhs.uk/Conditions/dementia-guide/Pages/dementia-carers.aspx

Watch David Cameron talk about Dementia Friends:

www.youtube.com/watch?v=mXryu-1-9xw&feature=youtu.be
www.dementiacare.org.uk

Support

Support mechanisms have already been discussed within this resource and this is just another quick reminder of the importance of accessing support if needed. Caring for patients with LTCs and at the End of Life is mentally and physically draining at times and you need to be aware that the effects can take hold of you when you least expect it. Remember that your colleagues in the team are experienced in this kind of caring and can be a 'listening ear' when it all gets too much for you. Handover is a good forum to air your thoughts and feelings about a patient, also clinical supervision (if you can access it) is another forum to share with colleagues any challenges you are facing when providing care.

General Practice Nurses' Quotes

'I enjoy looking after patients long term, looking after patients of all ages.'

'I enjoy managing chronic diseases; seeing patients regularly; each day being different. Building up a relationship with regular patients.'

'Chronic disease management; variety of the day seeing a wide range of patients.'



Chapter Summary

This Chapter has raised some awareness of the vast topic of LTC's and End of Life. It has introduced the concept of self-care and the importance for people to feel supported to make decisions despite their condition. As a general practice nurse the challenges posed by caring for this growing group of people is never ending and will require a real understanding of partnership working when addressing the needs of those experiencing the effects of an LTC. You will almost certainly be required to specialise in certain aspects of care or in specific conditions and many opportunities for further education and training will be available.

‘As a GPN the challenges posed by caring for this growing group of people is never-ending.’

Web Resources

- [www.goldstandardsframework.nhs.uk/
TheGSFToolkit](http://www.goldstandardsframework.nhs.uk/TheGSFToolkit)
- www.depression-primarycare.co.uk
- www.nice.org.uk The National Institute for Health and Care Excellence
- www.helpthehospices.org.uk Help the Hospices

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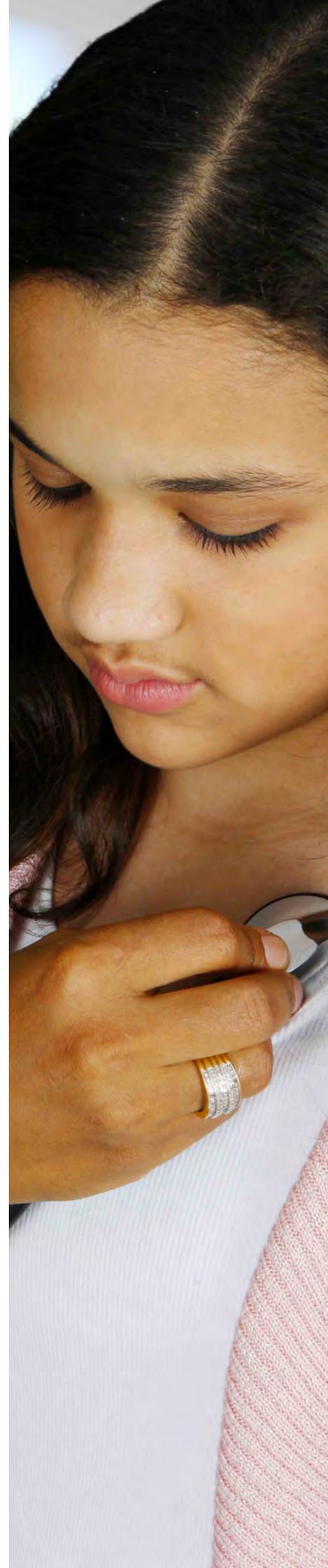
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Section B - Working in General Practice

Chapter 5 - Mid-point reflection and progress check on identified skills development

The aim of this chapter is to:

- To reflect upon the experience of the on-line resource so far
- Catch up with reflective diary
- Re-visit additional skills that you may need to achieve in order to work in general practice

Working in General Practice requires practitioners at all levels to be resourceful, flexible and adaptable to the various situations you may be confronted with. However, whilst adaptability is a key skill required, it does not mean cutting back on quality of care. Decisions have to be made around resources and skill sets of individual teams. In many instances there will be limited resources so it is important to have the ability to prioritise care. General Practice works best when the individual skills of each practitioner is acknowledged and recognised, regardless of what their grading is. Working in General Practice can be unpredictable and challenging and skills are required to adapt to the variety of presentations you will encounter during the course of a typical surgery. The ability to work with the various emotional situations is imperative.

Quality care is based on the effective clinical decision-making skills of GPNs. Thompson et al (2004) recognised that clinical decisions made in General Practice have very different parameters than when making a clinical decision in a busy ward. Unlike on the wards where there are a number of staff to share decision-making, you may be working autonomously on a one-to-one basis with your patient. Therefore the GPN must be prepared for the unexpected at all times, but also be able to look at the needs of carers/families in the overall planning of care.

Decisions may have to be made promptly without discussion with other staff. On occasions there may be a number of decisions to make in order to give the patient the best quality care. It is the duty of all health professionals to be accountable in demonstrating sound clinical judgement and decision making (Standing, 2010). When contemplating making a clinical decision Facione (2007:23) suggests the six steps to effective thinking and problem solving:

Ideals	5 Whats and a Why
Identify the problem	What's the real problem we are facing here?
Define the context	What are the facts and circumstances that frame this?
Enumerate choices	What are our most plausible 3 or 4 options?
Analyse options	What is our best course of action, all things considered?
List reasons explicitly	Let's be clear: Why are we making this particular choice?
Self-correct	Okay, let's look at it again, what did we miss?

'The overall success of any nurse/patient relationship is built on communication.'

Whilst the list below focuses on clinical skills it must not be forgotten that the overall success of any nurse/patient relationship is built on communication. Therefore communication channels must be open to generate discussions with your patients so, wherever possible, they are part of the clinical decision making process in their plan of care.

Skills

- Medicines management in the primary care setting-working with PGD
- Travel vaccinations and child health immunisations
- Sexual and reproductive health
- Cervical screening
- Wound and leg ulcer assessment and management including: use of Doppler, wound products, compression bandaging
- Ear irrigation
- Venepuncture
- Palliative Care
- Care of patients with LTCs particularly asthma, diabetes, hypertension, Chronic Obstructive Pulmonary Disease (COPD), Atrial fibrillation (AF), Cardio Vascular Disease (CVD)

Here are just a couple of statements relating to skills taken from the questionnaire sent out to general practice nurses:

'I'm anxious about giving injectable medications that I am unfamiliar with and feeling the need to be able to double check what I am giving. Particularly anxious about baby immunisations and travel vaccinations.'

'As a relatively experienced nurse of over 25 years experience (Wards, A&E, Community and latterly Walk In Centre) I still REALLY struggled with General Practice. The skills needed are unique to GP and cannot be learnt in any other fields. Even if you could do smears with your eyes closed you would struggle with leg ulcers.'



Activity: How would you deal with the two situations below?

Case study 1

Mrs Wray is a regular patient that attends the surgery three times a week for dressings to her venous leg ulcer. Mrs Wray lives alone with her cat; she has not been very mobile since she developed her leg ulcer 4 months ago. On her latest visit you notice that the leg is very inflamed around the outside of the ulcer. Following a thorough general assessment what clinical decisions would you make ?

- Would you continue with applying the same dressing to the wound ?
- Would you consider applying a new (different) dressing to the wound ?
- Would you ask the GP or a nursing colleague?
- If you are a nurse prescriber what would you prescribe for Mrs Wray?
- What is the rationale for your decision?

Possible actions :

- You could apply the same dressing to the wound and review with a colleague on another day.
- You could apply a different dressing to the wound if you are a prescriber and can prescribe from the NPF
- You could contact the GP and ask him/her to visit to assess the wound. Or you could contact an Independent Nurse Prescriber or Tissue Viability Nurse to assess the wound
- Would any of these actions compromise the care of your patient?

Case study 2

Ellie aged 18 months has been brought to your clinic by her mother for her MMR vaccination. During your assessment you ask about any reactions to previous immunisations and her mother tells you that Ellie had a really bad swelling around the injection site and was quite unwell.

