Big shoes to fill ...

KATE HOWIE, present Newsletter Editor and incoming PNA Chair, writes about her challenging new role, and wishes good luck to outgoing PNA Chair Sue Nutbrown.

I was delighted to have been elected as the new PNA Chair, following Sue’s decision to stand down after five years in her role, and I am looking forward to the challenge!

Sue has represented practice nursing during the development of several new policies, including *Agenda for Change*, nurse prescribing, the introduction of the new General Medical Services (GMS) Contract, the Quality and Outcomes Framework and, more recently, the Working in Partnership Programme (WiPP). Sue has also been very much involved in the RCN’s project to redesign the professional membership structure and forums, ensuring that practice nurses continue to have a high profile within the RCN and we are delighted that she will be continuing this work on our behalf.

I would like to thank Sue, on behalf of the entire PNA committee and practice nurses everywhere, for her commitment and enthusiasm and for all her tireless work over the years for the benefit of our profession. We are pleased that she will remain as an integral part of our Steering Committee.

Diabetes UK Annual Professional Conference

PNA link to Diabetes UK PRUE NEALE writes.

I would like to encourage practice nurses to attend this event, which takes place in March each year. GP surgeries are providing more care for people with diabetes and we need the staff in those surgeries to be as skilled as possible in their provided knowledge and care. The conference is big – comprising of around 3,000 delegates over three days – and is made up of many medical disciplines, including research scientists, diabetologists, specialist nurses, dieticians, paediatricians, GPs, practice nurses and podiatrists – in other words, it involves the entire range of a diabetes team. The subject areas for presentations are equally varied and everyone should find something of interest.

Past and present topics

Last year, subjects ranged from 'The molecular and physiological mechanisms associated with obesity' and 'The genetics of diabetes' to subjects of clinical interest covering paediatrics, pregnancy, diet and exercise, and foot care. The Thursday portion of the conference always has a special emphasis on primary care, focusing on specific issues faced by clinicians working in general practice. Organisers for next March’s conference in 2008 have planned a session on hard-to-reach groups, such as the elderly, travellers and smaller ethnic groups, and there is another planned on when and how to treat impaired glucose tolerance, as well as those on smoking, polycystic ovary syndrome, erectile dysfunction and poor renal function, all situations faced by primary care clinicians on a daily basis.

I encourage you and your colleagues to attend the next conference in Glasgow, 5–7 March 2008. To register online visit www.diabetes.org.uk/apc – if you are not a professional member of Diabetes UK, you can apply for membership at: www.diabetes.org.uk/professionalmembership, which offers a significant saving on your delegate fee.

Diabetes care survey

Thank you to those who completed my practice nurse survey on diabetes care, following my piece in the last newsletter. I will publish the results when I have had more returns. If you are interested in completing the survey, please contact me on email: prue.neale@berkshire.nhs.uk
Practice nursing in the spotlight
Kate Howie looks on the bright side of Lord Darzi’s new report.

General practice really does seem high on everyone’s agenda at the moment! Parliamentary Under-Secretary at the Department of Health Lord Darzi published his interim report on 4 October 2007, setting out a vision for world-class health and health care in England. Also, as RCN Adviser Lynn Young mentions in her article (see page four), the new Chancellor of the Exchequer Alistair Darling has just published his first comprehensive spending review, providing support and much-needed cash to begin to implement this vision.

Four themes
Lord Darzi’s interim report drew out four over-arching themes: a fair NHS; a personalised NHS; an innovative NHS; and a safe NHS.

A fair NHS
• whilst the health of the nation has improved, overall health inequalities continue to exist
• new resources have been identified to open at least 100 new GP practices into 25 per cent of primary care trusts (PCTs) with the poorest health care provision
• practices will offer a range of innovative services, be more accessible and be open for longer
• practices will also have a specific remit to prevent ill health rather than simply to treat it; this will be really important, as lifestyle choices are responsible for as much as half of the gap in health outcomes.

