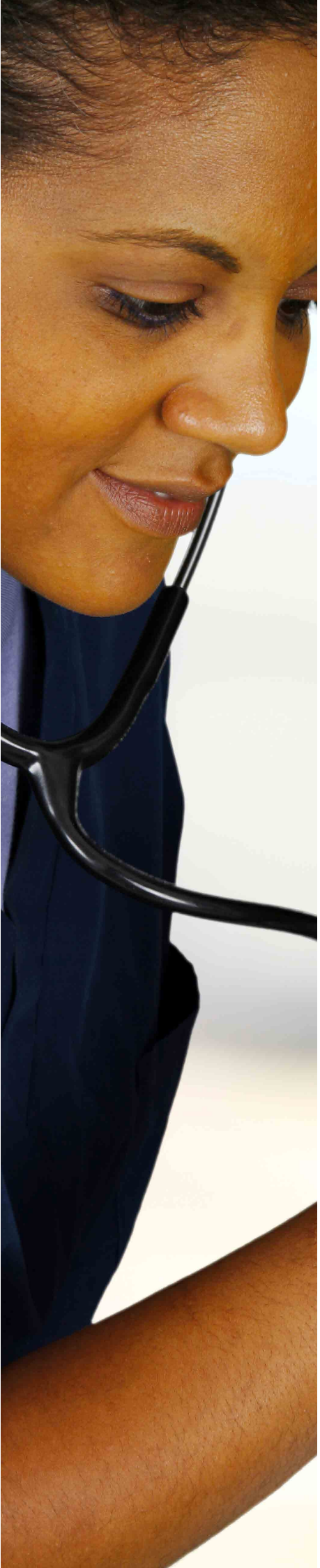
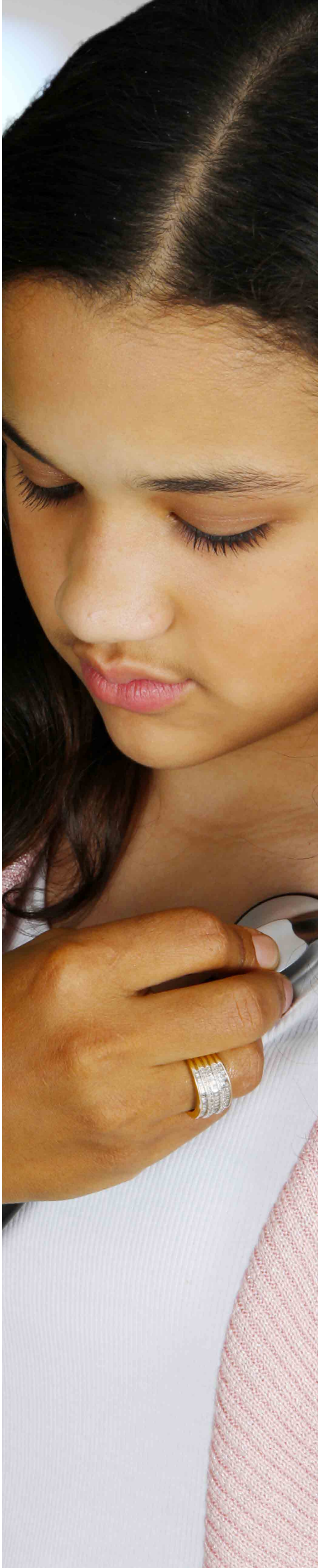


The Queen's Nursing Institute

Transition to General Practice Nursing

Contents



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.

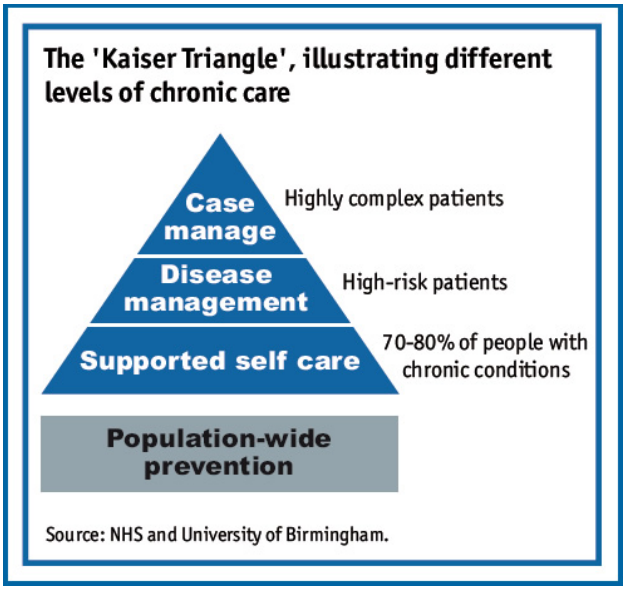
www.nhsemployers.org/~/media/Employers/Documents/Primary%20care%20contracts/QOF/2014-15/14-15%20General%20Medical%20Services%20contract%20-%20Quality%20and%20Outcomes%20Framework.pdf

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.

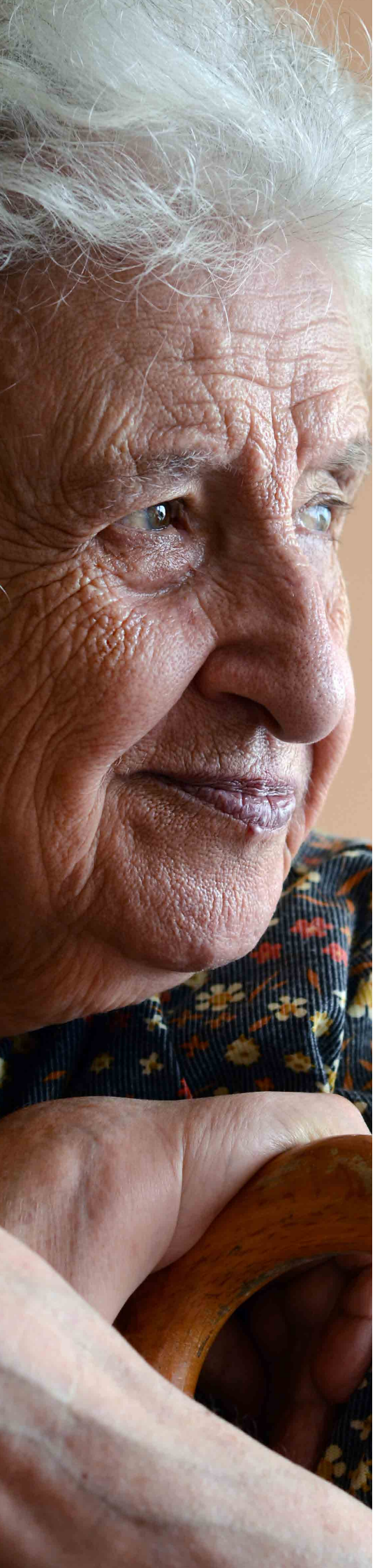
Level three are those with highly complex multiple conditions that require intense case management and these patients are usually cared for by a community matron or equivalent case management worker.

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
- www.depression-primarycare.co.uk
- www.nice.org.uk The National Institute for Health and Care Excellence
- www.helpthehospices.org.uk Help the Hospices