- Would you give the immunisation ?
- How would you assess what action to take?
- Where could you get further advice from?

Possible actions:

- You could postpone the immunisation
- You could check the patients records to see if an accurate assessment of the reaction was recorded
- You could ask the GP or lead nurse for advice
- You could check the Green Book online for further information www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book
- Remember you are weighing up the risks to the patient against the benefit of immunisation. You must always ensure that you have a clearly thought through rationale for the decisions you take.

Additional Skills Quotes

Look at the additional quotes below and think of what you would do if you are asked to carry out ear syringing, venepuncture or give a contraceptive



injection. Do you have the right skills to carry out the treatment? If not, what will you do to gain the required skills?

'I feel there is a lack of training in this area - ears are sometimes syringed at patient request, historical expectation before ascertaining actual need for this procedure.'

'Everything that was listed were matters of concern but even though I was the only practice nurse I was able to liaise with an experienced nurse from another practice. This to me was extremely helpful and I would have not been able to pursue my new role without this amount of help.'

'It is important to note that you will not have all the skills and you may not have all of the answers all of the time. In recognising this it is also important to address this and take action where it is needed.'



Chapter Summary

The overall aim of this chapter is to revisit the skills that the GPN needs to develop. Whilst it is acknowledged that the skills required for working in general practice are multifaceted, it is hoped that this chapter will recognise that not everyone will have all the required skills all of the time. Therefore it is essential that the General Practice Team works together to recognise its combined expertise and on occasions look beyond their team and reach out and utilise those people who have the right skills for the task in hand. This supports the QNI's Right Skills, Right Nurse campaign.

Further Reading

- Facione, P.A. (2007) Critical Thinking: What it is and why it counts., California Academic Press, California
- Standing, M. (2010) Perceptions of clinical decision-making a matrix model, McGraw Hill, London
- Thompson, C. Cullum, N. McCaughan, D. Sheldon, T. Raynor, P. (2004) Nurses, information use, and clinical decision making – the real world potential for evidence-based decisions in nursing, Evidence Based Nursing, 7, p68-72
- www.skillsforhealth.org.uk Skills for Health

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Section B - Working in General Practice

Chapter 6 - Team working and working with other professionals

The aim of this chapter is to:

- Explore the benefits of working as a team member
- Recognise the importance of working with other professionals in primary care to ensure that the right staff, with the right skills are in the right place
- Understand the importance of various forms of communication in primary care for effective patient care.

The QNI has been campaigning for three years for the right balance of skills in community healthcare teams. If more care is going to be delivered in primary care, including in nursing homes, it is vital that there is more investment in well trained staff, including nurses, who have the time and the expertise to give high quality, compassionate and person-centered care to the most vulnerable members of society (QNI 2012).

Collaborative ways of working

'Collaboration is the act of coming together and working with another, or others, to create something that goes beyond the ability of any one person to produce' (Teatro, 2009)

Genuine collaborative working is the coming together with a common purpose with clear goals. Multi-disciplinary teams work with the sole purpose of delivering effective care to the patients and clients on their caseload. This is not just a matter of being told to carry out a certain task it involves discussion and debate about what is best for the patient/client. All members of the team should be involved in the discussion, as every team member will have a valuable contribution to make. The philosophy of collaborative working should be to ensure that the patient is at the centre of all discussions and their needs should far outweigh those of the professional involved in their care.

Drew (2011) states that it is very important that time is spent on reporting accurately within primary care as a means of safeguarding patients. It is essential that there is a process for disseminating information among the multi disciplinary team.



Reflection

- How does it feel to be a member of your team? Do you feel valued?
- Apart from your team who else could you potentially collaborate with to benefit the care you give to your patient?



Exercise:

- Can you look at the team that you are working with and identify who you collaborate with on a regular basis?
- What impact does this collaboration have on you as part of the team?
- If you had not collaborated with others would the quality of care have been as good for your patient?

Spend a few moments to think of the various ways that you collaborate

'If it is not written down there is a sense that somehow 'it didn't happen'.'

with others in the workplace?

- Verbal communication
- Telephone
- Written: emails/letters

These are just a few methods of collaborating, there are also a number of technical ways of communicating.

Can you think of times when you would use media such as Facebook or Twitter with your patients – would you use this method?

- If you would use this method what are the benefits?
- If you would not use this method of collaborating – why not?

Here is the link to the NMC Social Networking Guidance (2015) www.nmc.org.uk/standards/guidance/social-networking-guidance

Possible Actions

- You could set up a Facebook page for patients with a similar condition eg. leg ulcers. This would give the patients the opportunity to share stories with other people in a similar position and it may make the patient feel less isolated. If a patient was familiar with Twitter then they could follow someone with a similar condition. They could follow the NHS choices on Twitter which would keep them updated.
- Reasons for not using these methods are obvious ones, such as your patients not having access to smart phones or computers. Other reasons might be your patient's inability to use technology. Your patient may interpret information incorrectly and therefore cause them more anxiety.
- Can you think of more reasons why you would not use social media technology with your patients?

Record Keeping

Record keeping is a way of collaborating with all those involved in the care of your patient. Accurate record keeping and documentation is important in professional practice. Once something is written down, it is a permanent account of what has happened and also what has been said. Remember, if it is not written down there is a sense that somehow 'it didn't happen'. Without a written record of events there is no evidence to support a decision made or an audit trail from which to follow a sequence of events. It is therefore crucial that accurate and consistent records are kept at all times. Ensure you are familiar with

other records eg. District Nurse records, dietician notes and social care notes to name a few. Also familiarise yourself with record keeping in areas such as residential homes/day units or other areas where you may be visiting patients in the community.

The NMC Code (2015) includes direction on record keeping, you must keep clear and accurate records relevant to your practice:

- Clear and accurate
- Factual, consistent, and relevant
- Comprehensive and useful
- Contemporaneous (made at the time).

www.nmc.org.uk/standards/code/read-the-code-online/#fourth

In General Practice you will be using specific computer systems such as System one VISION, and EMIS for record keeping, medicines management and for clinical information. You should receive appropriate training to enable you to use these systems effectively.

The other element of accurate record keeping relates closely to investigations and serious untoward incidents (SUI) (DH, 2006b). The principle definition of an SUI is:

'... something out of the ordinary or unexpected, with the potential to cause serious harm, that is likely to attract public and media interest that occurs on NHS premises or in the provision of an NHS or a commissioned service. SUIs are not exclusively clinical issues, for example, an electrical failure may have consequences that make it an SUI.' (NHS, 2009).

Significant Event Analysis is an increasingly routine part of General Practice. It is a technique to reflect on and learn from individual cases to improve quality of care overall.

Significant event audits can form part of your individual and practice based learning and quality improvement and the process mirrors that of your own reflections on practice as a General Practice Nurse.

Whether clinical, administrative or organisational, the significant event analysis process should enable the practice to answer the following questions:

- What happened and why?
- How could things have been different?
- What can we learn from what happened?
- What needs to change?



A further worthwhile question is:

- What was the impact on those involved (patient, carer, family, GP, practice)?

This reinforces the importance of accurate record keeping by all health professionals. Many patients also have patient held records and therefore it is essential that this information is kept up to date so that it can be shared with other members of the multi disciplinary team each time they visit the patient.

One of the domains of the NHS Outcomes Framework is personalised care for people with long term conditions and at the end of life. A multidisciplinary approach is strongly advocated, as well as the idea that patients themselves will be developing their own personalised care plans.

www.gov.uk/government/publications/improving-care-for-people-with-long-term-conditions-at-a-glance-information-sheets-for-healthcare-professionals

The multi disciplinary team can potentially consist of the following professionals:

- General Practice Nurse
- District Nurse
- General Practitioner
- Practice Manager
- Physiotherapist
- Health Visitor
- Community Mental Health Team
- Speech and Language Therapist
- Occupational Therapist
- Dietitian
- Social Worker
- Health Care Assistants
- Pharmacists
- Palliative Care Nurse
- Counsellors
- Health coaches
- Health care navigators



Activity: Can you think of other people involved in the multi-disciplinary team and identify why they are involved?