A personalised NHS
• GP practices should fit in around people’s lifestyles and not the other way around
• the aim is to ensure that at least half of all existing and new GP surgeries are open either at weekends or after work; options will also be explored to make it easier for commuters to see a GP nearer their workplace
• extra resources will establish at least 150 new GP-run health centres in easily accessible locations, open seven days a week, from 8am to 8pm, offering bookable appointments, walk-in services and in some cases access to physiotherapy, diagnostic and social care services, with at least one in each PCT area
• more than a third of GP time is spent dealing with mental health problems, from which one in six people suffer at any one time; the aim, with new investment, is to develop a more robust psychological therapy service for patients suffering with anxiety and depression.

An innovative NHS
• a new Health Innovation Council to drive a more innovative NHS, identifying and removing barriers to change, ensuring that the NHS remains at the forefront of developments.

A safe NHS
• the introduction of MRSA screening for all hospital admissions, both routine and emergency, and more resources to support a reduction of c. difficile infections.

Lord Darzi makes it clear that ensuring the health service is clinically led will be pivotal to ensuring that the service moves from ‘good to great’ and that patient and public engagement will be the key to delivery.

What does this mean for general practice?
Longer hours, more pressure, greater stress and more expectations, some would say. I would argue, however, that it is a real opportunity for us to deliver a more flexible, responsive and high-quality service. It could allow us to meet local demands, become more involved in preventative care and really target those patients with long-term conditions more proactively (for example, evening and Saturday chronic disease management (CDM) clinics for those regular non-attenders who cite work as the reason ...). I believe that effective team working and increased skill mix, coupled with creativity and innovation, will be key to ensuring we can deliver these services.

Once again, more change is on the way and practice nurses, as ever, will be at the forefront!

Further reading

This secret should be out!

PNA Steering Committee member SUZIE LOVETT-CLEMENTS writes about the Working in Partnership Programme.

I have met with practice nurses and health care assistants (HCAs) working in various parts of the country and was amazed to discover that they had not yet heard of the Working in Partnership Programme (WIPP) and taken a look at its amazing website (www.wipp.nhs.uk). It has a wide range of educational tools available for us to use – just click onto ‘GPN’ or ‘HCA’ and you will have a wealth of information available to view and download. Please take a look and spread the word amongst your colleagues, employers and practice managers.

I have found it a fantastic resource – when our practice recently employed a nurse who was new to general practice, we were able to signpost her to the website and download an induction programme and competency tool for us to work from – and that was just for starters!
Top-class summit

The inaugural General Practice Nursing Educational Summit, which was organised by the Working in Partnership Programme (WiPP), took place on 4 September 2007. It brought together key leaders in the profession, including practitioners, educators and policy makers, to debate and discuss the educational needs of practice nurses and to look at ways of how training and development opportunities can be improved. As we know, educational standards and opportunities across England vary greatly, along with access to funding. PNA Steering Committee member SUZIE LOVETT-CLEMENTS reports.

Let’s make it official
The Chief Nursing Officer (CNO) for England Christine Beasley started off the summit with a keynote speech highlighting the challenges facing practice nurses today. She observed that the days when some people thought anyone could be a practice nurse, with no little or no training, had long gone. She further identified the lack of mandatory national standards that grew out of that approach as a key issue and recognised that the skills and competencies required by practice nurses need to be formalised. Highlighting the frameworks already available, including the WiPP toolkit, she outlined how the government policy document Modernising nursing careers could contribute, pointing out that, although practice nursing is a senior career option, it needed to be supported by a recognised mandatory career framework.

