

Transition to General Practice Nursing

Contents

Section A - Thinking about working in primary care

Chapter 1 - What is General Practice
Nursing?

Chapter 2 - Making the transition
from hospital to primary care

Section B - Working in General Practice

Chapter 3 - Working safely

Chapter 4 - Patient focus

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

Chapter 6 - Team working and
working with other professionals

Chapter 7 - Working with vulnerable
groups

Chapter 8 - Carer support

Section C - The future - personal and professional development

Chapter 9 - The policy context and
keeping up to date

Chapter 10 - Developing your career
in General Practice Nursing



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