- Identify a patient registered with your practice and carry out this exercise in any way that you are familiar with, e.g. spider plan, post it notes, lists.
- If you are new to working in General Practice try to think of who would be the key members of the multi-disciplinary team.

Case scenario

Mrs Brown has been attending the surgery for dressings to her wound site following a mastectomy for breast cancer. She appears very low in mood and has missed two of her recent appointments with you. She says that she does not want to continue with any other medical treatment following her surgery and is considering alternative therapies.

You are aware of the importance of the Multi-disciplinary team in ensuring patient choice.

- What would you envisage your role to be in this situation?
- What areas of care can be provided by other members of the multi

'There must be respect across all of the disciplines to foster a positive environment.'

disciplinary team?

- Is there the potential for overlap of services?
- What can be done to prevent this happening?

Possible action

- You could call a meeting with the whole multi disciplinary team, ensuring that you are allocating sufficient time to discuss the patient's situation with their consent
- Care could be provided by the GP, DN, Macmillan Nurse, Breast Cancer Nurse
- There is potential for overlap of services if there is no coordination. Therefore there should be a key worker who will oversee the coordination of services.



Reflection trigger point – what would you do if?

These reflection triggers are for you to get together with your mentor and if appropriate other team members to debate possible solutions. They could be used as a basis for a discussion or even a teaching session. We are aware that the solutions to these triggers may vary from Trust to Trust, according to local policy and procedure. We are also aware that there may be no 'right or wrong' answers to how certain situations might be tackled and therefore it will be for you as a qualified nurse to apply your thinking within the parameters of your own professional practice.

- What is the role of the GPN when taking wound swabs? Who is responsible for ensuring that the results are acted upon?
- You are working with another nurse who always seems to be off loading her patients onto you, saying she is running late and patients have been waiting. What would you do?
- You are working with a colleague who seems to arrive early at work and is always the last to leave in the evenings. She seems to get very heavily involved with the patients she cares for and does not appear to appreciate any professional boundaries. What would you do?

Consider if you are new to General Practice Nursing and a patient attends for removal of sutures following hip surgery. You notice that the patient is not mobilising as well as she should be. What action would you take?

- Would you give the patient advice on mobilising?
- Would you inform the physiotherapist ?
- Would you take no action because you do not

know the patient well enough?

Possible action

- You could advise the patient to gradually increase the amount of walking she does every day, beginning with 5 minutes every hour increasing to half an hour twice a day
- You could tell the patient that you will contact the physiotherapist to visit to reassess them and advise them not to mobilise more than they have to, e.g. visiting the toilet, walking into the kitchen to prepare food. When the physiotherapist reassesses their mobility they will be given further advice from the physiotherapist
- You could tell the patient to rest and to listen to their body and not to mobilise if it is uncomfortable
- Discuss with senior nurse or GP
- Arrange another appointment to review the patient
- Think of the impact your decision will have on the patient. Have you collaborated effectively with the correct person in the team?

General Practice Nurses' Quotes

'I enjoy working in a primary health care team and working with other professionals.'

'...communicate with the team - no day or patient is the same, open communication helps everyone.'

'...teamwork, holistic nursing and multidisciplinary working.'



Chapter Summary

This chapter has looked at the importance of team work and collaborative ways of working within a multi disciplinary team. It stresses that all members of the multi-disciplinary team have a responsibility and all members of the team should be invited to participate in discussions regarding their patients. If a multi disciplinary team is going to be effective there must be respect across all of the disciplines which will foster a positive environment. The overall aim of collaboration is to encourage health professionals to work together in the most effective and efficient way to produce the best health outcomes for patients and for providers. This chapter has also highlighted the importance of accurate record keeping, highlighting the fact that



verbal statements unsupported by documentary evidence carry less weight in a court of law.

Web-links

- www.nmc.uk.org
- www.gov.uk
- www.comfirst.org.uk
- www.charity-commission.gov.uk
- www.eicp.ca/en
- www.cochrane.org
- www.eoecph.nhs.uk
- www.england.nhs.uk

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Section B - Working in General Practice

Chapter 7 - Working with Vulnerable groups

The aim of this chapter is to:

- Define vulnerability
- Identify various forms of abuse
- Raise awareness of systems that protect vulnerable people and how to 'raise concerns'.

Working as a General Practice Nurse you will meet all members of the family. There are many similarities in definitions of vulnerability of these groups; however there are some very distinct differences between adults and children in terms of how these groups are managed. For this reason this chapter has two parts, part one will concentrate on adults and part two will concentrate on children.

Adult safeguarding

When working with vulnerable groups it is of paramount importance that professionals are aware of both national and local policies for the protection of their patients. Safeguarding is about acting in the best interest of people who are receiving care in health and social care domains. Remember, The NMC Code states: Professional standards of practice and behaviour for nurses and midwives requires you to 'raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection' (p13) You must share information if you believe someone may be at risk of harm while keeping to the relevant laws and policies about protecting vulnerable people.

Definition

A person aged 18 years or older 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and 'a person aged 18 years or older' who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation' Department of Health (2009) Safeguarding Adults: report on the consultation of the review of 'No Secrets'.

You should have accessed adult and child safeguarding training during your induction programme if not already up to date with mandatory training. Department of Health (2011) Safeguarding Adults: The role of health service practitioners, available online www.dh.gov.uk/publications

As practice evolves, so does the need to develop understanding of the terminology around risk and vulnerability. In more recent years the term 'adult at risk' has replaced 'vulnerable adult'. This is because the term 'vulnerable adult' may wrongly imply that some of the fault for the abuse lies with the abused adult (Social Care Institute for Excellence 2011). Under the new Protection of Freedoms Act (HM Government 2012) the definition of vulnerable has been redefined: '*...adults are considered vulnerable because of their age, behaviour, illness and other characteristics. A person will now be considered vulnerable because of the nature of the regulated activity being provided to them, regardless of where or how often that activity takes place.*' (HM Government 2012 p54)

'Nurses need to be aware that adult patients have the right to refuse treatment even if it may be to their own detriment.'

Protection of Freedoms Act (2012)

www.legislation.gov.uk/ukpga/2012/9/contents/enacted

A further consideration when caring for patients is the right to dignity and choice and consent to the care being given. Within the primary care setting practice nurses need to be aware that adult patients have the right to refuse treatment, even if it may be to their own detriment, as the law recognises that adults have the right to determine what is done to their bodies. The Mental Capacity Act (2005) makes a presumption that the individual has the capacity to make decisions for themselves. All health care professionals should assist people in making their own decisions and recognise their freedom to make unwise decisions. If a person has been assessed as lacking capacity, any decisions made must be in the person's best interest and must be the least restrictive of that person's rights. Here is the link to the Mental Capacity Act 2005 that you should read: www.legislation.gov.uk/ukpga/2005/9/contents

Here is the Social Care Institute for Excellence (SCIE) accessible guide to the Mental Capacity Act 2005: www.scie.org.uk/publications/mca/index.asp

Follow this link for further guidance on consent for examination and treatment: www.gov.uk/government/uploads/system/uploads/attachment_data/file/138296/dh_103653__1_.pdf

Here is some UK legislation that is in place to protect vulnerable groups:

- **Human Rights Act (1998)**

The section on 'other rights and proceedings' is particularly related to Safeguarding.

- **The Care Standards Act (2000)**

This Act makes provision for the registration and regulation of public and private establishments. Section 3, 7 and 9 particularly relate to community nursing.

- **Race Relations Act (2000)**

This Act relates to discrimination of people on racial grounds.

- **Domestic Violence, Crime & Victims Act (2004)**

Part 1 of this Act is particularly relevant to vulnerable adults.

- **The Disability Discrimination Act (2005)**

This Act makes provision for people with disabilities

in areas such as employment, education and access to services

- **Safeguarding Vulnerable Groups Act (2006)**

This Act makes provision for children and vulnerable adults

- **The Mental Capacity Act (Discrimination) (2013)**

This revised Act makes provision for people that maybe discriminated against on the grounds of mental ill health. Here is the link to guidance on an amendment to the Mental Capacity Act 2005 with regard to Deprivation of Liberty: www.scie.org.uk/publications/ata glance/ata glance43.asp

Within the UK the legal framework to protect children from abuse and neglect has a long history. However it was not until 2000 that England and Wales developed a framework of policy guidance to protect adults. The approach to adult safeguarding is for one of collaboration and strategic partnership between all concerned. This was highlighted following the serious case review of the death of Steven Hoskins who was a vulnerable adult. Although Steven had frequent contact with several agencies such as primary care, the police, social services and the ambulance service, yet there was no communication between them. This led to a failure to identify how vulnerable he was to abuse by individuals he had befriended. The following video includes the findings of the serious case review and the response of those services involved.