Any questions?
Christine’s speech was followed by a lively question-time session, chaired by BBC Health Correspondent Sharon Alcock. Panel members included National Clinical Director for Primary Care David Colin-Thome, Department of Health Nursing Officer for Policy and Planning Maureen Morgan, National Project Manager for the WiPP HCA initiative Paul Vaughan, Nursing and Midwifery Council (NMC) Professional Adviser for Education Jan Goldsmith and Royal College of General Practitioners Chair Mayur Lakhani. Questions raised included issues around support from training, in the shape of both funding and time, as well as the demise of many practice nurse advisers, facilitators and trainers.

Several workshops then took place looking at the four key areas of: continuing professional development (CPD); the lack of recognised mandatory standards; the regulation and training of health care assistants (HCAs) and assistant practitioners (APs); and access to funding.

Heading in the right direction
The aim of the summit was to bring together practitioners, educators, and policy makers to highlight the importance of education for nurses working in general practice and debate how the current situation might be improved. What emerged at the end of the day was a set of concrete ‘next steps’ that could make training and development opportunities available to more nurses nationwide, ultimately leading to better patient care. The outcomes of the day’s discussions will be developed into a briefing document to be published at a later date.

For your chance to win a Nokia 2630 recycle your old mobile phone today.
RCN have partnered with mobile phone recycling company ShP Solutions Ltd to offer you the chance to win a Nokia 2630. By simply returning your old handsets in the freepost recycling bag supplied with your newsletter, you are not only raising vital funds and giving yourself the chance to win a great prize – but helping the environment too. For every mobile you send in, the RCN’s Benevolent Fund will receive £3 regardless of condition. To be entered into the prize draw all you have to do is complete the slip attached to the bag and enclose it with your handset in the freepost bag. The closing date for entries is 31 January. Good luck!

Prize draw terms and conditions: closing date for entries is 31 January 2008 – the prize draw will take place on 12 March 2008 at the RCN headquarters in London – if you have previously recycled your mobile phone for the RCN Benevolent Fund and enclosed your details, you will automatically be entered into the draw – the winner will be contacted by telephone and notified in writing – the prize draw is to win a Nokia 2630 which is non-transferable and no cash alternative will be offered – the winner will be announced in the RCN Bulletin and on the RCN website.

For all queries please email sponsorshipteam@rcn.org.uk or call 020 7647 3626
This newsletter is timely as, while it is being typed, I am also listening to the radio and learning the details of Chancellor of the Exchequer Alistair Darling’s first budget and comprehensive spending review. The NHS has fared better than expected and more cash is on the way, but with expectations – sadly, I have learnt during my many years that there is no such thing as a free lunch. General practice is all set to expand and opening hours are to be extended so that we, the public, can have access on Saturday mornings and the odd evening or two. The point is that the public has told the Government that while it is, for the main part, satisfied with the standard of care provided, people wish to have easier access to it and working folk want the opportunity to see their GP on a Saturday morning or evening, if need be.

But will it work? There is bound to be a level of disquiet among our beloved GP colleagues and maybe practice nurses will have some apprehension regarding the possible new demands being placed upon them. This is bound to be a major source of conversation during the following months. But, if we are smart, longer opening hours do not necessarily mean that nurses and GPs are compelled to work a 60-hour week. The key (I believe, with many others) is far more flexibility within the system and creative new ways of exploiting teamwork and skill mix. Also, we must not assume that greater opportunities to visit general practice during longer opening hours will fuel demand – but time will tell.

Some positive developments A recent, huge success for general practice has been the Working in Partnership Programme (WiPP), which is online at: www.wipp.nhs.uk. We are also now seeing wonderful developments in the role of the health care assistant (HCA), which is bringing fabulous benefits to nursing teams and patients. We know that HCAs working in general practice are increasing in number and, at the same time, rapidly expanding their role – all for the good of patient care and job satisfaction. A wonderfully successful conference, which attracted over 100 HCAs, was held this autumn in London. Their enthusiasm was infectious, leading us to believe that we, who are qualified nurses, have the responsibility of doing what we can to help HCAs achieve what they aspire to in terms of clinical expertise, knowledge and skills.

