

Transition to General Practice Nursing

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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/