Social Care TV – link to Steven Hoskins case

www.scie.org.uk/socialcaretv/video-player.asp?guid=55E3A233-C880-4CB4-8701-4ACB9D243D39

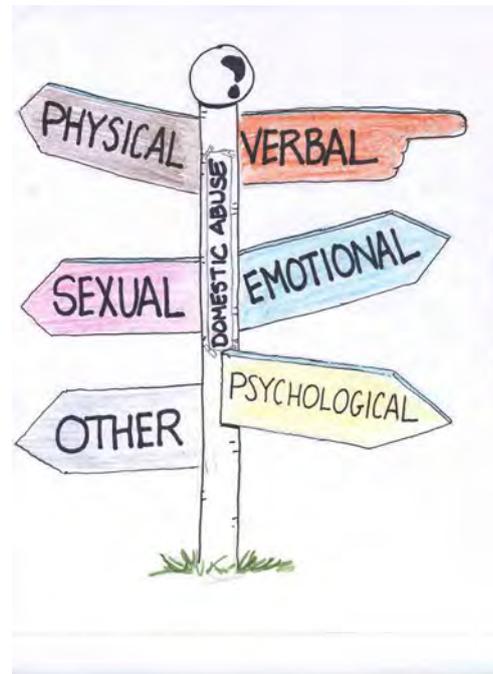
Department of Health (2000) No Secrets: Guidance on Developing and Implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse (DH London).

The safeguarding of adults and incidents of abuse in health and social care settings appear in the media all too frequently. More recently the Francis Report, which was the review following the Mid-Staffordshire incidents, raised further questions in relation to vulnerability and amongst many recommendations stated that:

'Patients must be the first priority in all of what the NHS does by ensuring that, within available resources, they receive effective care from caring,



compassionate and committed staff, working within a common culture, and protected from avoidable harm and any deprivation of their basic rights.' The Francis Report (2013) www.midstaffpublicinquiry.com/report



What is abuse?

It is important to have some understanding of how to recognise forms of abuse:

- Physical - hitting, slapping, kicking, pushing. In healthcare this could be forms of restraint or misuse of medication. This includes those who may be at risk of female genital mutilation (FGM)
- Sexual - rape, assault or sexual acts that are not consensual or where the person has been pressured into consent
- Psychological - emotional abuse, threats of harm, abandonment or withdrawal, deprivation of contact, humiliation, intimidation, blaming, controlling and verbal abuse
- Financial – theft, fraud, exploitation, pressure over wills, property or inheritance
- Neglect or acts of omission- ignoring medical or social needs, failure to provide access to appropriate health or social care. Withholding medication or nutrition
- Discriminatory - racists, sexist abuse and exploitation due to disability.

Adapted from Action on Elder Abuse (2006)

Duty of Care

As already stated, all nurses under the NMC Code (2015) have a duty of care to protect vulnerable groups. As part of their role and 'duty of care' General Practice Nurses are required to be up to date on the changes implemented under the Protection of Freedoms Act (2012). In particular the Act defines 'regulated activity' with vulnerable groups. This requires all health care professionals to undergo a Disclosure and Barring Check for any new employment.

It is your responsibility as a General Practice Nurse to act promptly if you have any concerns. Duty of Care means:

- To act to protect the adult at risk
- To deal with immediate needs, as far as possible, central to the decision making process
- To report any concerns. Do not feel you are alone, you will have support to make referrals where needed. Talk concerns through with your line manager.

'Safeguarding children is everyone's responsibility.'

- To contact the local safeguarding lead for advice. They will advise if police involvement is necessary if you think a criminal act is involved
- To accurately record the incident
- To follow up your concerns

Here are two resources that may assist you:

NMC (2010) Raising and escalating concerns – step by step guide: www.nmc-uk.org/Documents/NMC-Publications/NMC-Raising-and-escalating-concerns.pdf

RCN (2010) Raising concerns document www.rcn.org.uk/support/raising_concerns

Multi agency practice guidelines on FGM: www.gov.uk/government/publications/female-genital-mutilation-guidelines



Activity: Make sure you know who your in-house and local safeguarding contacts are so that you are prepared should the need arise.

Child Protection

It is recognised that all staff working in health care settings, even when their client group is mainly adult, should receive appropriate training in matters of child protection (RCN and RCPCH 2012).

Safeguarding children is everyone's responsibility and to ensure that services are available to children in need or at risk of harm, every professional and organisation must be mindful of their responsibilities and process of appropriate referral. Although General Practice Nurses provide care for predominately adult clients, they are closely involved with families and have frequent contact with children, for example for immunisations and in asthma clinics.

Chronic illness, issues of deteriorating mental health and loss and bereavement have a significant impact on family dynamics and the emotional well-being of all the family. It is therefore possible that concerns regarding the welfare of a child may be recognised initially by a practitioner in the surgery or that the family may disclose their own worries. The child may also express concerns or raise issues with the GPN directly. Remember the practice team are not responsible for investigating child abuse and neglect, rather for the sharing of concerns and information appropriately.

Categories of abuse as defined by the National Society for the Prevention of Cruelty to Children

(NSPCC) (2010) are listed as:

- Physical
- Sexual
- Emotional
- Neglect.

It is important to consider what behaviours happening within a family could be seen to be causing or likely to cause significant harm to any child within that family or who may spend time within the house or be cared for by family members.

When to Suspect Child Maltreatment (NICE 2013) provides guidance for recognition of both physical and psychological symptoms. It is important to remember that the impact of abusive behaviours and neglect will be dependant on age, resilience and other support networks available. Support from family members may be limited when they are dealing with chronic illness or potential bereavement.

It has been recognised that early intervention is extremely important to reduce negative long term effects (Munro 2011). This means that prompt referral to appropriate agencies are essential. Nurses are often concerned that by discussing clients they might be breaching confidentiality, but the safety of the child is paramount. Information sharing: Guidance for practitioners and managers (DfCS 2008) supports those working in both child and adult services to work effectively to safeguard children. Working closely with GPs, Health Visitors and School Nurses is key to ensuring the best outcomes. The local Safeguarding Nurse for children will also provide guidance and advice in any situation.

Over the last years, the impact of domestic abuse within families has been recognised and the need to minimise its long term effects on developing children has been prioritised. General Practice Nurses should be mindful that abusive situations involving adults will be also impacting on any children within the family and this will place the child at risk. Consider who has 'Parental Responsibility' and ensure you understand what this means:

www.gov.uk/parental-rights-responsibilities/what-is-parental-responsibility

The number of young carers in the UK is also growing and they may spend up to 50 hours a week caring for parents or other family members. The impact on their social life and educational achievement can be considerable. They will often be reluctant to relinquish their caring role or discuss with their teachers and



they may need help to access services and organisations who can provide them with appropriate support and respite.

The QNI has developed a free online resource specifically for nurses working in general practice, to enable them to work effectively with carers who are supporting friends or family: www.qni.org.uk/supporting_carers/general_practice_resource



Reflection trigger point

These reflection triggers are for you to get together with your mentor and if appropriate other team members to debate possible solutions. They could be used as a basis for a discussion or even a teaching session. We are aware that the solutions to these triggers may vary from practice to practice according to local policy and procedure. We are also aware that there may be no 'right or wrong' answers to how certain situations might be tackled and therefore it will be for you as a qualified nurse to apply your thinking within the parameters of your own professional practice.

Case study 1

A four year old boy's mother attends for advice on managing his eczema. She confides that his itching is always worse when his father is around and that his father has an awful temper.

- What are your main concerns in this situation?
- Who might you want to share this information with?
- To whom would you go for guidance?