Reaching out to HCAs It is sad to learn how a significant number of nurses continue to resist training HCAs to successfully carry out clinical activities that hold the potential for liberating nurses to develop their practice. Taking on more complex care as well as seeking out patients who have long-term conditions but who still do not realise it, are important tasks and ones that are not yet happening in all parts of the UK. One shocking statistic is that two-thirds of patients with chronic obstructive pulmonary disease (COPD) do not know it and therefore face a future of ill health and misery. General practice is well placed to help identify patients who have the early symptoms of disease and do what is necessary to help them manage their conditions well, thereby preventing unnecessary complications. The General Medical Services (GMS) Contract 2004 is beginning to have a positive effect on the nation’s health, but more needs to be done. Practice nurses must look to their HCA colleagues to help them achieve their personal potential so that they, too, can make their special contribution to improving the nation’s health.

Guidance on pandemic flu

TINA BISHOP, PNA representative on the Royal College of General Practitioners (RCGP) Emergency Planning Group, reports.

Pandemic flu occurs when a new highly infectious strain of a virus appears and spreads in the same way as seasonal flu. A pandemic can start when the following three conditions have been met:

- a new influenza virus subtype emerges
- it infects humans, causing serious illness
- it spreads easily and sustainably among humans.

Bird flu, or H5N1 virus The H5N1 virus meets the first two conditions and it is likely that nobody will have immunity, should an H5N1-like pandemic virus emerge. The H5N1 virus has not yet demonstrated the ability to pass easily between people. However, the virus is currently passing from birds to humans, so it could develop the ability to pass easily between people. These opportunities will also persist as long as the virus continues to circulate in birds.
Flu pandemics occur infrequently, usually every few decades. There were three last century, the most serious in 1918, which killed millions of people worldwide. Smaller pandemics happened in 1957 and 1968.

Implications
International experts predict we are overdue for a pandemic flu, and rapid spread of the virus is expected to result in high rates of illnesses, with many staff absences that will inevitably affect all services and businesses. All health services will be affected and general practice and other community services may need to prioritise their time and services; they will also be working with a diminished workforce.

The Department of Health (DH) has drafted guidance on how to respond to a pandemic and this was recently tested in the ‘winter willows exercise’. The guidance resulting from this was expected in October 2007; by the time you read this newsletter, the guidance should be available on the DH website.

Obtain a copy and review with your primary care trust (PCT) and colleagues your plans for responding to a flu pandemic.
This promises to be a conference to remember and, to make it possible for as many of us to celebrate this professional landmark as possible, the Welsh PNA and RCN Events have worked hard to ensure it is reasonably priced, at a daily rate of £99, or £209 for the three days. This will hopefully allow for many of us to attend this prestigious event. As you may be aware, many other one-day conferences are now being priced at £295! So – visit the PNA section of the RCN website, and make sure you book your place before 1 May 2008 to get this discounted price. Or, you can email us at: practicenurse@rcn.org.uk

The theme of the conference is a journey of womanhood through the eyes of the practice nurse. To that end, we have invited back all the key practice nurse leaders who have, over the past 25 years, helped shape the profession to what it is today. Guests will include Dame June Smail, Jeanette Martin, Mark Jones, Monica Fletcher (nee Tettersell), Sue Cross and PNA Chair Kate Howie.

Day one – the youth of today
Over the three days, the programme will focus on the different life stages. Day one will focus on issues that the practice nurse deals with in relation to the child and teenager. This day’s address will commence with the latest controversial childhood presentations, with Dr Phil Hammond discussing how to manage these in our minor illness clinics, along with the latest evidence on vaccinations. The afternoon sessions will explore sexual identity of teenagers, with David Evans informing us of how to help the gay and lesbian teenager come to terms with their sexuality. The emotive subjects of why teenagers self harm will be addressed by an eminent author on this subject, Dr Trudie Peterson, and the impact of domestic violence will also be addressed by Consultant Midwife Lyn Lynch.