Case study 2

A 15 year old girl attends your practice asking for family planning advice

- Do you have any concerns about giving such advice?
- What legislation should you refer to?
- What are your possible actions?
- When we are trying to decide whether a child is mature enough to make decisions, people often talk about whether a child is 'Gillick competent' or whether they meet the 'Fraser guidelines'
- Remember the concept of 'Gillick Competence' that children under 16 years of age with sufficient understanding and intelligence may consent to treatment. However when this relates to contraception, or the child's sexual or reproductive health, the healthcare professional should try to persuade the child to inform his or her parent(s), or allow the medical professional to do so.
- www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/
- www.gov.uk/government/uploads/system/uploads/attachment_data/file/138296/dh_103653__1_.pdf

References

- Department for Children, Schools and Families (2008) Information Sharing: Guidance for practitioners and managers. London. Stationery Office.
- Her Majesty's Government (2013) Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children. London. Stationery Office.
- National Institute for Health and Clinical Excellence (2013) When to suspect child maltreatment. NICE Clinical Guideline 89. London. NICE.

‘This topic is complex and specialist and all professionals need to work collaboratively so that any risk is managed sensitively.’

- NMC (2015) The Code: Professional standards of practice and behaviour for nurses and midwives London. NMC
- NSPCC Inform (2010) Child Protection Fact Sheet. The definitions and signs of child abuse. London. NSPCC.
- Munro, E (2011) The Munro Review of Child protection: A child-centred system. London. Department for Education.
- Royal College of Nursing and the Royal College of Paediatrics and Child Health (2012) Looked after children: Knowledge, skills and competence of health care staff. Intercollegiate framework. London. RCN and RCPCH.
- Department of Health (2000) No Secrets: Guidance on Developing and Implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse DH London



Chapter Summary

This Chapter focused on two different vulnerable groups that you will encounter and raised awareness of the legalities of a professional's responsibility when caring for these groups. It has discussed what may be considered to be harm, abuse or neglect and also ways of detecting signs of abuse. It has also suggested ideas of how you may report or raise your concerns when protecting the people you encounter in your role.

It is acknowledged that this topic is complex and specialist and all professionals need to work collaboratively so that any risk is managed sensitively.

Web Resources

- www.cpa.org.uk Centre for Policy on Ageing
- www.cqc.org.uk Care Quality Commission
- www.jrf.org.uk Joseph Rowntree Foundation
- www.ncb.org National Children's Bureau
- www.scie.org.uk Social Care Institute for Excellence
- www.saarih.com Safeguarding Adults at Risk Information
- www.gov.uk/government/uploads/system/uploads/attachment_data/file/417412/Reference_Guide.pdf Reference Guide to the Mental Health Act 1983

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Section B - Working in General Practice

Chapter 8 - Carer support

The aim of this chapter is to:

- Consider the role of the carer and the legislation relating to the assessment and support that should be available to carers of adults
- Explore the role of the General Practice Team in supporting carers
- Look at ways to enhance the carer experience.

The role of the carer

When discussing caring for the adult at home it would be impossible to discuss care without recognising the role of informal carers. Carers provide unpaid care by looking after an ill, frail or disabled family member, friend or partner. Most of us will look after an elderly relative, sick partner or disabled family member at some point in our lives. However, whilst caring is part and parcel of life, without the right support, the personal costs of caring can be high (Carers UK 2012).

Carers act as expert care partners in providing high quality care and make valuable contributions to social services and NHS service providers. There are an estimated 6.4 million carers in the UK today and an expected increase of 40% in the number of carers needed by 2037.

The financial impact and value of this care is estimated at £87 billion per year (Carers UK 2012). Up to 1 in 10 of your patients will be carers. This informal workforce, who provide significant amount of unpaid care, may not be able to meet the demand, leaving a significant 'care gap' (Kings Fund 2012). It is for this reason that the carer and the general practice nurse should develop a partnership to ensure the well-being of the carer as well as the well-being of the patient.

The National Carers' Strategy published in 2008 set five outcomes to be achieved by 2018, so that carers will be:

1. Recognised and supported as an expert care partner
2. Enjoying a life outside caring
3. Not financially disadvantaged
4. Mentally and physically well, treated with dignity
5. Children will be thriving, protected from inappropriate caring roles.

The Care Act 2014 outlines how local authorities should carry out carers' assessments and needs assessments. It is mainly for adults in need of care and support and their adult carers. In April 2015 most of the Care Act came into force. Carers UK has developed a FAQ sheet:

www.carersuk.org/help-and-advice/practical-support/getting-care-and-support/care-act-faq

NHS England has also published its commitment to carers to give them the recognition and support they need to provide invaluable care for loved ones: www.england.nhs.uk/ourwork/pe/commitment-to-carers/

It is imperative that important issues such as carer identification, assessment and education and partnership working are acknowledged. Carers have a tendency to not pay attention to their own health needs and are categorised as a high risk group for health problems (Simon 2011).

'Whilst caring is part and parcel of life, without the right support, the personal costs of caring can be high.'

The role of the health and social care professional is to be able to carry out carer assessments in order to fully understand the carers' experiences and then to implement strategies in order for carers to feel supported in care delivery (Chilton et al 2012).

Overall the carer plays a significant role in keeping the patient at home and preventing hospital admissions.

The role of General Practice Team in supporting carers

Being a carer can impact negatively on the care giver's own health. The role of those working in General Practice is to identify their needs, their own health status and what might be required in order to ensure they are able to continue in their caring role. GPNs are well placed to provide support to carers and there are great opportunities for joint working with social services and other agencies to meet the physical, social and emotional needs of carers.

The Quality and Outcomes Framework includes identification of carers of people with dementia and encourages health screening in this group through an enhanced service. The Royal College of General Practitioners together with The Carers Trust has published 'Supporting Carers - An action guide for General Practitioners and their teams'

www.rcgp.org.uk/clinical-and-research/clinical-resources/carers-support.aspx

They suggest as a first action that carers registered with the practice should be identified.



Reflection point

- How many patients do you have on your practice list?
- How many carers would you expect to have on your practice list? (Divide your practice list size by 10 to give an estimate)
- Amongst every 100 patients on your practice list, you would expect 10 to be carers; 3 or 4 to be caring for more than 20 hours a week and 2 to be caring at least 50 hours a week.

How else could you identify carers?

Possible actions:

- Search for certain conditions for patients who are likely to require a carer e.g. stroke or dementia
- Ask patients who are registering with your practice whether they have caring responsibilities
- Check hospital discharge letters for events that are likely to result in a relative having a caring responsibility.

General Practice Nurses quotes about carers

'...building up a rapport with patients and getting positive feedback from them and their relatives is very satisfying.'

Nurses recognise that without carers looking after their loved one it would be nearly impossible to carry out their role as well as they do now as there would be a much larger drain on the community nursing workforce. However, there is the danger that nurses can expect too much of the carer, which in turn can lead to ill health in the carer.

Due to the multicultural nature of UK Society you will meet people from diverse communities with varying beliefs and expectations about health. A study carried out in 2007 claimed that 17.5% of carers were of an ethnic minority background. Working with these carers will require sensitivity in planning and sharing the care as many people from a minority ethnic background see caring as their duty and often will not have requested the services of professional nursing. Diplomacy in working with such groups is essential as the aim is to work together to give patient and carer the best possible support.

As mentioned in Chapter 7, the number of young carers in the UK is growing and young carers may spend up to 50 hours a week caring for a member of their family. This will have a significant impact on their social skills as well as their educational needs. This group of carers will require support that is meaningful to them and support offered should promote confidence that those being cared for by them will not be disadvantaged if they take up some additional support. Working with this group of carers will require an element of emotional intelligence which is mentioned in Chapter 10.

Enhancing the carer's experience

Five key ways for GPs and primary care teams to support carers have been identified:

- Listen to the carer
- Think of depression and other ill health
- Tactfully ask about finances
- Signpost to appropriate services
- Plan for emergencies.

General Practice Nurses should be alert to the possible effects of the stress and worry of having caring responsibilities and have a role in screening carers for signs of depression and self harm behaviour



such as the misuse of alcohol. Practices are encouraged to identify carers and maintain good records of contact details and nominated carers so that they can be included in care planning.

It is important to know where to refer carers for further assessment or support if necessary. Consider a local directory of resources and services such as local support groups, community mental health teams or Citizens Advice Centres for financial advice.

- The Carers Trust, www.carerstrust.org, is a charity which is the merger of Crossroads Care and The Princess Royal Trust for Carers. There is a wealth of information on the site about how carers can apply for respite care as well as information on education and finance
- www.hscic.gov.uk This site will give you information on topics related to health and social care.
- There may be local organisations that you can access. These may be voluntary, private or charitable organisations, your team can guide you with this.
- The QNI has developed a resource to enable General Practice Nurses to support carers http://qni.org.uk/supporting_carers/general_practice_resource

Case scenario - Patient and Carer Focus

Margaret has Dementia and has been referred by home care with a skin tear due to a fall. She is cared for by Henry, her 75 year old husband, who has diabetes and reduced mobility. While assessing her Henry asks if Margaret should have a urinary catheter as she has started to become incontinent and he is finding it difficult to manage.

- Explore issues such as carers needs – does Henry need an assessment himself?
- What support is in place for carers?
- Are there any ethical implications?
- Risk assessment

Possible actions :

- You could refer Margaret to the District Nurse for assessment for a urinary catheter
- Refer to continence service for an opinion as better continence aids could resolve this
- You could arrange for Henry to have some social support in the form of extra help in the morning and evening which would reduce the amount of times that Henry would have to deal with Margaret's toileting
- Referral to local memory clinic via GP
- When considering ethical implications what are you looking at? Are you thinking of what is the best action for Margaret or Henry? Should both needs be considered?

Some areas to be considered when carrying out a risk assessment are as follows:

- Is Margaret able to recognise when she needs to go to the toilet?
- Is Margaret capable of making her own way to the toilet?
- Is the home environment suitable for a commode?

'Without carers there would be many more hospital admissions.'

- Where would you place the commode in the home?
 - What amount of fluid intake is Margaret having daily?
 - What times of the day does she drink?
 - Is there a particular time of day when Margaret is incontinent?
 - Is Henry able to monitor his own diabetes?
 - What is Henry's nutritional status?
 - What are the restrictions to Henry's mobility?
 - Is Henry's restricted mobility a danger to both Henry and Margaret?
- QNI GPN carers resource http://qni.org.uk/supporting_carers/general_practice_resource
 - www.rcgp.org.uk
 - www.carersuk.org
 - www.ageuk.org.uk
 - www.youngcarers.net
 - www.macmillan.org.uk
 - www.carersinthecommunity.org.uk
 - www.healthknowledge.org.uk
 - www.communitycare.co.uk/articles/16/08/2011/46026/carers.htm
 - www.crossroadscare.co.uk
 - www.nhs.uk/CarersDirect
 - www.gov.uk/government/organisations/
 - www.gov.uk

These are just some of the risk factors to consider. Can you think of more?



Chapter Summary

This chapter has looked at the important role that carers play in supporting the primary care and community service teams to look after a large number of vulnerable people being cared for at home. The partnership between the carer and the General Practice Nurse is essential if care is to be ongoing. However, it was also recognised that often carers could be taken for granted and therefore there must be acknowledgement of the amount of work that carers do in preventing hospital admissions. The diversity of patient needs due to cultural diversity was also addressed.

It is mainly District Nurses who highlight issues in the home and problems those carers and patients may be facing. But patients who are able to get to the surgery require the GPN to have an awareness and ask appropriate questions to help establish if there is any unmet need.

Some carers will become quite agitated if they have to wait for their appointment in the surgery, as they are anxious that their loved one is coping at home without them. This is particularly so in the case of carers for patients with Dementia. This anxiety often alerts GPN, or GP, to the problems at home.

Overall this chapter has highlighted that without carers there would be many more hospital admissions, as there are limited community resources to maintain care in the community without the addition of these numerous unsung heroes.

Web resources

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Section C - The future - personal and professional development

Chapter 9 - The policy context and keeping up to date

The aim of this chapter is to:

- Raise awareness of the political climate in which the NHS now exists
- Consider the future for General Practice nursing
- Explore some of the impact these changes will have on practice
- How do you keep up to date?

In today's NHS there are many changes that will impact on the way in which primary care nursing is delivered and as a nurse you will need a working knowledge of what these changes will mean to you in your role. We will now look in turn at the Department of Health (DH), the Royal College of General Practitioners (RCGP), The Queen's Nursing Institute (QNI) and Royal College of Nursing (RCN) and their interpretation of some of the changes.

The Department of Health

The NHS faces a period of change both in terms of demographic changes and the shifting burden of disease, requiring the reassessment of the hospital based model of care (Commons of Health Select Committee 2012). The Department of Health's Structural Reform Plan recognised the shift of resources and emphasised care out in the community and it also highlighted the need to adjust working practices and roles to promote better healthcare outcomes (DH 2010a). The reconfiguration of the workforce and altering the point of service delivery has become essential. This redistribution from hospital based provision represents a need to enhance the delivery of care in the community setting. The need to make long-term cost savings whilst attempting to maintain and enhance the quality of services is paramount.

This expansion of community services and the emphasis on care closer to home resonates in many recent government and policy reports.

With an ageing population and increased prevalence of disease there will need to be a move away from the current emphasis on acute and episodic care towards prevention, self care and more consistent standards of primary care to care that is well co-ordinated and integrated (King's Fund 2011).

Close to Home (DH 2011) was an inquiry into older people and their human rights in home care. It was the first inquiry of its kind and it uncovered some real concern in the treatment of some older people, especially when examining how some services were commissioned. Its key findings highlighted neglect around delivery of care packages, financial abuse and a chronic disregard for older people's privacy and dignity. Whilst this report concentrated on older peoples experiences of receiving social care in the home setting, its findings were far reaching in terms of the infrastructure and systemic problems related to promoting human rights in the home care setting.

‘There has also been a need to return to the fundamentals of nursing which have been characterised in the 6 ‘Cs’.’

The Five Year Forward View Report

The Five Year Forward View was published in October 2014 and sets out the current vision for the future of the NHS. It has been developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority. The purpose of the Five Year Forward View is to explain why change is needed, what that change might look like and how we can achieve it. It describes various models of care which could be provided in the future, and defines the actions required at local and national level to support delivery. It covers areas such as disease prevention; new, flexible models of service delivery tailored to local populations and needs; integration between services; and consistent leadership across the health and care system. www.england.nhs.uk/ourwork/futurenhs

The Five Year Forward View reinforces the need to change the way care is delivered, based not only on financial considerations but changing health and social care needs. The foundation of NHS care will remain in primary care but new partnerships between health services, local communities, local authorities and employers will need to be developed. An upgrade in prevention and public health is proposed and new models of out of hospital care suggested such as integrated hospital and primary care providers. These changes are consistent with the need to develop and expand the GPN workforce who are ideally skilled and placed to contribute to this agenda.

The nursing profession has evolved in line with changing disease patterns, new treatments and different service delivery. There has been a need to develop new knowledge and skills, accept more responsibility and accountability and create robust education opportunities. However, there has also been a need to return to the fundamentals of nursing which have been characterised in the 6 ‘Cs’. This has been characterised within the DH Strategy for Nursing 6 Cs care, compassion, competence, communication, courage and commitment www.england.nhs.uk/wp-content/uploads/2012/12/6c-a5-leaflet.pdf

There are various ways to get involved in 6C’s Live.

Twitter accounts to follow:

- @WeGPNs
- @6CsLive
- @nhsb

You can also follow nurse leaders such as the Chief Nursing Officer England and Director of Nursing for the Department of Health as well as specialist advisors for Practice Nursing.

Hashtags to follow:

- #6Cs
- #Caremakers

‘Compassion in practice’ is a strategy for developing a culture of compassionate care in nursing that was published in 2012 by the Chief Nursing Officer and the Director of Nursing at the DH, following an 8 week consultation with over 9,000 nurses, midwives, care staff and patients. www.commissioningboard.nhs.uk/nursingvision

The Shape of Caring Review led by Lord Willis was published early in 2015 and aims to ensure that throughout their careers nurses and care assistants receive consistent high quality education and training that supports high quality care over the next 15 years.