Day two – issues for the middle-aged woman
Day two focuses on the man in your life, with a slant toward mental health and long-term conditions. We are most fortunate to have Mark Jones to Chair this day. Mark currently lives in New Zealand, where he works as the Chief Nursing Adviser. The keynote speaker will be RCN General Secretary Peter Carter. Mr Carter will speak on the Mental Health Capacity Act and its relevance to our everyday practice as practice nurses. The afternoon session, led by Monica Fletcher, will look at the role of the practice nurse and the impact of the General Medical Services (GMS) Contract. This will be followed by a variety of workshops run by the subject matter expert. The workshops will consist of the latest aspects required of the 2008/2009 GMS targets, ensuring that you receive the most up-to-date knowledge and skills to achieve your CPD.

Thursday evening will culminate in the 25th Anniversary Celebration Gala Dinner at Cardiff City Hall, which will also include the presentation of the Practice Nurse of the Year Award. This truly promises to be a night of celebration and an event not to be missed.

Day three – the later years
The final day will focus on the golden years and on the future of practice nursing as we move forward! We start the day with two famous TV presentation speakers, Dr Annie Evans and Dr Peter Greenhouse, who will speak on ‘The impact of aging, sex and the menopause – keeping sex alive in the later years’. Motivational speaker Billy Dixon will demonstrate to us about the importance of first impressions, and we will be discussing internationalisation and the future of practice nursing.

As you can see, we have packed a lot in to ensure you receive value for your money and that we cater for all aspects of practice nursing. A warm Welsh welcome awaits you ... See you there.

Further information including a booking form is available at www.rcn.org.uk/newsevents/events Or email practicenurse@rcn.org.uk
All of us have been affected in some way by the inordinate amount of primary care trust (PCT) changes that have taken place over the past few years. For some of us, it has meant job changes; for others, it has meant simply an awareness that general practice has not been immune from the impact of the changes.

A good start ...

With the advent of first primary care groups (PCGs) and then PCTs, there initially appeared to be much enthusiasm to try and work more closely with primary care and this often meant new posts were created for nurses to work for the PCG/PCT as a representative in their own field. This was, for many, the first opportunity that practice nurses had experienced to be truly represented at a decision-making level within an NHS organisation.

The roles continued to develop over the subsequent few years and practice nurses could be found across the country in various posts of responsibility, including professional executive committee (PEC) nurses in the early PCTs and professional development nurses and PCT practice nurse leads.

Although no one such post was exactly the same and differed in job description, title, salary and hours, hopefully most of us have benefited in some small way from having someone representing us at a decision-making level, either directly or indirectly. This might have been in obvious ways such as through delivery of education opportunities, or more discreetly such as representing practice nurses in PCT decisions such as on immunisations or issues related to clinical governance.

If you do have a practice nurse in post at PCT level, ask what their role is and let them know what you need from them.

... but it seems to have sputtered

Whether it has been a calculated change or whether as a result of PCT fallout, sadly many of these posts have been discontinued, reduced or altered and many practice nurses find themselves again working on their own, unsure where to go for guidance and representation.

Find out where to go

It goes without saying that practice nurses are undoubtedly one of the essential elements of primary care and increasingly more so. We deserve representation at PCT level and we need someone to be working on our behalf to assist with education and professional development needs. If you do not know if you have representation in your PCT, find out by contacting a PCT manager with responsibility for primary care (your practice manager should know who this is). If you do have a practice nurse in post at PCT level, ask what their role is and let them know what you need from them.

In summary, if there is someone in post, make sure they are working for you; if there is no one in post, ask why not and expect an answer.

Insist on PCT representation

CATHERINE BRANT, PNA Steering Committee member, writes.

Online magazine for practice nurses

PNA committee member SONIA HALL reports.