It brings together findings and expertise from recent major reports and promotes good practice from across the country relating to the education and training of care assistants and nurses. Among the main themes are those of valuing the care assistant and widening access for them to enter nursing. This includes the previously mentioned Talent for Care strategy and the introduction of the Care Certificate. The review outlines suggestions for changes to the structure of nurse training that will promote community nursing and include the provision of placements in general Practice for nursing students. <https://hee.nhs.uk/work-programmes/shape-of-caring-review/>

The Royal College of General Practitioners (RCGP)

The RCGP has also published its vision of the National Health Service in 2022. It acknowledges that the health needs of our population are changing, with an ageing population in which an increasing number of people have multiple long-term conditions.

Healthcare professionals will need to develop a range of generalist skills in order to meet the needs of patients with a growing range of long-term conditions. General Practice Teams are uniquely placed to develop and incorporate their ‘whole-person’ understanding of the patient and their family; to manage risk safely and to share complex decisions with patients and carers, while adopting an integrated



approach to their care.

The RGCP anticipates the need for integrated, community-shaped, generalist healthcare services with a greater number and diversity of skilled, generalist-trained professionals, able to care for patients in their homes and communities.

As a result they envisage that practice teams will require the skills and expertise of nurses, physician assistants and other professionals who have undergone specific vocational training in community-based settings and are trained for their generalist role, which will complement that of the General Practitioner. Their unique skills will include prescribing and advanced nursing skills in order to help deliver care for patients within the practice and wider federated organisations of practices and healthcare providers.

GP Commissioning

You will need some understanding of GP Commissioning and its potential impact on patient care. This clip is a useful introduction:

www.nuffieldtrust.org.uk/talks/videos/clare-gerada-commissioning-impact-patient-care?gclid=C12a8dHvg7cCFcXKtAodLG8A1A

You can also read about current issues with The New NHS - Clinical Commissioning groups by visiting the following link: www.kingsfund.org.uk/projects/new-nhs/clinical-commissioning-groups?gclid=CNCZ0eDwg7cCFTMRtAodYzYAsA

From April 2013 the NHS Outcomes Framework has formed part of the way in which the government will hold the new NHS Commissioning Boards to account. The NHS Outcomes Framework 2014/15:

- Explains the purpose of the NHS Outcomes Framework and how it will work in the wider system;
- Highlights the main indicator changes across each of the five domains.

Domain 1 - Preventing people from dying prematurely

Domain 2 - Enhancing quality of life for people with long-term conditions

Domain 3 - Helping people to recover from episodes of ill health or following injury;

Domain 4 - Ensuring that people have a positive experience of care;

Domain 5 - Treating and caring for people in a safe environment; and protecting them from avoidable harm.

www.gov.uk/government/publications/nhs-outcomes-framework-2013-to-2014

'Without carers there would be many more hospital admissions.'

The Queen's Nursing Institute (QNI)

The QNI carried out an extensive survey of patients and carers' experiences of being cared for in the home in 2011. This resulted in the report 'Nursing People at Home - the issues, the stories, the actions' (QNI 2011). The findings highlighted three things that patients said they wanted from community nurses: they want them to be competent, confident and caring. This theme was the start of the larger DH strategy launched in December 2012 (DH 2012a).

The case for integrated care has never been stronger with the ageing population and increased prevalence of chronic diseases. Care for people with complex health and social care needs must be made a real priority with commissioners and providers (King's Fund 2011). The new model of integrated community care that focuses on prevention of ill health as opposed to treating people when they become ill is viewed as forward thinking. This integrated model will require all key stakeholders to work in partnership in the co-ordination of this care. A network of primary care providers that promote and maintain continuity of care and act as links for the provision of chronic disease management and generalist care (Holland and McIntosh 2012).

How do I keep up to date?

Keeping up to date is a requirement of the NMC registration. You are required to maintain currency in your field of practice to ensure that best evidence based practice is maintained and the public protected (NMC, 2015). It is also crucial given the rapidly changing NHS that all nurses monitor changing policy and respond appropriately.

One method of keeping up to date is to perform a literature search of a particular topic of interest related to your practice.

The purpose of a literature search:

- It broadens your knowledge on a topic
- Increases your general knowledge, specialist knowledge, vocabulary and confidence
- Shows your skill in finding relevant information.

Contributing to consultation documents should also be an important aspect of the community nurse role. This means signing up to relevant professional forums such as the RCN or The QNI and ensuring that you are on relevant e-mailing lists. Your practice managers will be on circulation lists from different organisations, such as government departments. Make sure that anything is forwarded to you that is of

interest. Anyone can contribute to policy consultation documents either as individuals or groups and this is crucial in raising the profile of community nursing.



Activity 1

What impact do you think GP Commissioning will have on patient care? Consider the advantages and disadvantages.



Activity 2

Choose a topic that interests you or a topic that you know very little about, either must relate to General Practice Nursing.

- Search on the DH, The QNI, RCN, Kings Fund or any other related website for information
- Look at any resources you may have in your clinic or local surgeries
- Access all the related websites that are attached to this resource that may assist your search
- Start to compile an information file of your topic.



Chapter Summary

This chapter has introduced the importance of understanding the government NHS reforms and other related literature and their impact on primary care. The emphasis will be on GPNs to be involved in service planning and the work of the Clinical Commissioning Groups. In order to do this they will need to be up to date and politically aware of how the changes will affect the delivery of primary care services.

Web Resources

- www.evidence.nhs.uk NHS Evidence database
- www.kingsfund.org.uk The Kings Fund
- www.nice.gov.uk

Transition to General Practice Nursing

Contents

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Chapter 9 - The policy context and keeping up to date

Chapter 10 - Developing your career in General Practice Nursing



Section C - The future - personal and professional development

Chapter 10 - Developing your career in General Practice Nursing

The aim of this chapter is to:

- Consider your confidence and competence in community nursing
- Start to consider your own personal development plan
- Career planning
- Importance of Continuing Professional Development (CPD)

What is the purpose of continuing professional development? The overall aim of CPD is to give all those working with patients the opportunity to update their knowledge and skills in their area of work. For those who are qualified nurses, it is an NMC requirement that at least 40 hours of learning activity relevant to their practice is carried out over a three year period. All qualified nurses must keep a portfolio which is updated on a regular basis, and at least every time a new learning activity has taken place. There is no point just putting together a portfolio of handouts, power points, leaflets and certificates of attendance. This will of course prove that you have attended an update, but it will not demonstrate what you have actually learnt. It is therefore recommended that a reflective account is written following each study day that you attend. Remember you will be required to include 5 reflections on practice that you have discussed with a NMC registrant as a requirement for revalidation.

<http://www.nmc.org.uk/standards/revalidation/learning-training-and-sharing-good-practice/>

Attending study days is also an opportunity for you to develop your professional skills and knowledge and may motivate you to continue further education in specialist areas. There may be study days on travel health, child immunisations, tissue viability, chronic obstructive airways disease, diabetes, tuberculosis, public health – the list is endless.

The Standards for Specialist Education and Practice (NMC, 2002) incorporates the exercising of higher levels of judgment, discretion and clinical decision-making in clinical care to enable the monitoring and improvement of standards of care through supervision of practice, clinical audit, the development of practice through research and teaching, the support of professional colleagues and the provision of skilled professional leadership (Boran 2009). In 2004, the NMC created a third part of the professional nurse register for all Specialist Community Public Health Nurses that included General Practice Nursing, School Nurses, Health Visitors and Occupational Health Nurses.

Many Higher Education Institutions and organisations such as the RCGP also offer a variety of validated specialist modules suitable for the General Practice Nurse such as the Management of Long Term Conditions.

The Health Care Assistant (HCA) role has been introduced into General Practice over the past ten years and this body of staff need to engage in the educational process in order to enhance their practice. The Care Certificate was launched in April 2015 and it is expected that every HCA will develop the core standards in the first 12 weeks of their employment. As stated previously 'The Shape of Caring Review'

'There has also been a need to return to the fundamentals of nursing which have been characterised in the 6 'Cs'.'