The PNA committee has been working with Johnson & Johnson for the past 18 months, contributing articles to their bi-monthly online magazine for primary care nurses. Examples of topics of articles so far include travel health, the difference between the adult and child pneumococcal vaccines and how to increase cervical smear uptake in general practice.

The magazine is free to access via the Johnson & Johnson gateway for the UK, or you can subscribe to have it sent to your email inbox. If you have any queries or suggestions for future articles, please contact me on email: sonia.hall3@nhs.net

THE PREVENTION, DIAGNOSIS, REFERRAL AND MANAGEMENT OF MELANOMA OF THE SKIN

Concise guidelines by the Royal College of Physicians.

Melanoma of the skin is an increasingly common tumour that usually occurs in white-skinned people, particularly those with pale skin and many moles. A fifth of cases occur in young adults, so the cancer has a large impact in terms of years of life lost.

These guidelines have been developed to provide health care professionals with a practical, visual guide to recognise melanoma of the skin, and include an extensive series of photographs of moles, melanomas and other skin lesions.

For more information and to order a copy, please telephone: 020 7935 1174, ext 358.
The Queen’s Nurse returns

Queen’s Nursing Institute Director ROSEMARY COOK writes about the revival of this age-old title.

The title of Queen’s Nurse (QN) had not been awarded for 40 years until it was revived in 2007, the 120th anniversary year of the Queen’s Nursing Institute (QNI). Much has changed in that 40-year hiatus. There are many different roles for nurses in primary care, and the range of skills and knowledge required to nurse people in their homes and communities has expanded significantly. The title is no longer dependent on successful completion of a training course at the Institute; and it is no longer confined to district nurses, which is why three practice nurses were amongst the first recipients of the title. Brenda Greaves, a nurse practitioner and nurse partner from Derby; Christine Turnbull, a practice nurse from Ely; and Angela Cooper, a practice nurse from Gloucester, were awarded the title of Queen’s Nurse in the first two tranches.

The purpose of the title

This is two-fold: to recognise nurses committed to high standards of care, good relationships with patients and continual improvement in standards of practice; and to link such nurses together for learning, personal development, and practice development. This makes it especially beneficial to practice nurses, who may work in relative isolation, and who often lack the opportunities for networking and development offered to nurses employed by primary care trusts (PCTs).

How can nurses apply for the title?

The first step is to read the Queen’s Nurse Handbook on the QNI website (www.qni.org.uk) and, if interested in applying for the title, register your interest via the site. Applicants need to complete the basic application form, recording time spent in primary care, current role and relevant qualifications. They are also asked to make a personal statement about themselves and how they think the title of Queen’s Nurse would benefit their practice; and to complete three pieces of reflective practice, linked to the three criteria for being a Queen’s Nurse. The criteria are:

- clinical skills, including communication skills, personalised care, and working in partnership
- acting as a clinical role model, inspiring confidence, showing sound judgement and leadership
- influence on strategic planning, policy or the effective management of change.

There is a feedback form to be completed by the applicant’s manager, or a senior colleague; two feedback forms from peers; and two from patients, all returned directly to the QNI using a freepost address. There is a specific leaflet explaining the title to patients, which the QNI will send out to all applicants when they register their interest.

Once you’ve applied

There are several submission dates each year, listed on the website. Once the completed application is received, it is passed on to the assessment panel of QNI Trustees and Fellows. The applicant will then be informed in writing whether or not they have been awarded the title. The process is intended to be developmental, and if a nurse is not successful initially, she/he can apply again, without paying a further fee, following constructive feedback from the panel.

The award of the title is a starting point, not an end point. There are two professionally-facilitated learning sets for QNs, one in the north and one in the south of the country. These are learning and networking opportunities for QNs, aiming to help them improve their practice and develop their leadership skills, as well giving them the opportunity to help shape future QNI strategy.

The Queen’s Nurse title is an excellent way to develop both improved practice and skills for a career in primary care. We look forward to receiving many more applications from nurses employed in general practice.