(2015) recognises that the HCA role is crucial in health care and that HCAs must be valued and encouraged to develop professionally. This may be in the form of access to higher awards, apprenticeships and access to Foundation degrees in health and social care as a pathway towards progression into nursing. An example of HCA competencies for general practice can be found <http://www.rcgp.org.uk/membership/practice-team-resources/~media/F2CFF4485F3E40739BD9C3A27048CBF2.ashx>

Band 5 and 6 practitioners, who may prefer to practice in more generalist roles in primary care are being encouraged to follow new educational programmes, aimed at enhancing clinical skills, knowledge and competencies of the support staff workforce Boran (2009).

For example, since 2011 Buckinghamshire New University has offered a module in 'Transition to Community Nursing' for community staff nurses. This acknowledges that practitioners are often working alone in environments that are not set up as health care environments, needing to be able to transfer their skills and dealing with complex collaborative relationships with both clients and families, and also with health, social and voluntary agencies. Nurses working in primary care settings also need to be able to make more autonomous decisions than their hospital based colleagues (Drennan and Davis 2008).

These workforce developments will require more GPNs to become mentors as they will need to have the skills and knowledge to be able to support their colleagues in their development. The NMC have Standards to support learning and assessment in practice that may be found here: www.nmc.org.uk/standards/additional-standards/standards-to-support-learning-and-assessment-in-practice

Taking on a recognised mentorship course will prepare you to work as a supervisor or mentor in practice, this will become an increasingly important role with the introduction of community placements in General Practice for Pre-Qualifying Student Nurses.



Reflections

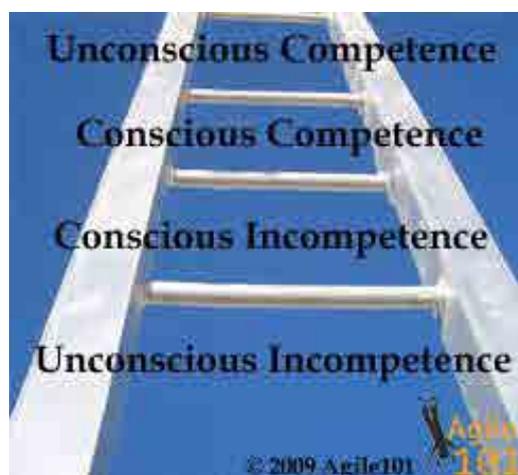
- If you were to contemplate a career in the community what options are available to you?
- What is your view of NHS careers for primary care nursing?

www.nhscareers.uk This website highlights the various nursing opportunities that are available, whether it be working as a member of a primary

care team, working as part of a social enterprise or working with a specialist team of health workers. You will know what your specific interests are, so spend time working through this site.

A number of Health Care Assistants also work as part of a primary care team and they also should be involved in continuing professional development. Whilst they are not accountable to a professional body, they still have their own individual integrity and individual responsibility to ensure that they are working as a safe practitioner.

It is imperative to know what your level of knowledge is if you are to work within your competence. Look at



the diagram below. Where would you place yourself on the ladder of competence?

Level 1 – Unconscious Incompetence – You don't know that you don't know

Level 2 – Conscious Incompetence – You know that you don't know

Level 3 – Conscious Competence – You know that you know

Level 4 – Unconscious Competence – You don't know that you know – it just seems easy !

Using this ladder as a tool will assist you in identifying where more learning needs to take place, but it will also give reassurance when you are competent.



You may be aware of Benner's model that describes how during the acquisition and development of a skill, a nurse passes through five levels of proficiency: novice, advanced beginner, competent, proficient, and expert. This model may help you and your mentor to identify those areas of skill and knowledge requiring further development.

Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park: Addison-Wesley.

The following webpage, www.mind.tools.com/pages/article/newISS-96htm introduces you to a number of leadership and management strategies which you might find useful when you identify which level on the above ladder you sit. Please remember that leadership and management not only happens in senior management positions, but every member of a team will have some leadership role to play.



Activity

Having identified where you are on the ladder, what action are you going to take to change your position on the ladder?

Also acknowledge that you may be at different levels of competence depending on what skill or subject matter is being addressed.

You may find the exercise uncomfortable because it displays areas where you possibly thought you were more competent than you actually are. This is not a problem as long as you are aware of this and demonstrate an emotional intelligence that is resilient and will assist you to develop/strengthen in these areas: www.mind.tools.com.

This website, www.emotionaliq.org/EI.htm will introduce you to emotional intelligence and the different models used. Emotional intelligence is the ability to perceive emotions in yourself, and in others. Having recognised this it then enables you to identify strategies that will help you to reflectively regulate emotions to promote emotional and intellectual growth (Mayer & Salovey, 1997).

Personal Development Plan

What is required of a personal development plan? A development plan is designed to help you to reflect on your career to date and for you to put together a SMART action plan to assist you to reach your next goal. There are three key stages in working on a personal development plan:

1. Identify what is required of your current role
2. Carry out a SWOT analysis – look at the strengths, weaknesses, opportunities and threats that have assisted/prevented you working effectively in your current role and also when considering future roles
3. Develop a SMART action plan to assist you to move forward in the direction of your chosen career.



Activity

Have you considered any other community career paths you may want to follow – e.g. Specialist Nurse, Community Matron? What steps/actions do you need to take to follow your chosen career

'Without carers there would be many more hospital admissions.'

pathway? www.worldwork.biz/legacy/www/downloads/Personal_Development_Plan.pdf

A personal development plan will help when you attend interviews and will also assist you when writing your CV, as it will have outlined clear objectives in your SMART action plan.

Applying for jobs

Firstly, find out background information about the organisation: whether it is a NHS Trust or a Social Enterprise, charity or private company. Information can be found on the website. Find out what their vision and strategy for the future is. What skill set are they looking for – do you have the skills they are looking for? It is essential that the job description is scrutinised and that you look at the essential skills and desirable skills that are required for the position that you are applying for. When you compile your CV ensure that it meets the criteria in the job description. Be as succinct as possible when you answer questions on the application form and do not add unnecessary information that has no bearing on the job application.

This website, www.monster.co.uk, will give you a lot of valuable information regarding the format of CV writing and the way of using specific words that will enhance your CV. If you are invited for an interview it is a good idea to have a practice interview with someone who has an understanding of the role you are applying for. Make sure you are up to date with government and Department of Health policies that potentially will impact on your practice. Be enthusiastic and remember to let the interview panel know what specific skills you will be bringing to the role. If you are asked to give a presentation it is likely that you will have ten minutes to present. Prepare your Power Point slides. Keep these to a minimum (not more than 10 slides) and only write headers or bullet points so that you can talk around the slides. Remember to speak slowly and articulate your words. It is also a good idea to bring your portfolio of personal development which will demonstrate how you have been updating yourself and what you have learnt from the updates. See <https://nationalcareersservice.direct.gov.uk/advice/getajob/interviews>. Should you be unsuccessful at interview it is always a good idea to ask for feedback from the panel – this will help you when you apply for further jobs.



Reflection

Now that you have completed this on line resource, what do you plan to do? Has working through the various chapters assisted you in challenging your

practice? Do you feel more confident now? Are you going to pursue your studies further?



Chapter Summary

This chapter has looked at the importance of recognising your individual competence in the role you are currently working in. It has given some recognition to how you can recognise your level of competence. This can really only occur if the individual concerned has a self awareness that will enable them to act on their incompetence and put a strategy in place to deal with this.

The career pathway for working in General Practice was looked at, recognising that not all staff nurses will want to study for a Specialist Practitioner qualification. The importance of having a personal development plan was discussed and it was stressed that preparation in the form of CV writing, interview skills and application processes were important when applying for any new role in the community setting.

Further Web Resources

- www.adne.co.uk
- www.nhscareers.uk
- www.jobs.nhs.uk
- www.changemodel.nhs.uk
- www.kingsfund.org.uk
- www.cno.dh.gov.uk
- www.nmc.uk.org
- www.rcn.org.uk
- www.careers.guardian.co.uk
- www.businessballs.com

Evaluation

We would be grateful if you would complete a short evaluation on this resource. To take part, please go to <https://www.surveymonkey.com/r/9DKX86N>. Thank you.

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